



**COVER PAGE**

|                                                                                                                                                                                                                                                                                  |                                                                                 |                                               |                                                                                                           |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------|--|--|
| 1. NAME OF COMMITTEE                                                                                                                                                                                                                                                             |                                                                                 |                                               | 2. TYPE OF COMMITTEE                                                                                      |  |  |
| <b>Friends of CAZ</b>                                                                                                                                                                                                                                                            |                                                                                 |                                               | <input checked="" type="checkbox"/> Candidate Committee<br><input type="checkbox"/> Exploratory Committee |  |  |
| 3. TREASURER NAME                                                                                                                                                                                                                                                                |                                                                                 |                                               |                                                                                                           |  |  |
| First<br><b>Louis</b>                                                                                                                                                                                                                                                            | MI<br><b>A</b>                                                                  | Last<br><b>DeCilio</b>                        | Suffix                                                                                                    |  |  |
| 4. TREASURER ADDRESS                                                                                                                                                                                                                                                             |                                                                                 |                                               |                                                                                                           |  |  |
| Street Address<br><b>160 Timber Ridge Rd</b>                                                                                                                                                                                                                                     | City<br><b>Stratford</b>                                                        | State<br><b>CT</b>                            | Zip Code<br><b>06614</b>                                                                                  |  |  |
| 5. ELECTION DATE<br><b>11/06/2018</b>                                                                                                                                                                                                                                            | 6. OFFICE SOUGHT (Complete only if Candidate Committee)<br><b>State Senator</b> |                                               | 7. DISTRICT NUMBER (if applicable)<br><b>S023</b>                                                         |  |  |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)                                                                                                                                                                                                          |                                                                                 |                                               |                                                                                                           |  |  |
| First<br><b>Casimir</b>                                                                                                                                                                                                                                                          | MI<br><b>A.</b>                                                                 | Last<br><b>Mizera</b>                         | Suffix                                                                                                    |  |  |
| 9. TYPE OF REPORT                                                                                                                                                                                                                                                                |                                                                                 |                                               |                                                                                                           |  |  |
| <b>Itemized Statement accompanying application for Public Grant - Original</b>                                                                                                                                                                                                   |                                                                                 |                                               |                                                                                                           |  |  |
| 10. PERIOD COVERED                                                                                                                                                                                                                                                               |                                                                                 |                                               |                                                                                                           |  |  |
| Beginning Date<br><b>05/21/2018</b>                                                                                                                                                                                                                                              |                                                                                 | thru                                          | Ending Date<br><b>07/01/2018</b>                                                                          |  |  |
| 11. CERTIFICATION                                                                                                                                                                                                                                                                |                                                                                 |                                               |                                                                                                           |  |  |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.                   |                                                                                 |                                               |                                                                                                           |  |  |
| <b>Electronic Filing</b><br>SIGNATURE                                                                                                                                                                                                                                            | <b>Louis DeCilio</b><br>PRINT NAME OF THE SIGNER                                | <b>07/02/2018 8:04:18AM</b><br>DATE CERTIFIED |                                                                                                           |  |  |
| <b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</b> |                                                                                 |                                               |                                                                                                           |  |  |

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

**SUMMARY PAGE TOTALS**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                      | TYPE OF REPORT                                                          |                       |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------|
| <b>Friends of CAZ</b>                                                                        | Itemized Statement accompanying application for Public Grant - Original |                       |
|                                                                                              | COLUMN A<br>This Period                                                 | COLUMN B<br>Aggregate |
| 12. Balance on hand from day Committee was formed                                            |                                                                         | <b>\$0.00</b>         |
| 13. Balance on hand at the beginning of Reporting Period                                     | <b>\$0.00</b>                                                           |                       |
| 14. Contributions received from Individuals (Section A and B)                                | <b>\$15,835.00</b>                                                      | <b>\$15,835.00</b>    |
| 15. Receipts from Other Committees (Sections C1 and C2)                                      | <b>\$0.00</b>                                                           | <b>\$0.00</b>         |
| 16. Other Monetary Receipts (Section D through I)                                            | <b>\$0.04</b>                                                           | <b>\$0.04</b>         |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)                      | <b>\$0.00</b>                                                           | <b>\$0.00</b>         |
| 18. Total Monetary Receipts (add totals for lines 14 through 17)                             | <b>\$15,835.04</b>                                                      | <b>\$15,835.04</b>    |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)      | <b>\$15,835.04</b>                                                      | <b>\$15,835.04</b>    |
| 20. Expenses Paid by Committee (Section N)                                                   | <b>\$8,039.27</b>                                                       | <b>\$8,039.27</b>     |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col) | <b>\$7,795.77</b>                                                       | <b>\$7,795.77</b>     |
| 22. In-Kind Donations not Considered Contributions Received (Section J3)                     | <b>\$0.00</b>                                                           | <b>\$0.00</b>         |
| 23. In-Kind Donations not Considered Contributions - House Party (Section J4)                | <b>\$0.00</b>                                                           | <b>\$0.00</b>         |
| 24. In-Kind Contributions Received (Section K)                                               | <b>\$0.00</b>                                                           | <b>\$0.00</b>         |
| 25. Refundable Deposit to Telephone Company (Section L)                                      | <b>\$0.00</b>                                                           | <b>\$0.00</b>         |
| 26. Beginning Loan Balance                                                                   | <b>\$0.00</b>                                                           |                       |
| 26a. + Loans Received (Section D)                                                            | <b>\$0.00</b>                                                           | <b>\$0.00</b>         |
| 26b. + Interest and Penalties on Loan(s)                                                     | <b>\$0.00</b>                                                           | <b>\$0.00</b>         |
| 26c. - Payments on Loan(s)                                                                   | <b>\$0.00</b>                                                           | <b>\$0.00</b>         |
| 26d. Total Outstanding Loan Amount                                                           | <b>\$0.00</b>                                                           |                       |
| 27. Campaign Expenses Paid By Candidate (Section O)                                          | <b>\$0.00</b>                                                           | <b>\$0.00</b>         |
| 28. Expenses Incurred on Committee Credit Card (Section P)                                   | <b>\$0.00</b>                                                           | <b>\$0.00</b>         |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)               | <b>\$0.00</b>                                                           |                       |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)               | <b>\$0.00</b>                                                           |                       |

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

|                                                                                 |  |                                                                         |  |
|---------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)         |  | TYPE OF REPORT                                                          |  |
| Friends of CAZ                                                                  |  | Itemized Statement accompanying application for Public Grant - Original |  |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> |  | For Nonparticipating Candidates ONLY                                    |  |
|                                                                                 |  | <b>\$0.00</b>                                                           |  |
| <b>B. Itemized Contributions from Individuals</b>                               |  |                                                                         |  |

|                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                                                    |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------|
| Last Name<br>DeCilio                                                                                                                                                                                                                          |  | First<br>Louis                                                                                                                                                                                 |                                                                                                                                                                                                                    | MI<br>A                                                            | Contribution ID #<br>0001 |
| Residential Street Address<br>160 Timber Ridge Rd                                                                                                                                                                                             |  | City<br>Stratford                                                                                                                                                                              |                                                                                                                                                                                                                    | State<br>CT                                                        | Zip Code<br>06614         |
| Principal Occupation<br>Registrar of Voters                                                                                                                                                                                                   |  |                                                                                                                                                                                                | Name of Employer<br>Town of Stratford                                                                                                                                                                              |                                                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                                                                                                                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                    | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                                                                                                    | Date Received<br>05/30/2018<br>Aggregate Contributions<br>\$250.00 |                           |

|                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                                                    |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------|
| Last Name<br>DeCilio                                                                                                                                                                                                                          |  | First<br>Sheryl                                                                                                                                                                                |                                                                                                                                                                                                                    | MI<br>A                                                            | Contribution ID #<br>0006 |
| Residential Street Address<br>160 Timber Ridge Rd                                                                                                                                                                                             |  | City<br>Stratford                                                                                                                                                                              |                                                                                                                                                                                                                    | State<br>CT                                                        | Zip Code<br>06614         |
| Principal Occupation<br>VP Finance                                                                                                                                                                                                            |  |                                                                                                                                                                                                | Name of Employer<br>Westchester Medical Center                                                                                                                                                                     |                                                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                                                                                                                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                    | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                                                                                                    | Date Received<br>06/03/2018<br>Aggregate Contributions<br>\$250.00 |                           |

|                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                                                    |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------|
| Last Name<br>DeCilio                                                                                                                                                                                                                          |  | First<br>Daniel                                                                                                                                                                                |                                                                                                                                                                                                                    | MI<br>A                                                            | Contribution ID #<br>0007 |
| Residential Street Address<br>160 Timber Ridge Rd                                                                                                                                                                                             |  | City<br>Stratford                                                                                                                                                                              |                                                                                                                                                                                                                    | State<br>CT                                                        | Zip Code<br>06614         |
| Principal Occupation<br>Staff                                                                                                                                                                                                                 |  |                                                                                                                                                                                                | Name of Employer<br>RiverView Bistro                                                                                                                                                                               |                                                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                                                                                                                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                    | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                                                                                                    | Date Received<br>06/03/2018<br>Aggregate Contributions<br>\$250.00 |                           |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                            |                                               |                                                                                                                                          |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Last Name<br>Szarkowicz                                                                                                                                                                                                                    | First<br>Thomas                               | MI<br>W                                                                                                                                  | Contribution ID #<br>0008           |
| Residential Street Address<br>223 Raven Ter                                                                                                                                                                                                | City<br>Stratford                             | State<br>CT                                                                                                                              | Zip Code<br>06614                   |
| Principal Occupation<br>Draftsman                                                                                                                                                                                                          | Name of Employer<br>Charles Hilton Architects |                                                                                                                                          |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                               | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                                               | Date Received<br>06/03/2018                                                                                                              | Aggregate Contributions<br>\$250.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                             |                                               | Amount of Contribution<br>\$250.00                                                                                                       |                                     |

|                                                                                                                                                                                                                                            |                          |                                                                                                                                          |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Fuller                                                                                                                                                                                                                        | First<br>David           | MI<br>CT                                                                                                                                 | Contribution ID #<br>0026          |
| Residential Street Address<br>48 Sunnybank Ave                                                                                                                                                                                             | City<br>Stratford        | State<br>CT                                                                                                                              | Zip Code<br>06614                  |
| Principal Occupation<br>Communications                                                                                                                                                                                                     | Name of Employer<br>ESPN |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                          | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                          | Date Received<br>06/03/2018                                                                                                              | Aggregate Contributions<br>\$50.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card                                             |                          | Amount of Contribution<br>\$50.00                                                                                                        |                                    |

|                                                                                                                                                                                                                                            |                                      |                                                                                                                                          |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Last Name<br>Monaco                                                                                                                                                                                                                        | First<br>Domenic                     | MI<br>C                                                                                                                                  | Contribution ID #<br>0003           |
| Residential Street Address<br>76 Westfield Dr                                                                                                                                                                                              | City<br>Trumbull                     | State<br>CT                                                                                                                              | Zip Code<br>06611                   |
| Principal Occupation<br>Sales                                                                                                                                                                                                              | Name of Employer<br>Premier Graphics |                                                                                                                                          |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                      | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                                      | Date Received<br>06/04/2018                                                                                                              | Aggregate Contributions<br>\$250.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                             |                                      | Amount of Contribution<br>\$250.00                                                                                                       |                                     |

|                                                                                                                                                                                                                                            |                             |                                                                                                                                          |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Last Name<br>DeCilio                                                                                                                                                                                                                       | First<br>Louis              | MI<br>N                                                                                                                                  | Contribution ID #<br>0004           |
| Residential Street Address<br>115 Elizabeth Ter                                                                                                                                                                                            | City<br>Stratford           | State<br>CT                                                                                                                              | Zip Code<br>06614                   |
| Principal Occupation<br>Retired                                                                                                                                                                                                            | Name of Employer<br>Retired |                                                                                                                                          |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                             | Date Received<br>06/04/2018                                                                                                              | Aggregate Contributions<br>\$250.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                             |                             | Amount of Contribution<br>\$250.00                                                                                                       |                                     |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Last Name<br>DeCilio                                                                                                                                                                                                                                                                                                 | First<br>Gail                                                                                                                                                                                  | MI                                                                                                                                          | Contribution ID #<br>0005                                                 |
| Residential Street Address<br>115 Elizabeth Ter                                                                                                                                                                                                                                                                      | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                                                         |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                                                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/04/2018                                                                                                                 | Aggregate Contributions<br>\$250.00<br>Amount of Contribution<br>\$250.00 |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Last Name<br>Dempsey                                                                                                                                                                                                                                                                                                 | First<br>James                                                                                                                                                                                 | MI                                                                                                                                          | Contribution ID #<br>0015                                             |
| Residential Street Address<br>139 Henry Ave                                                                                                                                                                                                                                                                          | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                                                     |
| Principal Occupation<br>Owner / Self                                                                                                                                                                                                                                                                                 | Name of Employer<br>Zacks Famous Frozen Yogurt                                                                                                                                                 |                                                                                                                                             |                                                                       |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                       |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/04/2018                                                                                                                 | Aggregate Contributions<br>\$5.00<br>Amount of Contribution<br>\$5.00 |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Last Name<br>Dempsey                                                                                                                                                                                                                                                                                                 | First<br>Shannon                                                                                                                                                                               | MI<br>A                                                                                                                                     | Contribution ID #<br>0016                                             |
| Residential Street Address<br>190 Swanson Ave                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                                                     |
| Principal Occupation<br>Unemployed                                                                                                                                                                                                                                                                                   | Name of Employer<br>Unemployed                                                                                                                                                                 |                                                                                                                                             |                                                                       |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                       |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/04/2018                                                                                                                 | Aggregate Contributions<br>\$5.00<br>Amount of Contribution<br>\$5.00 |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Last Name<br>Dempsey                                                                                                                                                                                                                                                                                                 | First<br>Laura                                                                                                                                                                                 | MI                                                                                                                                          | Contribution ID #<br>0013                                                 |
| Residential Street Address<br>190 Swanson Ave                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                                                         |
| Principal Occupation<br>Call Center Representative                                                                                                                                                                                                                                                                   | Name of Employer<br>3PO                                                                                                                                                                        |                                                                                                                                             |                                                                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/04/2018                                                                                                                 | Aggregate Contributions<br>\$250.00<br>Amount of Contribution<br>\$250.00 |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                            |                                        |                                                                                                                                          |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Delvecchio                                                                                                                                                                                                                    | First<br>Marilyn                       | MI<br>P                                                                                                                                  | Contribution ID #<br>0020         |
| Residential Street Address<br>102 Margherita Lawn                                                                                                                                                                                          | City<br>Stratford                      | State<br>CT                                                                                                                              | Zip Code<br>06615                 |
| Principal Occupation<br>Office Manager                                                                                                                                                                                                     | Name of Employer<br>Jeffrey Warren DMD |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                        | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                                        | Date Received<br>06/05/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                             |                                        | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

|                                                                                                                                                                                                                                            |                                                           |                                                                                                                                          |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Hughes                                                                                                                                                                                                                        | First<br>John                                             | MI<br>B                                                                                                                                  | Contribution ID #<br>0009         |
| Residential Street Address<br>434 Housatonic Ave                                                                                                                                                                                           | City<br>Stratford                                         | State<br>CT                                                                                                                              | Zip Code<br>06615                 |
| Principal Occupation<br>Investment Advisor                                                                                                                                                                                                 | Name of Employer<br>Hughes Investment Advisory LLC (Self) |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                           | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                                                           | Date Received<br>06/05/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                             |                                                           | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

|                                                                                                                                                                                                                                            |                               |                                                                                                                                          |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Hughes                                                                                                                                                                                                                        | First<br>Wendy                | MI<br>A                                                                                                                                  | Contribution ID #<br>0010         |
| Residential Street Address<br>434 Housatonic Ave                                                                                                                                                                                           | City<br>Stratford             | State<br>CT                                                                                                                              | Zip Code<br>06615                 |
| Principal Occupation<br>Homemaker                                                                                                                                                                                                          | Name of Employer<br>Homemaker |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                               | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                               | Date Received<br>06/05/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                             |                               | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

|                                                                                                                                                                                                                                            |                             |                                                                                                                                          |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Hughes                                                                                                                                                                                                                        | First<br>Faith              | MI<br>A                                                                                                                                  | Contribution ID #<br>0011         |
| Residential Street Address<br>434 Housatonic Ave                                                                                                                                                                                           | City<br>Stratford           | State<br>CT                                                                                                                              | Zip Code<br>06615                 |
| Principal Occupation<br>Student                                                                                                                                                                                                            | Name of Employer<br>Student |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                             | Date Received<br>06/05/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                             |                             | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Hughes                                                                                                                                                                                                                                                                                               | First<br>John                                                                                                                                                                                  | MI<br>W                                                                                                                                     | Contribution ID #<br>0012         |
| Residential Street Address<br>422 Housatonic Ave                                                                                                                                                                                                                                                                  | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                   | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                              | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/05/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Last Name<br>Paquette                                                                                                                                                                                                                                                                                             | First<br>Margaret                                                                                                                                                                              | MI<br>S                                                                                                                                     | Contribution ID #<br>0002           |
| Residential Street Address<br>40 California St Unit B16                                                                                                                                                                                                                                                           | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                   |
| Principal Occupation<br>Council Clerk                                                                                                                                                                                                                                                                             | Name of Employer<br>Town of Stratford                                                                                                                                                          |                                                                                                                                             |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                              | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/06/2018                                                                                                                 | Aggregate Contributions<br>\$250.00 |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$250.00  |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Last Name<br>Dempsey                                                                                                                                                                                                                                                                                              | First<br>John                                                                                                                                                                                  | MI                                                                                                                                          | Contribution ID #<br>0014           |
| Residential Street Address<br>190 Swanson Ave                                                                                                                                                                                                                                                                     | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                   |
| Principal Occupation<br>Plumber                                                                                                                                                                                                                                                                                   | Name of Employer<br>Dempsey Mechanical                                                                                                                                                         |                                                                                                                                             |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                              | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/06/2018                                                                                                                 | Aggregate Contributions<br>\$250.00 |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$250.00  |

|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Last Name<br>Fuller                                                                                                                                                                                                                                                                                               | First<br>David                                                                                                                                                                                 | MI                                                                                                                                          | Contribution ID #<br>0027           |
| Residential Street Address<br>48 Sunnybank Ave                                                                                                                                                                                                                                                                    | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                   |
| Principal Occupation<br>Communications                                                                                                                                                                                                                                                                            | Name of Employer<br>ESPN                                                                                                                                                                       |                                                                                                                                             |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                              | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>06/06/2018                                                                                                                 | Aggregate Contributions<br>\$200.00 |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$200.00  |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                             |                                                                                                                                             |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Miller                                                                                                                                                                                                                                                                                                  | First<br>Kurt                                                                                                                                                                               | MI                                                                                                                                          | Contribution ID #<br>0028          |
| Residential Street Address<br>18 Swan Ave                                                                                                                                                                                                                                                                            | City<br>Seymour                                                                                                                                                                             | State<br>CT                                                                                                                                 | Zip Code<br>06483                  |
| Principal Occupation<br>First Selectman                                                                                                                                                                                                                                                                              | Name of Employer<br>Town of Seymour                                                                                                                                                         |                                                                                                                                             |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>06/06/2018                                                                                                                 | Aggregate Contributions<br>\$50.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                             | Amount of Contribution<br>\$50.00                                                                                                           |                                    |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                             |                                                                                                                                             |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Gazaille                                                                                                                                                                                                                                                                                                | First<br>Nancy                                                                                                                                                                              | MI                                                                                                                                          | Contribution ID #<br>0029          |
| Residential Street Address<br>473 Woodlawn Ave                                                                                                                                                                                                                                                                       | City<br>Stratford                                                                                                                                                                           | State<br>CT                                                                                                                                 | Zip Code<br>06614                  |
| Principal Occupation<br>Hairdresser                                                                                                                                                                                                                                                                                  | Name of Employer<br>Self - Scissor Cut                                                                                                                                                      |                                                                                                                                             |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>06/06/2018                                                                                                                 | Aggregate Contributions<br>\$25.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                             | Amount of Contribution<br>\$25.00                                                                                                           |                                    |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                             |                                                                                                                                             |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Last Name<br>Henrick                                                                                                                                                                                                                                                                                                 | First<br>Michael                                                                                                                                                                            | MI<br>F                                                                                                                                     | Contribution ID #<br>0023           |
| Residential Street Address<br>165 Brookbend Dr                                                                                                                                                                                                                                                                       | City<br>Stratford                                                                                                                                                                           | State<br>CT                                                                                                                                 | Zip Code<br>06614                   |
| Principal Occupation<br>General Contractor                                                                                                                                                                                                                                                                           | Name of Employer<br>Henrick Home Construction                                                                                                                                               |                                                                                                                                             |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/06/2018                                                                                                                 | Aggregate Contributions<br>\$250.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                             | Amount of Contribution<br>\$250.00                                                                                                          |                                     |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                             |                                                                                                                                             |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Knorr                                                                                                                                                                                                                                                                                                   | First<br>Scott                                                                                                                                                                              | MI                                                                                                                                          | Contribution ID #<br>0019         |
| Residential Street Address<br>90 Margherita Lawn                                                                                                                                                                                                                                                                     | City<br>Stratford                                                                                                                                                                           | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Student                                                                                                                                                                                                                                                                                      | Name of Employer<br>Student                                                                                                                                                                 |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/06/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                             | Amount of Contribution<br>\$5.00                                                                                                            |                                   |



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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Last Name<br>Henrick                                                                                                                                                                                                                                                                                                 | First<br>Katrina                                                                                                                                                                               | MI<br>D                                                                                                                                     | Contribution ID #<br>0024           |
| Residential Street Address<br>165 Brookbend Dr                                                                                                                                                                                                                                                                       | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                   |
| Principal Occupation<br>School Psychologist                                                                                                                                                                                                                                                                          | Name of Employer<br>Stratford BOE                                                                                                                                                              |                                                                                                                                             |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/07/2018                                                                                                                 | Aggregate Contributions<br>\$250.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$250.00  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Last Name<br>Dempsey                                                                                                                                                                                                                                                                                                 | First<br>Brian                                                                                                                                                                                 | MI<br>W                                                                                                                                     | Contribution ID #<br>0025           |
| Residential Street Address<br>318 Stonybrook Rd                                                                                                                                                                                                                                                                      | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                   |
| Principal Occupation<br>Disabled                                                                                                                                                                                                                                                                                     | Name of Employer<br>Disabled                                                                                                                                                                   |                                                                                                                                             |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/07/2018                                                                                                                 | Aggregate Contributions<br>\$250.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$250.00  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>O'Connor                                                                                                                                                                                                                                                                                                | First<br>Marylou                                                                                                                                                                               | MI                                                                                                                                          | Contribution ID #<br>0021         |
| Residential Street Address<br>96 Margherita Lawn                                                                                                                                                                                                                                                                     | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Manager                                                                                                                                                                                                                                                                                      | Name of Employer<br>Race Coastal Engineering                                                                                                                                                   |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/07/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>O'Connor                                                                                                                                                                                                                                                                                                | First<br>Thomas                                                                                                                                                                                | MI<br>B                                                                                                                                     | Contribution ID #<br>0022         |
| Residential Street Address<br>96 Margherita Lawn                                                                                                                                                                                                                                                                     | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Manager                                                                                                                                                                                                                                                                                      | Name of Employer<br>American Accessories Inc                                                                                                                                                   |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/07/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                                                           |
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| Last Name<br>Knorr                                                                                                                                                                                                                                                                                                   | First<br>Amy                                                                                                                                                                                   | MI<br>R                                                                                                                                     | Contribution ID #<br>0017                                                 |
| Residential Street Address<br>90 Margherita Lawn                                                                                                                                                                                                                                                                     | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                                                         |
| Principal Occupation<br>Supervisor                                                                                                                                                                                                                                                                                   | Name of Employer<br>Town of Stratford                                                                                                                                                          |                                                                                                                                             |                                                                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/07/2018                                                                                                                 | Aggregate Contributions<br>\$250.00<br>Amount of Contribution<br>\$250.00 |

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| Last Name<br>Knorr                                                                                                                                                                                                                                                                                                   | First<br>Bradford                                                                                                                                                                              | MI                                                                                                                                          | Contribution ID #<br>0018                                             |
| Residential Street Address<br>90 Margherita Lawn                                                                                                                                                                                                                                                                     | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                                                     |
| Principal Occupation<br>Student                                                                                                                                                                                                                                                                                      | Name of Employer<br>Student                                                                                                                                                                    |                                                                                                                                             |                                                                       |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                       |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/08/2018                                                                                                                 | Aggregate Contributions<br>\$5.00<br>Amount of Contribution<br>\$5.00 |

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| Last Name<br>Mathewson                                                                                                                                                                                                                                                                                               | First<br>Paul                                                                                                                                                                                  | MI<br>R                                                                                                                                     | Contribution ID #<br>0042                                               |
| Residential Street Address<br>3209 Main St                                                                                                                                                                                                                                                                           | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                                                       |
| Principal Occupation<br>Clerk                                                                                                                                                                                                                                                                                        | Name of Employer<br>Town of Stratford                                                                                                                                                          |                                                                                                                                             |                                                                         |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                         |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/08/2018                                                                                                                 | Aggregate Contributions<br>\$20.00<br>Amount of Contribution<br>\$20.00 |

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| Last Name<br>Longueill                                                                                                                                                                                                                                                                                               | First<br>Florence                                                                                                                                                                              | MI                                                                                                                                          | Contribution ID #<br>0030                                                 |
| Residential Street Address<br>175 Deerfield Dr                                                                                                                                                                                                                                                                       | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                                                         |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                                                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>06/08/2018                                                                                                                 | Aggregate Contributions<br>\$250.00<br>Amount of Contribution<br>\$250.00 |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

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| Last Name<br>Fuller                                                                                                                                                                                                                                                                                               | First<br>Susan                                                                                                                                                                                 | MI                                                                                                                                          | Contribution ID #<br>0031           |
| Residential Street Address<br>175 Deerfield Dr                                                                                                                                                                                                                                                                    | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                   |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                   | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                              | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>06/08/2018                                                                                                                 | Aggregate Contributions<br>\$250.00 |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$250.00  |

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| Last Name<br>Lisej                                                                                                                                                                                                                                                                                                | First<br>Peter                                                                                                                                                                                 | MI<br>J                                                                                                                                     | Contribution ID #<br>0044         |
| Residential Street Address<br>54 Osbourne St                                                                                                                                                                                                                                                                      | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Electrician                                                                                                                                                                                                                                                                               | Name of Employer<br>Self (Lisej Electric)                                                                                                                                                      |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                              | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/08/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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| Last Name<br>Marsh                                                                                                                                                                                                                                                                                                | First<br>Aileen                                                                                                                                                                                | MI<br>M                                                                                                                                     | Contribution ID #<br>0045         |
| Residential Street Address<br>81C River Bend Rd                                                                                                                                                                                                                                                                   | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Clerk                                                                                                                                                                                                                                                                                     | Name of Employer<br>Town of Stratford                                                                                                                                                          |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                              | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/08/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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| Last Name<br>Lisej                                                                                                                                                                                                                                                                                                | First<br>Erin                                                                                                                                                                                  | MI<br>R                                                                                                                                     | Contribution ID #<br>0047         |
| Residential Street Address<br>54 Osbourne St                                                                                                                                                                                                                                                                      | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Unemployed                                                                                                                                                                                                                                                                                | Name of Employer<br>Unemployed                                                                                                                                                                 |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                              | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/08/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

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| Last Name<br>Scheck                                                                                                                                                                                                                                                                                                  | First<br>Linnea                                                                                                                                                                                | MI<br>A                                                                                                                                     | Contribution ID #<br>0049           |
| Residential Street Address<br>72 Howard St                                                                                                                                                                                                                                                                           | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                   |
| Principal Occupation<br>Co/Owner Construction                                                                                                                                                                                                                                                                        | Name of Employer<br>Butterworth and Scheck Inc.                                                                                                                                                |                                                                                                                                             |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/10/2018                                                                                                                 | Aggregate Contributions<br>\$250.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$250.00                                                                                                          |                                     |

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| Last Name<br>Iaboni                                                                                                                                                                                                                                                                                                  | First<br>Joseph                                                                                                                                                                                | MI                                                                                                                                          | Contribution ID #<br>0046         |
| Residential Street Address<br>568 Huntington Rd                                                                                                                                                                                                                                                                      | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/12/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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| Last Name<br>Cleri                                                                                                                                                                                                                                                                                                   | First<br>Judith                                                                                                                                                                                | MI                                                                                                                                          | Contribution ID #<br>0032          |
| Residential Street Address<br>196 1st Ave                                                                                                                                                                                                                                                                            | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                  |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06142018A</u>                                                                                                                                | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>06/13/2018                                                                                                                 | Aggregate Contributions<br>\$25.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$25.00                                                                                                           |                                    |

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| Last Name<br>Glad                                                                                                                                                                                                                                                                                                    | First<br>Carl                                                                                                                                                                                  | MI                                                                                                                                          | Contribution ID #<br>0033           |
| Residential Street Address<br>80 Candlewood Rd                                                                                                                                                                                                                                                                       | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                   |
| Principal Occupation<br>Attorney                                                                                                                                                                                                                                                                                     | Name of Employer<br>Law Offices of Kurt M. Ahlberg LLC                                                                                                                                         |                                                                                                                                             |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06142018A</u>                                                                                                                                | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>06/14/2018                                                                                                                 | Aggregate Contributions<br>\$100.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$100.00                                                                                                          |                                     |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

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| Last Name<br>Rubin                                                                                                                                                                                                                                                                                                   | First<br>Spencer                                                                                                                                                                               | MI                                                                                                                                          | Contribution ID #<br>0034                                                 |
| Residential Street Address<br>6 Warren Rd                                                                                                                                                                                                                                                                            | City<br>Woodbridge                                                                                                                                                                             | State<br>CT                                                                                                                                 | Zip Code<br>06525                                                         |
| Principal Occupation<br>Press Secretary                                                                                                                                                                                                                                                                              | Name of Employer<br>State of CT                                                                                                                                                                |                                                                                                                                             |                                                                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>06/14/2018                                                                                                                 | Aggregate Contributions<br>\$250.00<br>Amount of Contribution<br>\$250.00 |

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| Last Name<br>Feehan                                                                                                                                                                                                                                                                                                  | First<br>James                                                                                                                                                                                 | MI                                                                                                                                          | Contribution ID #<br>0035                                                 |
| Residential Street Address<br>930 Beaver Dam Rd                                                                                                                                                                                                                                                                      | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                                                         |
| Principal Occupation<br>President                                                                                                                                                                                                                                                                                    | Name of Employer<br>NEFEA (New England Fire Equipment Apparatus)                                                                                                                               |                                                                                                                                             |                                                                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>06/14/2018                                                                                                                 | Aggregate Contributions<br>\$250.00<br>Amount of Contribution<br>\$250.00 |

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| Last Name<br>Brooks                                                                                                                                                                                                                                                                                                  | First<br>Harrison                                                                                                                                                                              | MI<br>W                                                                                                                                     | Contribution ID #<br>0043                                               |
| Residential Street Address<br>50 Pine St                                                                                                                                                                                                                                                                             | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                                                       |
| Principal Occupation<br>Outreach Coordinator                                                                                                                                                                                                                                                                         | Name of Employer<br>House Republican Office                                                                                                                                                    |                                                                                                                                             |                                                                         |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                         |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06142018A</u>                                                                                                                                | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/14/2018                                                                                                                 | Aggregate Contributions<br>\$10.00<br>Amount of Contribution<br>\$10.00 |

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| Last Name<br>Battaglia                                                                                                                                                                                                                                                                                               | First<br>Tom                                                                                                                                                                                   | MI                                                                                                                                          | Contribution ID #<br>0038                                               |
| Residential Street Address<br>380 Pilgrim Ln                                                                                                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                                                       |
| Principal Occupation<br>Attorney                                                                                                                                                                                                                                                                                     | Name of Employer<br>Attorney Thomas Battaglia Jr                                                                                                                                               |                                                                                                                                             |                                                                         |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                         |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06142018A</u>                                                                                                                                | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/14/2018                                                                                                                 | Aggregate Contributions<br>\$40.00<br>Amount of Contribution<br>\$40.00 |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                |                                                                                                                                             |                             |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------|
| Last Name<br>Perillo                                                                                                                                                                                                                          |  | First<br>William Jr                                                                                                                                                                            |                                                                                                                                             | MI                          | Contribution ID #<br>0039 |
| Residential Street Address<br>554 Woodlawn Ave                                                                                                                                                                                                |  | City<br>Stratford                                                                                                                                                                              |                                                                                                                                             | State<br>CT                 | Zip Code<br>06614         |
| Principal Occupation<br>Retired                                                                                                                                                                                                               |  |                                                                                                                                                                                                | Name of Employer<br>Retired                                                                                                                 |                             |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>06142018A</u>                                                                                                                                |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/14/2018 |                           |
| Last Name<br>Malloy                                                                                                                                                                                                                           |  | First<br>Thomas                                                                                                                                                                                |                                                                                                                                             | MI                          | Contribution ID #<br>0040 |
| Residential Street Address<br>246 Tuttle Rd                                                                                                                                                                                                   |  | City<br>Woodbury                                                                                                                                                                               |                                                                                                                                             | State<br>CT                 | Zip Code<br>06798         |
| Principal Occupation<br>Sales of Ins and F/S                                                                                                                                                                                                  |  |                                                                                                                                                                                                | Name of Employer<br>RPI                                                                                                                     |                             |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>06142018A</u>                                                                                                                                |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/14/2018 |                           |
| Last Name<br>Maher                                                                                                                                                                                                                            |  | First<br>Courtney                                                                                                                                                                              |                                                                                                                                             | MI                          | Contribution ID #<br>0041 |
| Residential Street Address<br>65 Railroad Ave                                                                                                                                                                                                 |  | City<br>Milford                                                                                                                                                                                |                                                                                                                                             | State<br>CT                 | Zip Code<br>06460         |
| Principal Occupation<br>Brand Activation                                                                                                                                                                                                      |  |                                                                                                                                                                                                | Name of Employer<br>Womens Marketing                                                                                                        |                             |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>06142018A</u>                                                                                                                                |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/14/2018 |                           |
| Last Name<br>Kleinhans                                                                                                                                                                                                                        |  | First<br>John                                                                                                                                                                                  |                                                                                                                                             | MI<br>W                     | Contribution ID #<br>0050 |
| Residential Street Address<br>2 Grove St                                                                                                                                                                                                      |  | City<br>Niantic                                                                                                                                                                                |                                                                                                                                             | State<br>CT                 | Zip Code<br>06357         |
| Principal Occupation<br>Digital Marketing                                                                                                                                                                                                     |  |                                                                                                                                                                                                | Name of Employer<br>Image Works LLC                                                                                                         |                             |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/14/2018 |                           |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                     |
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| Last Name<br>Llewelyn                                                                                                                                                                                                                                                                                                | First<br>Alan                                                                                                                                                                                  | MI<br>D                                                                                                                                     | Contribution ID #<br>0051           |
| Residential Street Address<br>949 Huntington Rd                                                                                                                                                                                                                                                                      | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                   |
| Principal Occupation<br>Project Manager                                                                                                                                                                                                                                                                              | Name of Employer<br>Centek Engineering                                                                                                                                                         |                                                                                                                                             |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/14/2018                                                                                                                 | Aggregate Contributions<br>\$250.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$250.00                                                                                                          |                                     |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Last Name<br>Ahlberg                                                                                                                                                                                                                                                                                                 | First<br>Kurt                                                                                                                                                                                  | MI<br>M                                                                                                                                     | Contribution ID #<br>0052           |
| Residential Street Address<br>85 Coach House Rd                                                                                                                                                                                                                                                                      | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                   |
| Principal Occupation<br>Judge                                                                                                                                                                                                                                                                                        | Name of Employer<br>Probate Court State of CT                                                                                                                                                  |                                                                                                                                             |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/14/2018                                                                                                                 | Aggregate Contributions<br>\$250.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$250.00                                                                                                          |                                     |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Last Name<br>Hoydick                                                                                                                                                                                                                                                                                                 | First<br>Laura                                                                                                                                                                                 | MI<br>R                                                                                                                                     | Contribution ID #<br>0053           |
| Residential Street Address<br>55 Castle Dr                                                                                                                                                                                                                                                                           | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                   |
| Principal Occupation<br>Mayor                                                                                                                                                                                                                                                                                        | Name of Employer<br>Town of Stratford                                                                                                                                                          |                                                                                                                                             |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/14/2018                                                                                                                 | Aggregate Contributions<br>\$250.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$250.00                                                                                                          |                                     |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Last Name<br>Hoydick                                                                                                                                                                                                                                                                                                 | First<br>Paul                                                                                                                                                                                  | MI<br>R                                                                                                                                     | Contribution ID #<br>0054           |
| Residential Street Address<br>55 Castle Dr                                                                                                                                                                                                                                                                           | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                   |
| Principal Occupation<br>Maintenance Director                                                                                                                                                                                                                                                                         | Name of Employer<br>Stratford Housing Authority                                                                                                                                                |                                                                                                                                             |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/14/2018                                                                                                                 | Aggregate Contributions<br>\$250.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$250.00                                                                                                          |                                     |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                       |                                                                                                                                                                                                |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Feehan                                                                                                                                                                                                                                                                                                  | First<br>Karen                                        | MI                                                                                                                                                                                             | Contribution ID #<br>0055          |
| Residential Street Address<br>930 Beaver Dam Rd                                                                                                                                                                                                                                                                      | City<br>Stratford                                     | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                  |
| Principal Occupation<br>Treasurer / Bookkeeper                                                                                                                                                                                                                                                                       | Name of Employer<br>New England Fire Equip & App Corp |                                                                                                                                                                                                |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                       | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                    |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 |                                                       | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/14/2018        |
|                                                                                                                                                                                                                                                                                                                      |                                                       | Aggregate Contributions<br>\$250.00                                                                                                                                                            | Amount of Contribution<br>\$250.00 |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Ciccarelli                                                                                                                                                                                                                                                                                              | First<br>Lawrence Jr                  | MI<br>A                                                                                                                                                                                        | Contribution ID #<br>0056          |
| Residential Street Address<br>335 Andrew St                                                                                                                                                                                                                                                                          | City<br>Stratford                     | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                  |
| Principal Occupation<br>Public Safety Director                                                                                                                                                                                                                                                                       | Name of Employer<br>Town of Stratford |                                                                                                                                                                                                |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                       | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                    |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 |                                       | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/14/2018        |
|                                                                                                                                                                                                                                                                                                                      |                                       | Aggregate Contributions<br>\$250.00                                                                                                                                                            | Amount of Contribution<br>\$250.00 |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Proto                                                                                                                                                                                                                                                                                                   | First<br>Benjamin Jr                           | MI<br>S                                                                                                                                                                                        | Contribution ID #<br>0057          |
| Residential Street Address<br>2090 Cutspring Rd                                                                                                                                                                                                                                                                      | City<br>Stratford                              | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                  |
| Principal Occupation<br>Attorney                                                                                                                                                                                                                                                                                     | Name of Employer<br>Law Offices Benjamin Proto |                                                                                                                                                                                                |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                    |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06142018A</u>                                                                                                                                |                                                | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/14/2018        |
|                                                                                                                                                                                                                                                                                                                      |                                                | Aggregate Contributions<br>\$100.00                                                                                                                                                            | Amount of Contribution<br>\$100.00 |

|                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                                                                                                                |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Gribbon                                                                                                                                                                                                                                                                                                 | First<br>Patrick            | MI                                                                                                                                                                                             | Contribution ID #<br>0058          |
| Residential Street Address<br>40 Butternut Ln                                                                                                                                                                                                                                                                        | City<br>Stratford           | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                  |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      | Name of Employer<br>Retired |                                                                                                                                                                                                |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                    |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06142018A</u>                                                                                                                                |                             | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/14/2018        |
|                                                                                                                                                                                                                                                                                                                      |                             | Aggregate Contributions<br>\$100.00                                                                                                                                                            | Amount of Contribution<br>\$100.00 |



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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                            |                                        |                                                                                                                                          |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Last Name<br>Florek                                                                                                                                                                                                                        | First<br>John                          | MI                                                                                                                                       | Contribution ID #<br>0059           |
| Residential Street Address<br>264 Victoria Lawn                                                                                                                                                                                            | City<br>Stratford                      | State<br>CT                                                                                                                              | Zip Code<br>06615                   |
| Principal Occupation<br>Attorney                                                                                                                                                                                                           | Name of Employer<br>Florek and O'Neill |                                                                                                                                          |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                        | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06142018A</u>                                                         |                                        | Date Received<br>06/14/2018                                                                                                              | Aggregate Contributions<br>\$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<br>\$100.00                                                                                                       |                                     |

|                                                                                                                                                                                                                                            |                                        |                                                                                                                                          |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Last Name<br>Harkins                                                                                                                                                                                                                       | First<br>John                          | MI<br>A                                                                                                                                  | Contribution ID #<br>0060           |
| Residential Street Address<br>631A Onondaga Ln                                                                                                                                                                                             | City<br>Stratford                      | State<br>CT                                                                                                                              | Zip Code<br>06614                   |
| Principal Occupation<br>Lobbyist                                                                                                                                                                                                           | Name of Employer<br>Molter Gov Affairs |                                                                                                                                          |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                        | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06142018A</u>                                                         |                                        | Date Received<br>06/14/2018                                                                                                              | Aggregate Contributions<br>\$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<br>\$100.00                                                                                                       |                                     |

|                                                                                                                                                                                                                                            |                                         |                                                                                                                                          |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Connor                                                                                                                                                                                                                        | First<br>James                          | MI<br>J                                                                                                                                  | Contribution ID #<br>0061          |
| Residential Street Address<br>71 B Riverbend Rd                                                                                                                                                                                            | City<br>Stratford                       | State<br>CT                                                                                                                              | Zip Code<br>06614                  |
| Principal Occupation<br>Human Resources                                                                                                                                                                                                    | Name of Employer<br>Bridgeport Fittings |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                         | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06142018A</u>                                                         |                                         | Date Received<br>06/14/2018                                                                                                              | Aggregate Contributions<br>\$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<br>\$35.00                                                                                                        |                                    |

|                                                                                                                                                                                                                                            |                                           |                                                                                                                                          |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Miranda                                                                                                                                                                                                                       | First<br>John                             | MI<br>D                                                                                                                                  | Contribution ID #<br>0062          |
| Residential Street Address<br>124 Knapp St                                                                                                                                                                                                 | City<br>Easton                            | State<br>CT                                                                                                                              | Zip Code<br>06612                  |
| Principal Occupation<br>Real Estate                                                                                                                                                                                                        | Name of Employer<br>Self (William Raveis) |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                           | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                                           | Date Received<br>06/14/2018                                                                                                              | Aggregate Contributions<br>\$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<br>\$25.00                                                                                                        |                                    |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Cabral                                                                                                                                                                                                                                                                                               | First<br>William                                                                                                                                                                               | MI<br>O                                                                                                                                     | Contribution ID #<br>0063          |
| Residential Street Address<br>1034 E Main St                                                                                                                                                                                                                                                                      | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                  |
| Principal Occupation<br>Management                                                                                                                                                                                                                                                                                | Name of Employer<br>MPI                                                                                                                                                                        |                                                                                                                                             |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06142018A</u>                                                                                                                             | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/14/2018                                                                                                                 | Aggregate Contributions<br>\$25.00 |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$25.00  |

|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             |                                    |
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| Last Name<br>Cabral                                                                                                                                                                                                                                                                                               | First<br>Carol                                                                                                                                                                                 | MI                                                                                                                                          | Contribution ID #<br>0064          |
| Residential Street Address<br>1034 E Main St                                                                                                                                                                                                                                                                      | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                  |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                   | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06142018A</u>                                                                                                                             | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/14/2018                                                                                                                 | Aggregate Contributions<br>\$25.00 |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$25.00  |

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| Last Name<br>Nguyen                                                                                                                                                                                                                                                                                               | First<br>Lam                                                                                                                                                                                   | MI<br>T                                                                                                                                     | Contribution ID #<br>0065          |
| Residential Street Address<br>1925 Elm St                                                                                                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                  |
| Principal Occupation<br>Branch Manager                                                                                                                                                                                                                                                                            | Name of Employer<br>People's United Bank                                                                                                                                                       |                                                                                                                                             |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06142018A</u>                                                                                                                             | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/14/2018                                                                                                                 | Aggregate Contributions<br>\$25.00 |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$25.00  |

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| Last Name<br>Meyers                                                                                                                                                                                                                                                                                               | First<br>Ralph                                                                                                                                                                                 | MI<br>H                                                                                                                                     | Contribution ID #<br>0066          |
| Residential Street Address<br>3757 Main St                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                  |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                   | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06142018A</u>                                                                                                                             | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/14/2018                                                                                                                 | Aggregate Contributions<br>\$25.00 |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$25.00  |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                            |                                          |                                                                                                                                          |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Mitchell                                                                                                                                                                                                                      | First<br>Robert                          | MI<br>B                                                                                                                                  | Contribution ID #<br>0067          |
| Residential Street Address<br>274 Second Ave                                                                                                                                                                                               | City<br>Stratford                        | State<br>CT                                                                                                                              | Zip Code<br>06615                  |
| Principal Occupation<br>Attorney                                                                                                                                                                                                           | Name of Employer<br>Mitchell and Sheehan |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                          | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06142018A</u>                                                         |                                          | Date Received<br>06/14/2018                                                                                                              | Aggregate Contributions<br>\$40.00 |
| 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<br>\$40.00                                                                                                        |                                    |

|                                                                                                                                                                                                                                            |                                                    |                                                                                                                                          |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Last Name<br>Martin                                                                                                                                                                                                                        | First<br>Raymond                                   | MI<br>J                                                                                                                                  | Contribution ID #<br>0048           |
| Residential Street Address<br>39 Deerfield Dr                                                                                                                                                                                              | City<br>Easton                                     | State<br>CT                                                                                                                              | Zip Code<br>06612                   |
| Principal Occupation<br>Broker                                                                                                                                                                                                             | Name of Employer<br>Martin and Caselli Real Estate |                                                                                                                                          |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                    | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                                                    | Date Received<br>06/14/2018                                                                                                              | Aggregate Contributions<br>\$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                                   |                                                    | Amount of Contribution<br>\$250.00                                                                                                       |                                     |

|                                                                                                                                                                                                                                            |                                    |                                                                                                                                          |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Pontillo                                                                                                                                                                                                                      | First<br>Lou                       | MI                                                                                                                                       | Contribution ID #<br>0101          |
| Residential Street Address<br>115 Blueberry Rd                                                                                                                                                                                             | City<br>Trumbull                   | State<br>CT                                                                                                                              | Zip Code<br>06611                  |
| Principal Occupation<br>Painter                                                                                                                                                                                                            | Name of Employer<br>Lou's Painting |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                    | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06212018B</u>                                                         |                                    | Date Received<br>06/14/2018                                                                                                              | Aggregate Contributions<br>\$25.00 |
| 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<br>\$25.00                                                                                                        |                                    |

|                                                                                                                                                                                                                                            |                                         |                                                                                                                                          |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Last Name<br>Pia                                                                                                                                                                                                                           | First<br>Chris                          | MI                                                                                                                                       | Contribution ID #<br>0069           |
| Residential Street Address<br>152 Ryegate Ter                                                                                                                                                                                              | City<br>Stratford                       | State<br>CT                                                                                                                              | Zip Code<br>06615                   |
| Principal Occupation<br>Agent                                                                                                                                                                                                              | Name of Employer<br>NYL (New York Life) |                                                                                                                                          |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                         | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                                         | Date Received<br>06/15/2018                                                                                                              | Aggregate Contributions<br>\$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                                   |                                         | Amount of Contribution<br>\$250.00                                                                                                       |                                     |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Collier                                                                                                                                                                                                                                                                                              | First<br>Joseph                                                                                                                                                                                | MI                                                                                                                                          | Contribution ID #<br>0104          |
| Residential Street Address<br>371 Mary Ave                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                  |
| Principal Occupation<br>Dock Worker                                                                                                                                                                                                                                                                               | Name of Employer<br>Unemployed                                                                                                                                                                 |                                                                                                                                             |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                              | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/16/2018                                                                                                                 | Aggregate Contributions<br>\$10.00 |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$10.00  |

|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Palmer                                                                                                                                                                                                                                                                                               | First<br>Wayne                                                                                                                                                                                 | MI<br>R                                                                                                                                     | Contribution ID #<br>0111         |
| Residential Street Address<br>230 Albert Ave                                                                                                                                                                                                                                                                      | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                   | Name of Employer<br>n/a                                                                                                                                                                        |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                              | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/16/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Newall                                                                                                                                                                                                                                                                                               | First<br>David                                                                                                                                                                                 | MI<br>R                                                                                                                                     | Contribution ID #<br>0106         |
| Residential Street Address<br>445 N Abram St                                                                                                                                                                                                                                                                      | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Driver                                                                                                                                                                                                                                                                                    | Name of Employer<br>Unemployed                                                                                                                                                                 |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                              | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/17/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             |                                   |
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| Last Name<br>Moran                                                                                                                                                                                                                                                                                                | First<br>James                                                                                                                                                                                 | MI<br>K                                                                                                                                     | Contribution ID #<br>0108         |
| Residential Street Address<br>1558 Capital Ave                                                                                                                                                                                                                                                                    | City<br>Bridgeport                                                                                                                                                                             | State<br>CT                                                                                                                                 | Zip Code<br>06604                 |
| Principal Occupation<br>Teacher                                                                                                                                                                                                                                                                                   | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                              | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/17/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                  |                                                                                                                                                                                                |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Last Name<br>Cavanaugh                                                                                                                                                                                                                                                                                               | First<br>Gene                                    | MI                                                                                                                                                                                             | Contribution ID #<br>0109        |
| Residential Street Address<br>165 Regency Ter                                                                                                                                                                                                                                                                        | City<br>Stratford                                | State<br>CT                                                                                                                                                                                    | Zip Code<br>06615                |
| Principal Occupation<br>Taper                                                                                                                                                                                                                                                                                        | Name of Employer<br>Self (All Phase Drywall LLC) |                                                                                                                                                                                                |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 |                                                  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/17/2018      |
|                                                                                                                                                                                                                                                                                                                      |                                                  | Aggregate Contributions<br>\$5.00                                                                                                                                                              | Amount of Contribution<br>\$5.00 |

|                                                                                                                                                                                                                                                                                                                      |                               |                                                                                                                                                                                                |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Sheehy                                                                                                                                                                                                                                                                                                  | First<br>Theresa              | MI                                                                                                                                                                                             | Contribution ID #<br>0036          |
| Residential Street Address<br>190 Chapel St                                                                                                                                                                                                                                                                          | City<br>Stratford             | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                  |
| Principal Occupation<br>Homemaker                                                                                                                                                                                                                                                                                    | Name of Employer<br>Homemaker |                                                                                                                                                                                                |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                               | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                    |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 |                               | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>06/17/2018        |
|                                                                                                                                                                                                                                                                                                                      |                               | Aggregate Contributions<br>\$250.00                                                                                                                                                            | Amount of Contribution<br>\$250.00 |

|                                                                                                                                                                                                                                                                                                                      |                                           |                                                                                                                                                                                                |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Last Name<br>Poisson                                                                                                                                                                                                                                                                                                 | First<br>Ken                              | MI                                                                                                                                                                                             | Contribution ID #<br>0037        |
| Residential Street Address<br>35 Mapledale Ave                                                                                                                                                                                                                                                                       | City<br>Stratford                         | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                |
| Principal Occupation<br>Teacher                                                                                                                                                                                                                                                                                      | Name of Employer<br>Town of Stratford BOE |                                                                                                                                                                                                |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                           | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 |                                           | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>06/17/2018      |
|                                                                                                                                                                                                                                                                                                                      |                                           | Aggregate Contributions<br>\$5.00                                                                                                                                                              | Amount of Contribution<br>\$5.00 |

|                                                                                                                                                                                                                                                                                                                      |                              |                                                                                                                                                                                                |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Last Name<br>Hey                                                                                                                                                                                                                                                                                                     | First<br>Christopher         | MI                                                                                                                                                                                             | Contribution ID #<br>0110        |
| Residential Street Address<br>50 Beacon St                                                                                                                                                                                                                                                                           | City<br>Stratford            | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                |
| Principal Occupation<br>Finance Manager                                                                                                                                                                                                                                                                              | Name of Employer<br>Sikorsky |                                                                                                                                                                                                |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                              | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 |                              | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/18/2018      |
|                                                                                                                                                                                                                                                                                                                      |                              | Aggregate Contributions<br>\$5.00                                                                                                                                                              | Amount of Contribution<br>\$5.00 |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                               |                                       |                                                                                                                                             |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Agvent                                                                                                                                                                                                                           | First<br>Tom                          | MI                                                                                                                                          | Contribution ID #<br>0107         |
| Residential Street Address<br>130 Val Dr                                                                                                                                                                                                      | City<br>Stratford                     | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Technician                                                                                                                                                                                                            | Name of Employer<br>Eversource Energy |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                       | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 |                                       | Date Received<br>06/19/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                                |                                       | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

|                                                                                                                                                                                                                                               |                                   |                                                                                                                                             |                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Browning                                                                                                                                                                                                                         | First<br>Wayne                    | MI                                                                                                                                          | Contribution ID #<br>0070          |
| Residential Street Address<br>245 Chapel St                                                                                                                                                                                                   | City<br>Stratford                 | State<br>CT                                                                                                                                 | Zip Code<br>06614                  |
| Principal Occupation<br>Owner                                                                                                                                                                                                                 | Name of Employer<br>Mercury Group |                                                                                                                                             |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 |                                   | Date Received<br>06/19/2018                                                                                                                 | Aggregate Contributions<br>\$25.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                                |                                   | Amount of Contribution<br>\$25.00                                                                                                           |                                    |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Pochron                                                                                                                                                                                                                          | First<br>Thomas                            | MI                                                                                                                                          | Contribution ID #<br>0071         |
| Residential Street Address<br>245 Chapel St                                                                                                                                                                                                   | City<br>Stratford                          | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Insurance                                                                                                                                                                                                             | Name of Employer<br>Self (Lyan Associates) |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                            | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 |                                            | Date Received<br>06/19/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                                |                                            | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

|                                                                                                                                                                                                                                               |                                             |                                                                                                                                             |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Gross                                                                                                                                                                                                                            | First<br>Gregory                            | MI<br>M                                                                                                                                     | Contribution ID #<br>0072         |
| Residential Street Address<br>152 Ryegate Ter                                                                                                                                                                                                 | City<br>Stratford                           | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Landscaper                                                                                                                                                                                                            | Name of Employer<br>Eastern Land Management |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 |                                             | Date Received<br>06/19/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                                |                                             | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                                                                                                                |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Petruccelli                                                                                                                                                                                                                                                                                             | First<br>Leonard            | MI                                                                                                                                                                                             | Contribution ID #<br>0068          |
| Residential Street Address<br>105 Euclid Ave                                                                                                                                                                                                                                                                         | City<br>Stratford           | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                  |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      | Name of Employer<br>Retired |                                                                                                                                                                                                |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                    |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 |                             | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>06/19/2018        |
|                                                                                                                                                                                                                                                                                                                      |                             | Aggregate Contributions<br>\$250.00                                                                                                                                                            | Amount of Contribution<br>\$250.00 |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Last Name<br>Llewelyn                                                                                                                                                                                                                                                                                                | First<br>Elizabeth                          | MI<br>D                                                                                                                                                                                        | Contribution ID #<br>0075        |
| Residential Street Address<br>949 Huntington Rd                                                                                                                                                                                                                                                                      | City<br>Stratford                           | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                |
| Principal Occupation<br>Student (Middle School)                                                                                                                                                                                                                                                                      | Name of Employer<br>Student (Middel School) |                                                                                                                                                                                                |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 |                                             | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/19/2018      |
|                                                                                                                                                                                                                                                                                                                      |                                             | Aggregate Contributions<br>\$5.00                                                                                                                                                              | Amount of Contribution<br>\$5.00 |

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| Last Name<br>Scala                                                                                                                                                                                                                                                                                                   | First<br>Judy                         | MI<br>A                                                                                                                                                                                        | Contribution ID #<br>0076         |
| Residential Street Address<br>435 Warner Hill Rd                                                                                                                                                                                                                                                                     | City<br>Stratford                     | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                 |
| Principal Occupation<br>Assistant Registrar                                                                                                                                                                                                                                                                          | Name of Employer<br>Town of Stratford |                                                                                                                                                                                                |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                       | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                    |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 |                                       | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/19/2018       |
|                                                                                                                                                                                                                                                                                                                      |                                       | Aggregate Contributions<br>\$10.00                                                                                                                                                             | Amount of Contribution<br>\$10.00 |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Last Name<br>Scala                                                                                                                                                                                                                                                                                                   | First<br>Michael                      | MI<br>L                                                                                                                                                                                        | Contribution ID #<br>0073        |
| Residential Street Address<br>435 Warner Hill Rd                                                                                                                                                                                                                                                                     | City<br>Stratford                     | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                |
| Principal Occupation<br>Sanitation                                                                                                                                                                                                                                                                                   | Name of Employer<br>Town of Stratford |                                                                                                                                                                                                |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                       | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 |                                       | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/20/2018      |
|                                                                                                                                                                                                                                                                                                                      |                                       | Aggregate Contributions<br>\$5.00                                                                                                                                                              | Amount of Contribution<br>\$5.00 |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Scala                                                                                                                                                                                                                                                                                                   | First<br>Anna                                                                                                                                                                                  | MI<br>M                                                                                                                                     | Contribution ID #<br>0074         |
| Residential Street Address<br>435 Warner Hill Rd                                                                                                                                                                                                                                                                     | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Hairdresser - Owner                                                                                                                                                                                                                                                                          | Name of Employer<br>Anna's of Stratford                                                                                                                                                        |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/20/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Last Name<br>Bennett                                                                                                                                                                                                                                                                                                 | First<br>Robert Jr                                                                                                                                                                             | MI<br>J                                                                                                                                     | Contribution ID #<br>0091           |
| Residential Street Address<br>153 Wiklund Ave                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                   |
| Principal Occupation<br>Agent                                                                                                                                                                                                                                                                                        | Name of Employer<br>New York Life                                                                                                                                                              |                                                                                                                                             |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/20/2018                                                                                                                 | Aggregate Contributions<br>\$250.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$250.00  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Barnaby                                                                                                                                                                                                                                                                                                 | First<br>Chris                                                                                                                                                                                 | MI                                                                                                                                          | Contribution ID #<br>0138         |
| Residential Street Address<br>100 Ash St                                                                                                                                                                                                                                                                             | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Director                                                                                                                                                                                                                                                                                     | Name of Employer<br>Julian Materials LLC                                                                                                                                                       |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/20/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Aviles                                                                                                                                                                                                                                                                                                  | First<br>Colleen                                                                                                                                                                               | MI<br>A                                                                                                                                     | Contribution ID #<br>0139         |
| Residential Street Address<br>206 Second Ave                                                                                                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Legal Assistant                                                                                                                                                                                                                                                                              | Name of Employer<br>The Cotter Law Firm LLC                                                                                                                                                    |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/20/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |



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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                                                                                                |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Last Name<br>Scinto                                                                                                                                                                                                                                                                                                  | First<br>Edward                   | MI<br>J                                                                                                                                                                                        | Contribution ID #<br>0201        |
| Residential Street Address<br>35 Lenox Ave                                                                                                                                                                                                                                                                           | City<br>Stratford                 | State<br>CT                                                                                                                                                                                    | Zip Code<br>06615                |
| Principal Occupation<br>Custodian                                                                                                                                                                                                                                                                                    | Name of Employer<br>Stratford BOE |                                                                                                                                                                                                |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 |                                   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/20/2018      |
|                                                                                                                                                                                                                                                                                                                      |                                   | Aggregate Contributions<br>\$5.00                                                                                                                                                              | Amount of Contribution<br>\$5.00 |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Cotter                                                                                                                                                                                                                                                                                                  | First<br>Thomas                         | MI<br>G                                                                                                                                                                                        | Contribution ID #<br>0148         |
| Residential Street Address<br>42 Pauline St                                                                                                                                                                                                                                                                          | City<br>Stratford                       | State<br>CT                                                                                                                                                                                    | Zip Code<br>06615                 |
| Principal Occupation<br>Attorney at Law                                                                                                                                                                                                                                                                              | Name of Employer<br>Cotter Law Firm LLC |                                                                                                                                                                                                |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                         | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                    |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 |                                         | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/20/2018       |
|                                                                                                                                                                                                                                                                                                                      |                                         | Aggregate Contributions<br>\$10.00                                                                                                                                                             | Amount of Contribution<br>\$10.00 |

|                                                                                                                                                                                                                                                                                                                      |                                          |                                                                                                                                                                                                |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Last Name<br>Barnaby                                                                                                                                                                                                                                                                                                 | First<br>Stacy                           | MI                                                                                                                                                                                             | Contribution ID #<br>0202        |
| Residential Street Address<br>100 Ash St                                                                                                                                                                                                                                                                             | City<br>Stratford                        | State<br>CT                                                                                                                                                                                    | Zip Code<br>06615                |
| Principal Occupation<br>Receptionist                                                                                                                                                                                                                                                                                 | Name of Employer<br>Pediatric Healthcare |                                                                                                                                                                                                |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                          | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 |                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/21/2018      |
|                                                                                                                                                                                                                                                                                                                      |                                          | Aggregate Contributions<br>\$5.00                                                                                                                                                              | Amount of Contribution<br>\$5.00 |

|                                                                                                                                                                                                                                                                                                                      |                                            |                                                                                                                                                                                                |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Llewelyn                                                                                                                                                                                                                                                                                                | First<br>Kathryn                           | MI<br>D                                                                                                                                                                                        | Contribution ID #<br>0124          |
| Residential Street Address<br>949 Huntington Rd                                                                                                                                                                                                                                                                      | City<br>Stratford                          | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                  |
| Principal Occupation<br>Special Education Teacher                                                                                                                                                                                                                                                                    | Name of Employer<br>Darlen Bd of Education |                                                                                                                                                                                                |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                            | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                    |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 |                                            | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/21/2018        |
|                                                                                                                                                                                                                                                                                                                      |                                            | Aggregate Contributions<br>\$250.00                                                                                                                                                            | Amount of Contribution<br>\$250.00 |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Last Name<br>Fredette                                                                                                                                                                                                                                                                                                | First<br>Richard                                                                                                                                                                               | MI                                                                                                                                          | Contribution ID #<br>0125                                                 |
| Residential Street Address<br>73 Ferry Ct                                                                                                                                                                                                                                                                            | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                                                         |
| Principal Occupation<br>Blight Enforcement Officer                                                                                                                                                                                                                                                                   | Name of Employer<br>Town of Stratford                                                                                                                                                          |                                                                                                                                             |                                                                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/21/2018                                                                                                                 | Aggregate Contributions<br>\$250.00<br>Amount of Contribution<br>\$250.00 |

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| Last Name<br>Petillo                                                                                                                                                                                                                                                                                                 | First<br>Oreste                                                                                                                                                                                | MI<br>M                                                                                                                                     | Contribution ID #<br>0157                                               |
| Residential Street Address<br>125 McLeod                                                                                                                                                                                                                                                                             | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                                                       |
| Principal Occupation<br>Nutritionist                                                                                                                                                                                                                                                                                 | Name of Employer<br>NutRx Inc                                                                                                                                                                  |                                                                                                                                             |                                                                         |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                         |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/21/2018                                                                                                                 | Aggregate Contributions<br>\$25.00<br>Amount of Contribution<br>\$25.00 |

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| Last Name<br>Mudre                                                                                                                                                                                                                                                                                                   | First<br>John Jr                                                                                                                                                                               | MI<br>L                                                                                                                                     | Contribution ID #<br>0092                                               |
| Residential Street Address<br>75 Florence St                                                                                                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                                                       |
| Principal Occupation<br>Owner                                                                                                                                                                                                                                                                                        | Name of Employer<br>Hilltop Market                                                                                                                                                             |                                                                                                                                             |                                                                         |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                         |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06212018B</u>                                                                                                                                | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/21/2018                                                                                                                 | Aggregate Contributions<br>\$50.00<br>Amount of Contribution<br>\$50.00 |

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| Last Name<br>Perillo                                                                                                                                                                                                                                                                                                 | First<br>William Jr                                                                                                                                                                            | MI                                                                                                                                          | Contribution ID #<br>0093                                               |
| Residential Street Address<br>554 Woodlawn Ave                                                                                                                                                                                                                                                                       | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                                                       |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                                                         |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                         |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06212018B</u>                                                                                                                                | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/21/2018                                                                                                                 | Aggregate Contributions<br>\$80.00<br>Amount of Contribution<br>\$50.00 |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                               |                                   |                                                                                                                                             |                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Batoh                                                                                                                                                                                                                            | First<br>Timothy                  | MI                                                                                                                                          | Contribution ID #<br>0094          |
| Residential Street Address<br>557 Harvard Ave                                                                                                                                                                                                 | City<br>Stratford                 | State<br>CT                                                                                                                                 | Zip Code<br>06614                  |
| Principal Occupation<br>Manager                                                                                                                                                                                                               | Name of Employer<br>BPA Worldwide |                                                                                                                                             |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>06212018B</u>                                                                                                                                |                                   | Date Received<br>06/21/2018                                                                                                                 | Aggregate Contributions<br>\$50.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                                |                                   | Amount of Contribution<br>\$50.00                                                                                                           |                                    |

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| Last Name<br>Mudre                                                                                                                                                                                                                            | First<br>Ronald                    | MI                                                                                                                                          | Contribution ID #<br>0095          |
| Residential Street Address<br>50 Brandon Ave                                                                                                                                                                                                  | City<br>Stratford                  | State<br>CT                                                                                                                                 | Zip Code<br>06614                  |
| Principal Occupation<br>Owner                                                                                                                                                                                                                 | Name of Employer<br>Hilltop Market |                                                                                                                                             |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                    | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>06212018B</u>                                                                                                                                |                                    | Date Received<br>06/21/2018                                                                                                                 | Aggregate Contributions<br>\$50.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                                |                                    | Amount of Contribution<br>\$50.00                                                                                                           |                                    |

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| Last Name<br>Zgradden                                                                                                                                                                                                                         | First<br>Stephen                  | MI<br>J                                                                                                                                     | Contribution ID #<br>0096          |
| Residential Street Address<br>1127 Nichols Ave                                                                                                                                                                                                | City<br>Stratford                 | State<br>CT                                                                                                                                 | Zip Code<br>06614                  |
| Principal Occupation<br>Salesman                                                                                                                                                                                                              | Name of Employer<br>Eden Brothers |                                                                                                                                             |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>06212018B</u>                                                                                                                                |                                   | Date Received<br>06/21/2018                                                                                                                 | Aggregate Contributions<br>\$50.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                                |                                   | Amount of Contribution<br>\$50.00                                                                                                           |                                    |

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| Last Name<br>Nunno                                                                                                                                                                                                                            | First<br>Kristine                    | MI<br>L                                                                                                                                     | Contribution ID #<br>0097          |
| Residential Street Address<br>554 Woodlawn Ave                                                                                                                                                                                                | City<br>Stratford                    | State<br>CT                                                                                                                                 | Zip Code<br>06614                  |
| Principal Occupation<br>Waitress                                                                                                                                                                                                              | Name of Employer<br>Krissey's Korner |                                                                                                                                             |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                      | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>06212018B</u>                                                                                                                                |                                      | Date Received<br>06/21/2018                                                                                                                 | Aggregate Contributions<br>\$50.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                                |                                      | Amount of Contribution<br>\$50.00                                                                                                           |                                    |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                |                                                                                                                                             |                             |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------|
| Last Name<br>Spillane                                                                                                                                                                                                                         |  | First<br>Patricia                                                                                                                                                                              |                                                                                                                                             | MI<br>E                     | Contribution ID #<br>0098 |
| Residential Street Address<br>401 Bridgeview Pl                                                                                                                                                                                               |  | City<br>Stratford                                                                                                                                                                              |                                                                                                                                             | State<br>CT                 | Zip Code<br>06614         |
| Principal Occupation<br>Graphic Designer                                                                                                                                                                                                      |  |                                                                                                                                                                                                | Name of Employer<br>Saint Mary's Hospital                                                                                                   |                             |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>06212018B</u>                                                                                                                                |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/21/2018 |                           |
| Last Name<br>Connor                                                                                                                                                                                                                           |  | First<br>James                                                                                                                                                                                 |                                                                                                                                             | MI<br>J                     | Contribution ID #<br>0099 |
| Residential Street Address<br>71 B Riverbend Rd                                                                                                                                                                                               |  | City<br>Stratford                                                                                                                                                                              |                                                                                                                                             | State<br>CT                 | Zip Code<br>06614         |
| Principal Occupation<br>Human Resources                                                                                                                                                                                                       |  |                                                                                                                                                                                                | Name of Employer<br>Bridgeport Fittings                                                                                                     |                             |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>06212018B</u>                                                                                                                                |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/21/2018 |                           |
| Last Name<br>Dowell                                                                                                                                                                                                                           |  | First<br>Ian                                                                                                                                                                                   |                                                                                                                                             | MI                          | Contribution ID #<br>0100 |
| Residential Street Address<br>303 Platt St                                                                                                                                                                                                    |  | City<br>Bridgeport                                                                                                                                                                             |                                                                                                                                             | State<br>CT                 | Zip Code<br>06606         |
| Principal Occupation<br>Carpenter                                                                                                                                                                                                             |  |                                                                                                                                                                                                | Name of Employer<br>Dowell Woodworking                                                                                                      |                             |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>06212018B</u>                                                                                                                                |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/21/2018 |                           |
| Last Name<br>Mitchell                                                                                                                                                                                                                         |  | First<br>Reese                                                                                                                                                                                 |                                                                                                                                             | MI<br>B                     | Contribution ID #<br>0105 |
| Residential Street Address<br>121 Margherita Lawn                                                                                                                                                                                             |  | City<br>Stratford                                                                                                                                                                              |                                                                                                                                             | State<br>CT                 | Zip Code<br>06615         |
| Principal Occupation<br>Attorney                                                                                                                                                                                                              |  |                                                                                                                                                                                                | Name of Employer<br>Mitchell and Sheehan PC                                                                                                 |                             |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/21/2018 |                           |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                            |                                       |                                                                                                                                          |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Mathewson                                                                                                                                                                                                                     | First<br>Paul                         | MI<br>R                                                                                                                                  | Contribution ID #<br>0102          |
| Residential Street Address<br>3209 Main St                                                                                                                                                                                                 | City<br>Stratford                     | State<br>CT                                                                                                                              | Zip Code<br>06614                  |
| Principal Occupation<br>Clerk                                                                                                                                                                                                              | Name of Employer<br>Town of Stratford |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                       | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06212018B</u>                                                         |                                       | Date Received<br>06/21/2018                                                                                                              | Aggregate Contributions<br>\$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<br>\$20.00                                                                                                        |                                    |

|                                                                                                                                                                                                                                            |                                         |                                                                                                                                          |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Harden                                                                                                                                                                                                                        | First<br>Dave                           | MI<br>L                                                                                                                                  | Contribution ID #<br>0103          |
| Residential Street Address<br>608 Bruce Ave                                                                                                                                                                                                | City<br>Stratford                       | State<br>CT                                                                                                                              | Zip Code<br>06615                  |
| Principal Occupation<br>EMT                                                                                                                                                                                                                | Name of Employer<br>Bridgeport Hospital |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                         | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06212018B</u>                                                         |                                         | Date Received<br>06/21/2018                                                                                                              | Aggregate Contributions<br>\$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<br>\$20.00                                                                                                        |                                    |

|                                                                                                                                                                                                                                            |                             |                                                                                                                                          |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Santi                                                                                                                                                                                                                         | First<br>Zairo              | MI                                                                                                                                       | Contribution ID #<br>0077         |
| Residential Street Address<br>29 Longbranch Ave                                                                                                                                                                                            | City<br>Stratford           | State<br>CT                                                                                                                              | Zip Code<br>06615                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                            | Name of Employer<br>Retired |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                             | Date Received<br>06/21/2018                                                                                                              | Aggregate Contributions<br>\$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<br>\$5.00                                                                                                         |                                   |

|                                                                                                                                                                                                                                            |                             |                                                                                                                                          |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Santi                                                                                                                                                                                                                         | First<br>Kathy              | MI                                                                                                                                       | Contribution ID #<br>0078         |
| Residential Street Address<br>29 Longbranch Ave                                                                                                                                                                                            | City<br>Stratford           | State<br>CT                                                                                                                              | Zip Code<br>06615                 |
| Principal Occupation<br>Cafeteria Worker                                                                                                                                                                                                   | Name of Employer<br>Compass |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                             | Date Received<br>06/21/2018                                                                                                              | Aggregate Contributions<br>\$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<br>\$5.00                                                                                                         |                                   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Last Name<br>Santi                                                                                                                                                                                                                             | First<br>Harriet            | MI                                                                                                                                                                                             | Contribution ID #<br>0079                                                                                        |
| Residential Street Address<br>29 Longbranch Ave                                                                                                                                                                                                | City<br>Stratford           | State<br>CT                                                                                                                                                                                    | Zip Code<br>06615                                                                                                |
| Principal Occupation<br>Retired                                                                                                                                                                                                                | Name of Employer<br>Retired |                                                                                                                                                                                                |                                                                                                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                       |                                                                                                                  |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>If yes, list Event #                                                                          |                             | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br><br>Date Received<br>06/21/2018<br><br>Aggregate Contributions<br>\$5.00<br><br>\$5.00 |

|                                                                                                                                                                                                                                                |                                            |                                                                                                                                                                                                |                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Last Name<br>Longo                                                                                                                                                                                                                             | First<br>Richard                           | MI                                                                                                                                                                                             | Contribution ID #<br>0080                                                                                        |
| Residential Street Address<br>29 Longbranch Ave                                                                                                                                                                                                | City<br>Stratford                          | State<br>CT                                                                                                                                                                                    | Zip Code<br>06615                                                                                                |
| Principal Occupation<br>Chef                                                                                                                                                                                                                   | Name of Employer<br>Independent Contractor |                                                                                                                                                                                                |                                                                                                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                            | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                       |                                                                                                                  |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>If yes, list Event #                                                                          |                                            | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br><br>Date Received<br>06/21/2018<br><br>Aggregate Contributions<br>\$5.00<br><br>\$5.00 |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Last Name<br>Santi                                                                                                                                                                                                                             | First<br>Jason                      | MI                                                                                                                                                                                             | Contribution ID #<br>0081                                                                                        |
| Residential Street Address<br>29 Longbranch Ave                                                                                                                                                                                                | City<br>Stratford                   | State<br>CT                                                                                                                                                                                    | Zip Code<br>06615                                                                                                |
| Principal Occupation<br>Service                                                                                                                                                                                                                | Name of Employer<br>Colonial Toyota |                                                                                                                                                                                                |                                                                                                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                     | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                       |                                                                                                                  |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>If yes, list Event #                                                                          |                                     | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br><br>Date Received<br>06/21/2018<br><br>Aggregate Contributions<br>\$5.00<br><br>\$5.00 |

|                                                                                                                                                                                                                                                |                                                 |                                                                                                                                                                                                |                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Last Name<br>Brock                                                                                                                                                                                                                             | First<br>Darryl                                 | MI                                                                                                                                                                                             | Contribution ID #<br>0082                                                                                          |
| Residential Street Address<br>221 Nichols Ave                                                                                                                                                                                                  | City<br>Stratford                               | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                                                                                                  |
| Principal Occupation<br>College History Professor                                                                                                                                                                                              | Name of Employer<br>City University of New York |                                                                                                                                                                                                |                                                                                                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                 | Is contributor a lobbyist, spouse, or dependent child 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<br><br>If yes, list Event # <u>06212018B</u>                                                         |                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Amount of Contribution<br><br>Date Received<br>06/21/2018<br><br>Aggregate Contributions<br>\$25.00<br><br>\$25.00 |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                               |                                             |                                                                                                                                             |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Last Name<br>Clymer                                                                                                                                                                                                                           | First<br>Everett                            | MI                                                                                                                                          | Contribution ID #<br>0083           |
| Residential Street Address<br>89B South Trl                                                                                                                                                                                                   | City<br>Stratford                           | State<br>CT                                                                                                                                 | Zip Code<br>06614                   |
| Principal Occupation<br>Retired                                                                                                                                                                                                               | Name of Employer<br>Retired                 |                                                                                                                                             |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>06212018B</u>                                                                                                                                |                                             | Date Received<br>06/21/2018                                                                                                                 | Aggregate Contributions<br>\$100.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card                                                   |                                             | Amount of Contribution<br>\$100.00                                                                                                          |                                     |
| <hr/>                                                                                                                                                                                                                                         |                                             |                                                                                                                                             |                                     |
| Last Name<br>Aldrich                                                                                                                                                                                                                          | First<br>Norman                             | MI                                                                                                                                          | Contribution ID #<br>0084           |
| Residential Street Address<br>100 Parrott Dr # 304                                                                                                                                                                                            | City<br>Shelton                             | State<br>CT                                                                                                                                 | Zip Code<br>06484                   |
| Principal Occupation<br>CPA                                                                                                                                                                                                                   | Name of Employer<br>Norm Aldrich CPA        |                                                                                                                                             |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>06212018B</u>                                                                                                                                |                                             | Date Received<br>06/21/2018                                                                                                                 | Aggregate Contributions<br>\$50.00  |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card                                                   |                                             | Amount of Contribution<br>\$50.00                                                                                                           |                                     |
| <hr/>                                                                                                                                                                                                                                         |                                             |                                                                                                                                             |                                     |
| Last Name<br>Aldrich                                                                                                                                                                                                                          | First<br>Barbara                            | MI                                                                                                                                          | Contribution ID #<br>0085           |
| Residential Street Address<br>100 Parrott Dr # 304                                                                                                                                                                                            | City<br>Shelton                             | State<br>CT                                                                                                                                 | Zip Code<br>06484                   |
| Principal Occupation<br>RN                                                                                                                                                                                                                    | Name of Employer<br>Yale New Haven Hospital |                                                                                                                                             |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>06212018B</u>                                                                                                                                |                                             | Date Received<br>06/21/2018                                                                                                                 | Aggregate Contributions<br>\$50.00  |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card                                                   |                                             | Amount of Contribution<br>\$50.00                                                                                                           |                                     |
| <hr/>                                                                                                                                                                                                                                         |                                             |                                                                                                                                             |                                     |
| Last Name<br>Silhavey                                                                                                                                                                                                                         | First<br>Christopher                        | MI                                                                                                                                          | Contribution ID #<br>0086           |
| Residential Street Address<br>111 Hickory Woods Ln                                                                                                                                                                                            | City<br>Stratford                           | State<br>CT                                                                                                                                 | Zip Code<br>06614                   |
| Principal Occupation<br>Technology Consultant                                                                                                                                                                                                 | Name of Employer<br>Accenture               |                                                                                                                                             |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 |                                             | Date Received<br>06/21/2018                                                                                                                 | Aggregate Contributions<br>\$250.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card                                                   |                                             | Amount of Contribution<br>\$250.00                                                                                                          |                                     |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                            |                                        |                                                                                                                                          |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Last Name<br>Florek                                                                                                                                                                                                                        | First<br>John                          | MI                                                                                                                                       | Contribution ID #<br>0087           |
| Residential Street Address<br>264 Victoria Lawn                                                                                                                                                                                            | City<br>Stratford                      | State<br>CT                                                                                                                              | Zip Code<br>06615                   |
| Principal Occupation<br>Attorney                                                                                                                                                                                                           | Name of Employer<br>Florek and O'Neill |                                                                                                                                          |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                        | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06212018B</u>                                                         |                                        | Date Received<br>06/21/2018                                                                                                              | Aggregate Contributions<br>\$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                                   |                                        | Amount of Contribution<br>\$150.00                                                                                                       |                                     |

|                                                                                                                                                                                                                                            |                                  |                                                                                                                                          |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Last Name<br>Gallagher                                                                                                                                                                                                                     | First<br>Patricia                | MI<br>M                                                                                                                                  | Contribution ID #<br>0088           |
| Residential Street Address<br>25 Elmhurst Ave                                                                                                                                                                                              | City<br>Stratford                | State<br>CT                                                                                                                              | Zip Code<br>06614                   |
| Principal Occupation<br>Manager                                                                                                                                                                                                            | Name of Employer<br>Milford Bank |                                                                                                                                          |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                  | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06212018B</u>                                                         |                                  | Date Received<br>06/21/2018                                                                                                              | Aggregate Contributions<br>\$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<br>\$100.00                                                                                                       |                                     |

|                                                                                                                                                                                                                                            |                             |                                                                                                                                          |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Last Name<br>Cleri                                                                                                                                                                                                                         | First<br>Judith             | MI                                                                                                                                       | Contribution ID #<br>0089           |
| Residential Street Address<br>196 1st Ave                                                                                                                                                                                                  | City<br>Stratford           | State<br>CT                                                                                                                              | Zip Code<br>06615                   |
| Principal Occupation<br>Retired                                                                                                                                                                                                            | Name of Employer<br>Retired |                                                                                                                                          |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06212018B</u>                                                         |                             | Date Received<br>06/21/2018                                                                                                              | Aggregate Contributions<br>\$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<br>\$75.00                                                                                                        |                                     |

|                                                                                                                                                                                                                                            |                             |                                                                                                                                          |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Senft                                                                                                                                                                                                                         | First<br>Charles Jr         | MI<br>E                                                                                                                                  | Contribution ID #<br>0090          |
| Residential Street Address<br>285 Johnson Ave                                                                                                                                                                                              | City<br>Stratford           | State<br>CT                                                                                                                              | Zip Code<br>06614                  |
| Principal Occupation<br>Retired                                                                                                                                                                                                            | Name of Employer<br>Retired |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06212018B</u>                                                         |                             | Date Received<br>06/21/2018                                                                                                              | Aggregate Contributions<br>\$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<br>\$50.00                                                                                                        |                                    |



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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Cotter                                                                                                                                                                                                                                                                                                  | First<br>Darby                                                                                                                                                                                 | MI<br>M                                                                                                                                     | Contribution ID #<br>0140         |
| Residential Street Address<br>42 Pauline St                                                                                                                                                                                                                                                                          | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Marriage and Family Therapist                                                                                                                                                                                                                                                                | Name of Employer<br>Samera Carlo LLC                                                                                                                                                           |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/22/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Donnelly                                                                                                                                                                                                                                                                                                | First<br>Thomas                                                                                                                                                                                | MI<br>J                                                                                                                                     | Contribution ID #<br>0141         |
| Residential Street Address<br>168 Hurd Ave                                                                                                                                                                                                                                                                           | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Sales Manager / Farmer                                                                                                                                                                                                                                                                       | Name of Employer<br>Maple Row Farm                                                                                                                                                             |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/22/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Donnelly                                                                                                                                                                                                                                                                                                | First<br>Olivia                                                                                                                                                                                | MI<br>J                                                                                                                                     | Contribution ID #<br>0142         |
| Residential Street Address<br>168 Hurd Ave                                                                                                                                                                                                                                                                           | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Student                                                                                                                                                                                                                                                                                      | Name of Employer<br>Student College                                                                                                                                                            |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/22/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Connor                                                                                                                                                                                                                                                                                                  | First<br>Anstis                                                                                                                                                                                | MI<br>W                                                                                                                                     | Contribution ID #<br>0143         |
| Residential Street Address<br>1795 Elm St                                                                                                                                                                                                                                                                            | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Student                                                                                                                                                                                                                                                                                      | Name of Employer<br>Student College                                                                                                                                                            |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/22/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                               |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Goddard                                                                                                                                                                                                                          | First<br>Gillian                                                                                                                                                                               | MI<br>R                                                                                                                                     | Contribution ID #<br>0144         |
| Residential Street Address<br>201 Nichols Ter                                                                                                                                                                                                 | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Student                                                                                                                                                                                                               | Name of Employer<br>Student College                                                                                                                                                            |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution                                                                                                                                                                                                                        |                                                                                                                                                                                                |                                                                                                                                             |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/22/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                |                                                                                                                                             | \$5.00                            |

|                                                                                                                                                                                                                                               |                                                                                                                                                                                                |                                                                                                                                             |                                   |
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| Last Name<br>Goddard                                                                                                                                                                                                                          | First<br>Emily                                                                                                                                                                                 | MI<br>P                                                                                                                                     | Contribution ID #<br>0145         |
| Residential Street Address<br>201 Nichols Ter                                                                                                                                                                                                 | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Student                                                                                                                                                                                                               | Name of Employer<br>Student High School                                                                                                                                                        |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution                                                                                                                                                                                                                        |                                                                                                                                                                                                |                                                                                                                                             |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/22/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                |                                                                                                                                             | \$5.00                            |

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| Last Name<br>Goddard                                                                                                                                                                                                                          | First<br>Kelly                                                                                                                                                                                 | MI<br>A                                                                                                                                     | Contribution ID #<br>0146         |
| Residential Street Address<br>201 Nichols Ter                                                                                                                                                                                                 | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Student                                                                                                                                                                                                               | Name of Employer<br>Student High School                                                                                                                                                        |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution                                                                                                                                                                                                                        |                                                                                                                                                                                                |                                                                                                                                             |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/22/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                |                                                                                                                                             | \$5.00                            |

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| Last Name<br>Hoydick                                                                                                                                                                                                                          | First<br>Paige                                                                                                                                                                                 | MI<br>A                                                                                                                                     | Contribution ID #<br>0147         |
| Residential Street Address<br>55 Castle Dr                                                                                                                                                                                                    | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Student                                                                                                                                                                                                               | Name of Employer<br>Student College                                                                                                                                                            |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution                                                                                                                                                                                                                        |                                                                                                                                                                                                |                                                                                                                                             |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/22/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                |                                                                                                                                             | \$5.00                            |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Kennebrew                                                                                                                                                                                                                        | First<br>Timothy                                                                                                                                                                               | MI<br>L                                                                                                                                     | Contribution ID #<br>0203         |
| Residential Street Address<br>35 Greenfield Ave                                                                                                                                                                                               | City<br>Bridgeport                                                                                                                                                                             | State<br>CT                                                                                                                                 | Zip Code<br>06610                 |
| Principal Occupation<br>Lot Attendant                                                                                                                                                                                                         | Name of Employer<br>Home Depot                                                                                                                                                                 |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution                                                                                                                                                                                                                        |                                                                                                                                                                                                |                                                                                                                                             |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/22/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                |                                                                                                                                             | \$5.00                            |

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| Last Name<br>Evangelista                                                                                                                                                                                                                      | First<br>Steven                                                                                                                                                                                | MI                                                                                                                                          | Contribution ID #<br>0204         |
| Residential Street Address<br>1255 James Farm Rd                                                                                                                                                                                              | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Electrician                                                                                                                                                                                                           | Name of Employer<br>Electrician VFW                                                                                                                                                            |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution                                                                                                                                                                                                                        |                                                                                                                                                                                                |                                                                                                                                             |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/22/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                |                                                                                                                                             | \$5.00                            |

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| Last Name<br>Ramos                                                                                                                                                                                                                            | First<br>Gloria                                                                                                                                                                                | MI<br>M                                                                                                                                     | Contribution ID #<br>0205         |
| Residential Street Address<br>4234 Main St                                                                                                                                                                                                    | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Home Depot - Paint Dept                                                                                                                                                                                               | Name of Employer<br>Home Depot                                                                                                                                                                 |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution                                                                                                                                                                                                                        |                                                                                                                                                                                                |                                                                                                                                             |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/23/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                |                                                                                                                                             | \$5.00                            |

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| Last Name<br>Jennings                                                                                                                                                                                                                         | First<br>Wendy                                                                                                                                                                                 | MI<br>J                                                                                                                                     | Contribution ID #<br>0206         |
| Residential Street Address<br>1082 Hillside Ave                                                                                                                                                                                               | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Grocer                                                                                                                                                                                                                | Name of Employer<br>Stop & Shop / Select a Service                                                                                                                                             |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution                                                                                                                                                                                                                        |                                                                                                                                                                                                |                                                                                                                                             |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/23/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                |                                                                                                                                             | \$5.00                            |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Carlson                                                                                                                                                                                                                                                                                                 | First<br>Alfred                                                                                                                                                                                | MI                                                                                                                                          | Contribution ID #<br>0207         |
| Residential Street Address<br>318 Jackson Ave                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/23/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Shea                                                                                                                                                                                                                                                                                                    | First<br>James                                                                                                                                                                                 | MI                                                                                                                                          | Contribution ID #<br>0208         |
| Residential Street Address<br>533 Reitter St                                                                                                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/23/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Rust                                                                                                                                                                                                                                                                                                    | First<br>John                                                                                                                                                                                  | MI<br>C                                                                                                                                     | Contribution ID #<br>0209         |
| Residential Street Address<br>459 Windsor Ave                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Lt Fire Dept                                                                                                                                                                                                                                                                                 | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/23/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Lindberg                                                                                                                                                                                                                                                                                                | First<br>John                                                                                                                                                                                  | MI                                                                                                                                          | Contribution ID #<br>0210         |
| Residential Street Address<br>250 Albert Ave                                                                                                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      | Name of Employer<br>Union Man                                                                                                                                                                  |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/23/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

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| Last Name<br>Turner                                                                                                                                                                                                                                                                                                  | First<br>Jack                                                                                                                                                                                  | MI<br>R                                                                                                                                     | Contribution ID #<br>0211         |
| Residential Street Address<br>414 Highland Ave                                                                                                                                                                                                                                                                       | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Retired Sheet Metal Worker                                                                                                                                                                                                                                                                   | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/23/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Carrol                                                                                                                                                                                                                                                                                                  | First<br>William                                                                                                                                                                               | MI<br>J                                                                                                                                     | Contribution ID #<br>0212         |
| Residential Street Address<br>250 Albert Ave                                                                                                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/23/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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| Last Name<br>Dombek                                                                                                                                                                                                                                                                                                  | First<br>Theresa                                                                                                                                                                               | MI                                                                                                                                          | Contribution ID #<br>0213         |
| Residential Street Address<br>239 Hollister St                                                                                                                                                                                                                                                                       | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/23/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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| Last Name<br>Guiles                                                                                                                                                                                                                                                                                                  | First<br>Tamika                                                                                                                                                                                | MI<br>A                                                                                                                                     | Contribution ID #<br>0214         |
| Residential Street Address<br>413 E Main St                                                                                                                                                                                                                                                                          | City<br>Bridgeport                                                                                                                                                                             | State<br>CT                                                                                                                                 | Zip Code<br>06608                 |
| Principal Occupation<br>Cashier                                                                                                                                                                                                                                                                                      | Name of Employer<br>Home Depot                                                                                                                                                                 |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/24/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Demarkey                                                                                                                                                                                                                                                                                                | First<br>Michael                                                                                                                                                                               | MI<br>D                                                                                                                                     | Contribution ID #<br>0215         |
| Residential Street Address<br>583 Patterson Ave                                                                                                                                                                                                                                                                      | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Electrician                                                                                                                                                                                                                                                                                  | Name of Employer<br>Home Depot                                                                                                                                                                 |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/24/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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| Last Name<br>Cohen                                                                                                                                                                                                                                                                                                   | First<br>Kevin                                                                                                                                                                                 | MI<br>L                                                                                                                                     | Contribution ID #<br>0216         |
| Residential Street Address<br>98 Hortense St                                                                                                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Assistant Manager (Dept Head)                                                                                                                                                                                                                                                                | Name of Employer<br>Home Depot                                                                                                                                                                 |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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| Last Name<br>Norwood                                                                                                                                                                                                                                                                                                 | First<br>Robert                                                                                                                                                                                | MI                                                                                                                                          | Contribution ID #<br>0149          |
| Residential Street Address<br>145 Regency Ter                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                  |
| Principal Occupation<br>Landscaper                                                                                                                                                                                                                                                                                   | Name of Employer<br>Frank Rizzo                                                                                                                                                                |                                                                                                                                             |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06252018C</u>                                                                                                                                | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                                 | Aggregate Contributions<br>\$10.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$10.00                                                                                                           |                                    |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Miklovich                                                                                                                                                                                                                                                                                               | First<br>Phillip                                                                                                                                                                               | MI<br>B                                                                                                                                     | Contribution ID #<br>0150          |
| Residential Street Address<br>114 Cliffawn Rd                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                  |
| Principal Occupation<br>Foreman                                                                                                                                                                                                                                                                                      | Name of Employer<br>Shannon Landscaping                                                                                                                                                        |                                                                                                                                             |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06252018C</u>                                                                                                                                | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                                 | Aggregate Contributions<br>\$10.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$10.00                                                                                                           |                                    |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                          |                                    |
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| Last Name<br>Jennings                                                                                                                                                                                                                      | First<br>Eric                                                                                                                                                                                  | MI                                                                                                                                       | Contribution ID #<br>0151          |
| Residential Street Address<br>41 Colonial Ave                                                                                                                                                                                              | City<br>Milford                                                                                                                                                                                | State<br>CT                                                                                                                              | Zip Code<br>06461                  |
| Principal Occupation<br>Engineer                                                                                                                                                                                                           | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$20.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$20.00                                                                                                        |                                    |

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| Last Name<br>Collins                                                                                                                                                                                                                       | First<br>Mike                                                                                                                                                                                  | MI                                                                                                                                       | Contribution ID #<br>0152          |
| Residential Street Address<br>552 Nichols Ave                                                                                                                                                                                              | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06614                  |
| Principal Occupation<br>Retired                                                                                                                                                                                                            | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$20.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$20.00                                                                                                        |                                    |

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| Last Name<br>Vano                                                                                                                                                                                                                          | First<br>Bryan                                                                                                                                                                                 | MI<br>A                                                                                                                                  | Contribution ID #<br>0153          |
| Residential Street Address<br>18 Rufus St                                                                                                                                                                                                  | City<br>Ansonia                                                                                                                                                                                | State<br>CT                                                                                                                              | Zip Code<br>06401                  |
| Principal Occupation<br>Lawn                                                                                                                                                                                                               | Name of Employer<br>Shannon Lawn and Landscaping                                                                                                                                               |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$20.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$20.00                                                                                                        |                                    |

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| Last Name<br>O'Brien                                                                                                                                                                                                                       | First<br>William                                                                                                                                                                               | MI<br>R                                                                                                                                  | Contribution ID #<br>0154          |
| Residential Street Address<br>468 Prospect Dr                                                                                                                                                                                              | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06615                  |
| Principal Occupation<br>Floor Finisher                                                                                                                                                                                                     | Name of Employer<br>Self (O'Brien Floor Finishing)                                                                                                                                             |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$25.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$25.00                                                                                                        |                                    |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                          |                                    |
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| Last Name<br>Moran                                                                                                                                                                                                                         | First<br>James                                                                                                                                                                                 | MI<br>K                                                                                                                                  | Contribution ID #<br>0155          |
| Residential Street Address<br>1558 Capital Ave                                                                                                                                                                                             | City<br>Bridgeport                                                                                                                                                                             | State<br>CT                                                                                                                              | Zip Code<br>06604                  |
| Principal Occupation<br>Publican                                                                                                                                                                                                           | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$25.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$25.00                                                                                                        |                                    |

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| Last Name<br>Moreau                                                                                                                                                                                                                        | First<br>Ronald                                                                                                                                                                                | MI<br>L                                                                                                                                  | Contribution ID #<br>0156          |
| Residential Street Address<br>279 California St                                                                                                                                                                                            | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06615                  |
| Principal Occupation<br>Technician                                                                                                                                                                                                         | Name of Employer<br>Frontier Communication                                                                                                                                                     |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$25.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$25.00                                                                                                        |                                    |

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| Last Name<br>Loehn                                                                                                                                                                                                                         | First<br>Dean                                                                                                                                                                                  | MI<br>M                                                                                                                                  | Contribution ID #<br>0178         |
| Residential Street Address<br>1550 Nichols Ave                                                                                                                                                                                             | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Student College                                                                                                                                                                                                    | Name of Employer<br>Student College                                                                                                                                                            |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

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| Last Name<br>Doce                                                                                                                                                                                                                          | First<br>Sarah                                                                                                                                                                                 | MI<br>K                                                                                                                                  | Contribution ID #<br>0179         |
| Residential Street Address<br>1473 Nichols Ave                                                                                                                                                                                             | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Student College                                                                                                                                                                                                    | Name of Employer<br>Student College                                                                                                                                                            |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |



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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

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| Last Name<br>Savoca                                                                                                                                                                                                                                                                                                  | First<br>Victoria                                                                                                                                                                              | MI<br>G                                                                                                                                     | Contribution ID #<br>0180         |
| Residential Street Address<br>44 Morris St                                                                                                                                                                                                                                                                           | City<br>Milford                                                                                                                                                                                | State<br>CT                                                                                                                                 | Zip Code<br>06460                 |
| Principal Occupation<br>Student College                                                                                                                                                                                                                                                                              | Name of Employer<br>Student College                                                                                                                                                            |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Minopoli                                                                                                                                                                                                                                                                                                | First<br>John                                                                                                                                                                                  | MI<br>R                                                                                                                                     | Contribution ID #<br>0181         |
| Residential Street Address<br>128 Linton St                                                                                                                                                                                                                                                                          | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Landscaper                                                                                                                                                                                                                                                                                   | Name of Employer<br>Oronoque                                                                                                                                                                   |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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| Last Name<br>LaConte                                                                                                                                                                                                                                                                                                 | First<br>Chris                                                                                                                                                                                 | MI<br>T                                                                                                                                     | Contribution ID #<br>0182         |
| Residential Street Address<br>720 Hilltop Dr                                                                                                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Landscaper                                                                                                                                                                                                                                                                                   | Name of Employer<br>Oronoque                                                                                                                                                                   |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Loehn                                                                                                                                                                                                                                                                                                   | First<br>Christopher                                                                                                                                                                           | MI<br>J                                                                                                                                     | Contribution ID #<br>0183         |
| Residential Street Address<br>1550 Nichols Ave                                                                                                                                                                                                                                                                       | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Student College                                                                                                                                                                                                                                                                              | Name of Employer<br>Student College                                                                                                                                                            |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Kuroghlian                                                                                                                                                                                                                                                                                              | First<br>Peter                                                                                                                                                                                 | MI<br>L                                                                                                                                     | Contribution ID #<br>0184         |
| Residential Street Address<br>115 Flora Dr                                                                                                                                                                                                                                                                           | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Student College                                                                                                                                                                                                                                                                              | Name of Employer<br>Student College                                                                                                                                                            |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Jovanelly                                                                                                                                                                                                                                                                                               | First<br>Ryan                                                                                                                                                                                  | MI<br>J                                                                                                                                     | Contribution ID #<br>0185         |
| Residential Street Address<br>146 High View Dr                                                                                                                                                                                                                                                                       | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Student College                                                                                                                                                                                                                                                                              | Name of Employer<br>n/a Student College                                                                                                                                                        |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Kuroghlian                                                                                                                                                                                                                                                                                              | First<br>John                                                                                                                                                                                  | MI                                                                                                                                          | Contribution ID #<br>0186         |
| Residential Street Address<br>1550 Nichols Ave                                                                                                                                                                                                                                                                       | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>n/a Student College                                                                                                                                                                                                                                                                          | Name of Employer<br>n/a Student College                                                                                                                                                        |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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| Last Name<br>Duffy                                                                                                                                                                                                                                                                                                   | First<br>John Jr                                                                                                                                                                               | MI<br>T                                                                                                                                     | Contribution ID #<br>0191         |
| Residential Street Address<br>114 Torsey St                                                                                                                                                                                                                                                                          | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Institutional Sales                                                                                                                                                                                                                                                                          | Name of Employer<br>Total Bank Solutions                                                                                                                                                       |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
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| Last Name<br>Duffy                                                                                                                                                                                                                                                                                                   | First<br>Kevan                                                                                                                                                                                 | MI<br>C                                                                                                                                     | Contribution ID #<br>0192         |
| Residential Street Address<br>114 Torsey St                                                                                                                                                                                                                                                                          | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Student College                                                                                                                                                                                                                                                                              | Name of Employer<br>Student College                                                                                                                                                            |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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| Last Name<br>Duffy                                                                                                                                                                                                                                                                                                   | First<br>Ryan                                                                                                                                                                                  | MI<br>P                                                                                                                                     | Contribution ID #<br>0193         |
| Residential Street Address<br>114 Torsey St                                                                                                                                                                                                                                                                          | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Student College                                                                                                                                                                                                                                                                              | Name of Employer<br>Student College                                                                                                                                                            |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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| Last Name<br>Duffy                                                                                                                                                                                                                                                                                                   | First<br>Christine                                                                                                                                                                             | MI<br>A                                                                                                                                     | Contribution ID #<br>0194         |
| Residential Street Address<br>114 Torsey Dr                                                                                                                                                                                                                                                                          | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>CIA                                                                                                                                                                                                                                                                                          | Name of Employer<br>Stratford BOE                                                                                                                                                              |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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| Last Name<br>Duffy III                                                                                                                                                                                                                                                                                               | First<br>John                                                                                                                                                                                  | MI<br>T                                                                                                                                     | Contribution ID #<br>0195         |
| Residential Street Address<br>114 Torsey Dr                                                                                                                                                                                                                                                                          | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Student College                                                                                                                                                                                                                                                                              | Name of Employer<br>Student College                                                                                                                                                            |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Duffy                                                                                                                                                                                                                                                                                                   | First<br>Brendan                                                                                                                                                                               | MI<br>S                                                                                                                                     | Contribution ID #<br>0196         |
| Residential Street Address<br>114 Torsey Dr                                                                                                                                                                                                                                                                          | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Student College                                                                                                                                                                                                                                                                              | Name of Employer<br>Student College                                                                                                                                                            |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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| Last Name<br>Velasquez                                                                                                                                                                                                                                                                                               | First<br>Anna                                                                                                                                                                                  | MI<br>M                                                                                                                                     | Contribution ID #<br>0126         |
| Residential Street Address<br>44 Ryegate Ter                                                                                                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Paraeducator                                                                                                                                                                                                                                                                                 | Name of Employer<br>Fairfield Public Schools                                                                                                                                                   |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06252018C</u>                                                                                                                                | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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| Last Name<br>Sells                                                                                                                                                                                                                                                                                                   | First<br>Cameron                                                                                                                                                                               | MI<br>M                                                                                                                                     | Contribution ID #<br>0127         |
| Residential Street Address<br>14 Reichelt Ter                                                                                                                                                                                                                                                                        | City<br>Ansonia                                                                                                                                                                                | State<br>CT                                                                                                                                 | Zip Code<br>06401                 |
| Principal Occupation<br>Lawns                                                                                                                                                                                                                                                                                        | Name of Employer<br>Shannon Lawn and Landscape                                                                                                                                                 |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06252018C</u>                                                                                                                                | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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| Last Name<br>Spence                                                                                                                                                                                                                                                                                                  | First<br>Ronald                                                                                                                                                                                | MI<br>M                                                                                                                                     | Contribution ID #<br>0128         |
| Residential Street Address<br>35 Auburn St                                                                                                                                                                                                                                                                           | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Pressman                                                                                                                                                                                                                                                                                     | Name of Employer<br>GHP Media                                                                                                                                                                  |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>06252018C</u>                                                                                                                                | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                            |                                     |                                                                                                                                          |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Tripp                                                                                                                                                                                                                         | First<br>Al Joseph                  | MI                                                                                                                                       | Contribution ID #<br>0129         |
| Residential Street Address<br>725 E Broadway                                                                                                                                                                                               | City<br>Stratford                   | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Cook                                                                                                                                                                                                               | Name of Employer<br>Windmill Tavern |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                     | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         |                                     | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$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<br>\$5.00                                                                                                         |                                   |

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| Last Name<br>Berkeley                                                                                                                                                                                                                      | First<br>Casey                        | MI<br>E                                                                                                                                  | Contribution ID #<br>0130         |
| Residential Street Address<br>90 Holmes St                                                                                                                                                                                                 | City<br>Stratford                     | State<br>CT                                                                                                                              | Zip Code<br>06615                 |
| Principal Occupation<br>Bdc Rep                                                                                                                                                                                                            | Name of Employer<br>Penske Automotive |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                       | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         |                                       | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$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<br>\$5.00                                                                                                         |                                   |

|                                                                                                                                                                                                                                            |                                     |                                                                                                                                          |                                   |
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| Last Name<br>Britt                                                                                                                                                                                                                         | First<br>Amber                      | MI<br>L                                                                                                                                  | Contribution ID #<br>0131         |
| Residential Street Address<br>985 Huntington Rd                                                                                                                                                                                            | City<br>Stratford                   | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Waitress                                                                                                                                                                                                           | Name of Employer<br>Windmill Tavern |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                     | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         |                                     | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$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<br>\$5.00                                                                                                         |                                   |

|                                                                                                                                                                                                                                            |                                              |                                                                                                                                          |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Spillane                                                                                                                                                                                                                      | First<br>Sean                                | MI                                                                                                                                       | Contribution ID #<br>0132         |
| Residential Street Address<br>Success Villiage Bldg 24 Apt 351                                                                                                                                                                             | City<br>Bridgeport                           | State<br>CT                                                                                                                              | Zip Code<br>06610                 |
| Principal Occupation<br>Producer                                                                                                                                                                                                           | Name of Employer<br>Hearst Connecticut Media |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                              | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         |                                              | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$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<br>\$5.00                                                                                                         |                                   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                            |                                              |                                                                                                                                          |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Valeriano                                                                                                                                                                                                                     | First<br>Brian                               | MI<br>T                                                                                                                                  | Contribution ID #<br>0133         |
| Residential Street Address<br>210 Brinsmayd Ave                                                                                                                                                                                            | City<br>Stratford                            | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Intern                                                                                                                                                                                                             | Name of Employer<br>Stanley Black and Decker |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                              | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         |                                              | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$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<br>\$5.00                                                                                                         |                                   |

|                                                                                                                                                                                                                                            |                                                    |                                                                                                                                          |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Vitka-Lainey                                                                                                                                                                                                                  | First<br>Kylee                                     | MI                                                                                                                                       | Contribution ID #<br>0134         |
| Residential Street Address<br>318 Henry Ave                                                                                                                                                                                                | City<br>Stratford                                  | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Waitress                                                                                                                                                                                                           | Name of Employer<br>Krissy Nunno (Krissy's Korner) |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                    | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         |                                                    | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$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<br>\$5.00                                                                                                         |                                   |

|                                                                                                                                                                                                                                            |                                                     |                                                                                                                                          |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Ramos                                                                                                                                                                                                                         | First<br>Alexander                                  | MI<br>A                                                                                                                                  | Contribution ID #<br>0135         |
| Residential Street Address<br>172 Reeds Ln                                                                                                                                                                                                 | City<br>Stratford                                   | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Landscaping                                                                                                                                                                                                        | Name of Employer<br>RB Construction and Landscaping |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                     | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         |                                                     | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$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<br>\$5.00                                                                                                         |                                   |

|                                                                                                                                                                                                                                            |                                 |                                                                                                                                          |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Castelot                                                                                                                                                                                                                      | First<br>Michael                | MI<br>J                                                                                                                                  | Contribution ID #<br>0136         |
| Residential Street Address<br>1776 Huntington Rd                                                                                                                                                                                           | City<br>Stratford               | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Server                                                                                                                                                                                                             | Name of Employer<br>Papas Place |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                 | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         |                                 | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$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<br>\$5.00                                                                                                         |                                   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                            |                             |                                                                                                                                          |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Berarducci                                                                                                                                                                                                                    | First<br>Patrick            | MI                                                                                                                                       | Contribution ID #<br>0137         |
| Residential Street Address<br>58 Rose St                                                                                                                                                                                                   | City<br>Bridgeport          | State<br>CT                                                                                                                              | Zip Code<br>06610                 |
| Principal Occupation<br>Comm. Engineer                                                                                                                                                                                                     | Name of Employer<br>Retired |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         |                             | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$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<br>\$5.00                                                                                                         |                                   |

|                                                                                                                                                                                                                                            |                                                 |                                                                                                                                          |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Hovan                                                                                                                                                                                                                         | First<br>Glen                                   | MI                                                                                                                                       | Contribution ID #<br>0158          |
| Residential Street Address<br>290 Emerald Pl                                                                                                                                                                                               | City<br>Stratford                               | State<br>CT                                                                                                                              | Zip Code<br>06614                  |
| Principal Occupation<br>Bartender                                                                                                                                                                                                          | Name of Employer<br>Testos and Vazzy Restaurant |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                 | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         |                                                 | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$25.00 |
| 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<br>\$25.00                                                                                                        |                                    |

|                                                                                                                                                                                                                                            |                                |                                                                                                                                          |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Vano                                                                                                                                                                                                                          | First<br>Dylan                 | MI<br>A                                                                                                                                  | Contribution ID #<br>0159          |
| Residential Street Address<br>18 Rufus St                                                                                                                                                                                                  | City<br>Ansonia                | State<br>CT                                                                                                                              | Zip Code<br>06401                  |
| Principal Occupation<br>Asst Manager                                                                                                                                                                                                       | Name of Employer<br>Enterprise |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         |                                | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$25.00 |
| 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<br>\$25.00                                                                                                        |                                    |

|                                                                                                                                                                                                                                            |                             |                                                                                                                                          |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Campbell                                                                                                                                                                                                                      | First<br>Dennis             | MI                                                                                                                                       | Contribution ID #<br>0160          |
| Residential Street Address<br>25 Lighthouse Ave                                                                                                                                                                                            | City<br>Stratford           | State<br>CT                                                                                                                              | Zip Code<br>06615                  |
| Principal Occupation<br>Retired                                                                                                                                                                                                            | Name of Employer<br>Retired |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         |                             | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$25.00 |
| 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<br>\$25.00                                                                                                        |                                    |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                          |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Costello                                                                                                                                                                                                                      | First<br>James                                                                                                                                                                                 | MI                                                                                                                                       | Contribution ID #<br>0161          |
| Residential Street Address<br>8 Moorland Rd                                                                                                                                                                                                | City<br>Trumbull                                                                                                                                                                               | State<br>CT                                                                                                                              | Zip Code<br>06611                  |
| Principal Occupation<br>Painter                                                                                                                                                                                                            | Name of Employer<br>Self (Costello Painting)                                                                                                                                                   |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$25.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$25.00                                                                                                        |                                    |

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                          |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Cosgrove                                                                                                                                                                                                                      | First<br>Fred                                                                                                                                                                                  | MI                                                                                                                                       | Contribution ID #<br>0162          |
| Residential Street Address<br>25 Monroe St                                                                                                                                                                                                 | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06614                  |
| Principal Occupation<br>Retired                                                                                                                                                                                                            | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$30.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$30.00                                                                                                        |                                    |

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                          |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Zgradden                                                                                                                                                                                                                      | First<br>Stephen                                                                                                                                                                               | MI<br>J                                                                                                                                  | Contribution ID #<br>0163          |
| Residential Street Address<br>1127 Nichols Ave                                                                                                                                                                                             | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06614                  |
| Principal Occupation<br>Salesman                                                                                                                                                                                                           | Name of Employer<br>Eden Brothers                                                                                                                                                              |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$80.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$30.00                                                                                                        |                                    |

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                          |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Petriello                                                                                                                                                                                                                     | First<br>Bart                                                                                                                                                                                  | MI                                                                                                                                       | Contribution ID #<br>0164          |
| Residential Street Address<br>1440 Barnum Ave                                                                                                                                                                                              | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06615                  |
| Principal Occupation<br>Barber                                                                                                                                                                                                             | Name of Employer<br>Petriello Barbers                                                                                                                                                          |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$40.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$40.00                                                                                                        |                                    |



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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                            |  |                                                                                                                                                                                          |                                                                                                                                          |                                     |                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------|
| Last Name<br>Mudre                                                                                                                                                                                                                         |  | First<br>Ronald                                                                                                                                                                          |                                                                                                                                          | MI                                  | Contribution ID #<br>0165 |
| Residential Street Address<br>50 Brandon Ave                                                                                                                                                                                               |  | City<br>Stratford                                                                                                                                                                        |                                                                                                                                          | State<br>CT                         | Zip Code<br>06614         |
| Principal Occupation<br>Owner                                                                                                                                                                                                              |  |                                                                                                                                                                                          | Name of Employer<br>Hilltop Market                                                                                                       |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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<br>If yes, list Event # <u>06252018C</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<br>06/25/2018         |                           |
|                                                                                                                                                                                                                                            |  |                                                                                                                                                                                          |                                                                                                                                          | Aggregate Contributions<br>\$100.00 | \$50.00                   |
| Last Name<br>DeLorenzo                                                                                                                                                                                                                     |  | First<br>Robert                                                                                                                                                                          |                                                                                                                                          | MI<br>V                             | Contribution ID #<br>0166 |
| Residential Street Address<br>185 Sheppard St                                                                                                                                                                                              |  | City<br>Stratford                                                                                                                                                                        |                                                                                                                                          | State<br>CT                         | Zip Code<br>06614         |
| Principal Occupation<br>Sales                                                                                                                                                                                                              |  |                                                                                                                                                                                          | Name of Employer<br>Quintiles                                                                                                            |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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<br>If yes, list Event # <u>06252018C</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<br>06/25/2018         |                           |
|                                                                                                                                                                                                                                            |  |                                                                                                                                                                                          |                                                                                                                                          | Aggregate Contributions<br>\$50.00  | \$50.00                   |
| Last Name<br>Senft                                                                                                                                                                                                                         |  | First<br>Charles Jr                                                                                                                                                                      |                                                                                                                                          | MI<br>E                             | Contribution ID #<br>0167 |
| Residential Street Address<br>285 Johnson Ave                                                                                                                                                                                              |  | City<br>Stratford                                                                                                                                                                        |                                                                                                                                          | State<br>CT                         | Zip Code<br>06614         |
| Principal Occupation<br>Retired                                                                                                                                                                                                            |  |                                                                                                                                                                                          | Name of Employer<br>Retired                                                                                                              |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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<br>If yes, list Event # <u>06252018C</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<br>06/25/2018         |                           |
|                                                                                                                                                                                                                                            |  |                                                                                                                                                                                          |                                                                                                                                          | Aggregate Contributions<br>\$100.00 | \$50.00                   |
| Last Name<br>Lozanov                                                                                                                                                                                                                       |  | First<br>Jonathan                                                                                                                                                                        |                                                                                                                                          | MI                                  | Contribution ID #<br>0168 |
| Residential Street Address<br>117 Mt Pleasant Ave                                                                                                                                                                                          |  | City<br>Stratford                                                                                                                                                                        |                                                                                                                                          | State<br>CT                         | Zip Code<br>06614         |
| Principal Occupation<br>Supervisor                                                                                                                                                                                                         |  |                                                                                                                                                                                          | Name of Employer<br>Roto Rooter                                                                                                          |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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<br>If yes, list Event # <u>06252018C</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<br>06/25/2018         |                           |
|                                                                                                                                                                                                                                            |  |                                                                                                                                                                                          |                                                                                                                                          | Aggregate Contributions<br>\$50.00  | \$50.00                   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                |                                                                                                                                             |                             |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------|
| Last Name<br>Kelemen                                                                                                                                                                                                                          |  | First<br>Shawn                                                                                                                                                                                 |                                                                                                                                             | MI                          | Contribution ID #<br>0169 |
| Residential Street Address<br>6 Ward St                                                                                                                                                                                                       |  | City<br>Stratford                                                                                                                                                                              |                                                                                                                                             | State<br>CT                 | Zip Code<br>06614         |
| Principal Occupation<br>Funeral Director                                                                                                                                                                                                      |  |                                                                                                                                                                                                | Name of Employer<br>Self / Dennis Darcy Funeral                                                                                             |                             |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>06252018C</u>                                                                                                                                |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/25/2018 |                           |
| Last Name<br>Stella                                                                                                                                                                                                                           |  | First<br>Barbara                                                                                                                                                                               |                                                                                                                                             | MI                          | Contribution ID #<br>0170 |
| Residential Street Address<br>65 Horace St                                                                                                                                                                                                    |  | City<br>Stratford                                                                                                                                                                              |                                                                                                                                             | State<br>CT                 | Zip Code<br>06614         |
| Principal Occupation<br>Bartender                                                                                                                                                                                                             |  |                                                                                                                                                                                                | Name of Employer<br>Testos                                                                                                                  |                             |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>06252018C</u>                                                                                                                                |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/25/2018 |                           |
| Last Name<br>Mudre                                                                                                                                                                                                                            |  | First<br>Marie                                                                                                                                                                                 |                                                                                                                                             | MI<br>G                     | Contribution ID #<br>0171 |
| Residential Street Address<br>70 Brandon Ave                                                                                                                                                                                                  |  | City<br>Stratford                                                                                                                                                                              |                                                                                                                                             | State<br>CT                 | Zip Code<br>06614         |
| Principal Occupation<br>Retired                                                                                                                                                                                                               |  |                                                                                                                                                                                                | Name of Employer<br>Retired                                                                                                                 |                             |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>06252018C</u>                                                                                                                                |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/25/2018 |                           |
| Last Name<br>Pastor                                                                                                                                                                                                                           |  | First<br>Joyce                                                                                                                                                                                 |                                                                                                                                             | MI                          | Contribution ID #<br>0172 |
| Residential Street Address<br>4 Harbourview Pl                                                                                                                                                                                                |  | City<br>Stratford                                                                                                                                                                              |                                                                                                                                             | State<br>CT                 | Zip Code<br>06615         |
| Principal Occupation<br>Retired                                                                                                                                                                                                               |  |                                                                                                                                                                                                | Name of Employer<br>Retired                                                                                                                 |                             |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>06252018C</u>                                                                                                                                |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/25/2018 |                           |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                            |                                                                |                                                                                                                                                                                                |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Manos                                                                                                                                                                                                                         | First<br>Linda                                                 | MI                                                                                                                                                                                             | Contribution ID #<br>0173          |
| Residential Street Address<br>4 Harbourview Pl                                                                                                                                                                                             | City<br>Stratford                                              | State<br>CT                                                                                                                                                                                    | Zip Code<br>06615                  |
| Principal Occupation<br>Retired                                                                                                                                                                                                            | Name of Employer<br>Retired                                    |                                                                                                                                                                                                |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         |                                                                | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018        |
|                                                                                                                                                                                                                                            |                                                                | Aggregate Contributions<br>\$100.00                                                                                                                                                            | Amount of Contribution<br>\$100.00 |
| Last Name<br>Rooney                                                                                                                                                                                                                        | First<br>Kerry                                                 | MI                                                                                                                                                                                             | Contribution ID #<br>0174          |
| Residential Street Address<br>46 Victoria Lawn                                                                                                                                                                                             | City<br>Stratford                                              | State<br>CT                                                                                                                                                                                    | Zip Code<br>06615                  |
| Principal Occupation<br>Self Waitress and Daycare                                                                                                                                                                                          | Name of Employer<br>Krissy Korner Restaurant and Self Daycare) |                                                                                                                                                                                                |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         |                                                                | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018        |
|                                                                                                                                                                                                                                            |                                                                | Aggregate Contributions<br>\$100.00                                                                                                                                                            | Amount of Contribution<br>\$100.00 |
| Last Name<br>Plantamura                                                                                                                                                                                                                    | First<br>Christopher                                           | MI<br>E                                                                                                                                                                                        | Contribution ID #<br>0175          |
| Residential Street Address<br>197 Sands Pl                                                                                                                                                                                                 | City<br>Stratford                                              | State<br>CT                                                                                                                                                                                    | Zip Code<br>06615                  |
| Principal Occupation<br>Owner                                                                                                                                                                                                              | Name of Employer<br>Hulse Heating                              |                                                                                                                                                                                                |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         |                                                                | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018        |
|                                                                                                                                                                                                                                            |                                                                | Aggregate Contributions<br>\$100.00                                                                                                                                                            | Amount of Contribution<br>\$100.00 |
| Last Name<br>Dancho                                                                                                                                                                                                                        | First<br>Laura                                                 | MI                                                                                                                                                                                             | Contribution ID #<br>0112          |
| Residential Street Address<br>30 Ruby Ln                                                                                                                                                                                                   | City<br>Stratford                                              | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                  |
| Principal Occupation<br>Program Assistant                                                                                                                                                                                                  | Name of Employer<br>Fairfield University                       |                                                                                                                                                                                                |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                       |                                    |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                                                                | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018        |
|                                                                                                                                                                                                                                            |                                                                | Aggregate Contributions<br>\$5.00                                                                                                                                                              | Amount of Contribution<br>\$5.00   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                        |                                                                                                                                          |                                                                       |
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| Last Name<br>Poisson                                                                                                                                                                                                                       | First<br>Barb                                                                                                                                                                                          | MI                                                                                                                                       | Contribution ID #<br>0113                                             |
| Residential Street Address<br>35 Mapledale Ave                                                                                                                                                                                             | City<br>Stratford                                                                                                                                                                                      | State<br>CT                                                                                                                              | Zip Code<br>06614                                                     |
| Principal Occupation<br>Teacher                                                                                                                                                                                                            | Name of Employer<br>Town of Stratford BOE                                                                                                                                                              |                                                                                                                                          |                                                                       |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                        | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                       |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$5.00<br>Amount of Contribution<br>\$5.00 |

|                                                                                                                                                                                                                                            |                                                                                                                                                                                             |                                                                                                                                          |                                                                       |
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| Last Name<br>Moore                                                                                                                                                                                                                         | First<br>Thomas                                                                                                                                                                             | MI<br>W                                                                                                                                  | Contribution ID #<br>0114                                             |
| Residential Street Address<br>15 Brinsmayd Ave                                                                                                                                                                                             | City<br>Stratford                                                                                                                                                                           | State<br>CT                                                                                                                              | Zip Code<br>06614                                                     |
| Principal Occupation<br>Retired                                                                                                                                                                                                            | Name of Employer<br>Retired                                                                                                                                                                 |                                                                                                                                          |                                                                       |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                       |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$5.00<br>Amount of Contribution<br>\$5.00 |

|                                                                                                                                                                                                                                            |                                                                                                                                                                                             |                                                                                                                                          |                                                                       |
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| Last Name<br>Moore                                                                                                                                                                                                                         | First<br>Marilyn                                                                                                                                                                            | MI<br>J                                                                                                                                  | Contribution ID #<br>0115                                             |
| Residential Street Address<br>15 Brinsmayd Ave                                                                                                                                                                                             | City<br>Stratford                                                                                                                                                                           | State<br>CT                                                                                                                              | Zip Code<br>06614                                                     |
| Principal Occupation<br>Retired                                                                                                                                                                                                            | Name of Employer<br>Retired                                                                                                                                                                 |                                                                                                                                          |                                                                       |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                       |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$5.00<br>Amount of Contribution<br>\$5.00 |

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| Last Name<br>Stravato                                                                                                                                                                                                                      | First<br>Annalisa                                                                                                                                                                           | MI                                                                                                                                       | Contribution ID #<br>0116                                               |
| Residential Street Address<br>61 Mayflower Dr                                                                                                                                                                                              | City<br>Wilton                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06897                                                       |
| Principal Occupation<br>Registrar of Voters                                                                                                                                                                                                | Name of Employer<br>Town of Wilton                                                                                                                                                          |                                                                                                                                          |                                                                         |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                             | Is contributor a lobbyist, spouse, or dependent child 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<br>If yes, list Event # <u>06252018C</u>                                                         | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$25.00<br>Amount of Contribution<br>\$25.00 |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

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| Last Name<br>Dobos                                                                                                                                                                                                                            | First<br>John Jr                                                                                                                                                                               | MI<br>A                                                                                                                                     | Contribution ID #<br>0117          |
| Residential Street Address<br>1165 Stratford Rd # 202                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                  |
| Principal Occupation<br>Retired                                                                                                                                                                                                               | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>06252018C</u>                                                                                                                                | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                                 | Aggregate Contributions<br>\$25.00 |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Amount of Contribution<br>\$25.00                                                                                                           |                                    |

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| Last Name<br>Meyers                                                                                                                                                                                                                           | First<br>Ralph                                                                                                                                                                                 | MI<br>H                                                                                                                                     | Contribution ID #<br>0118          |
| Residential Street Address<br>3757 Main St                                                                                                                                                                                                    | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                  |
| Principal Occupation<br>Retired                                                                                                                                                                                                               | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>06252018C</u>                                                                                                                                | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                                 | Aggregate Contributions<br>\$50.00 |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Amount of Contribution<br>\$25.00                                                                                                           |                                    |

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| Last Name<br>Donaher                                                                                                                                                                                                                          | First<br>Timothy                                                                                                                                                                               | MI                                                                                                                                          | Contribution ID #<br>0119          |
| Residential Street Address<br>144 Stiles St                                                                                                                                                                                                   | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                  |
| Principal Occupation<br>Retired                                                                                                                                                                                                               | Name of Employer<br>S CT Gas Co                                                                                                                                                                |                                                                                                                                             |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>06252018C</u>                                                                                                                                | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                                 | Aggregate Contributions<br>\$25.00 |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Amount of Contribution<br>\$25.00                                                                                                           |                                    |

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| Last Name<br>D'Ausilio                                                                                                                                                                                                                        | First<br>Terrie                                                                                                                                                                                | MI<br>A                                                                                                                                     | Contribution ID #<br>0120          |
| Residential Street Address<br>6020 Main St                                                                                                                                                                                                    | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                  |
| Principal Occupation<br>Retired                                                                                                                                                                                                               | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>06252018C</u>                                                                                                                                | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/25/2018                                                                                                                 | Aggregate Contributions<br>\$25.00 |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Amount of Contribution<br>\$25.00                                                                                                           |                                    |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                |                                                                                                                                             |                                     |                           |
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| Last Name<br>D'Ausilio                                                                                                                                                                                                                        |  | First<br>David                                                                                                                                                                                 |                                                                                                                                             | MI<br>P                             | Contribution ID #<br>0121 |
| Residential Street Address<br>6020 Main St                                                                                                                                                                                                    |  | City<br>Stratford                                                                                                                                                                              |                                                                                                                                             | State<br>CT                         | Zip Code<br>06614         |
| Principal Occupation<br>Realtor                                                                                                                                                                                                               |  |                                                                                                                                                                                                | Name of Employer<br>Willaim Raveis Real Estate                                                                                              |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>06252018C</u>                                                                                                                                |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/25/2018         |                           |
|                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                |                                                                                                                                             | Aggregate Contributions<br>\$25.00  | \$25.00                   |
| Last Name<br>Proto                                                                                                                                                                                                                            |  | First<br>Benjamin Jr                                                                                                                                                                           |                                                                                                                                             | MI<br>S                             | Contribution ID #<br>0122 |
| Residential Street Address<br>2090 Cutspring Rd                                                                                                                                                                                               |  | City<br>Stratford                                                                                                                                                                              |                                                                                                                                             | State<br>CT                         | Zip Code<br>06614         |
| Principal Occupation<br>Attorney                                                                                                                                                                                                              |  |                                                                                                                                                                                                | Name of Employer<br>Law Offices Benjamin Proto                                                                                              |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>06252018C</u>                                                                                                                                |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/25/2018         |                           |
|                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                |                                                                                                                                             | Aggregate Contributions<br>\$150.00 | \$50.00                   |
| Last Name<br>Dinan                                                                                                                                                                                                                            |  | First<br>Roy "Buddy"                                                                                                                                                                           |                                                                                                                                             | MI                                  | Contribution ID #<br>0123 |
| Residential Street Address<br>2415 Main St                                                                                                                                                                                                    |  | City<br>Stratford                                                                                                                                                                              |                                                                                                                                             | State<br>CT                         | Zip Code<br>06615         |
| Principal Occupation<br>Pools                                                                                                                                                                                                                 |  |                                                                                                                                                                                                | Name of Employer<br>Self (Southport Pool)                                                                                                   |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>06252018C</u>                                                                                                                                |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/25/2018         |                           |
|                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                |                                                                                                                                             | Aggregate Contributions<br>\$50.00  | \$50.00                   |
| Last Name<br>Mahoney                                                                                                                                                                                                                          |  | First<br>Morgan                                                                                                                                                                                |                                                                                                                                             | MI<br>C                             | Contribution ID #<br>0323 |
| Residential Street Address<br>46 Victoria Lawn                                                                                                                                                                                                |  | City<br>Stratford                                                                                                                                                                              |                                                                                                                                             | State<br>CT                         | Zip Code<br>06615         |
| Principal Occupation<br>Waitstaff                                                                                                                                                                                                             |  |                                                                                                                                                                                                | Name of Employer<br>Whelk                                                                                                                   |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br>06/25/2018         |                           |
|                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                |                                                                                                                                             | Aggregate Contributions<br>\$10.00  | \$10.00                   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                |                                             |                                                                                                                                          |                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Mahoney                                                                                                                                                                                                                           | First<br>Harrison                           | MI<br>J                                                                                                                                  | Contribution ID #<br>0324          |
| Residential Street Address<br>46 Victoria Lawn                                                                                                                                                                                                 | City<br>Stratford                           | State<br>CT                                                                                                                              | Zip Code<br>06615                  |
| Principal Occupation<br>Installer                                                                                                                                                                                                              | Name of Employer<br>Shamrock Floor Covering |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>If yes, list Event #                                                                          |                                             | Date Received<br>06/25/2018                                                                                                              | Aggregate Contributions<br>\$10.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                                 |                                             | Amount of Contribution<br>\$10.00                                                                                                        |                                    |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Book                                                                                                                                                                                                                              | First<br>Ethan                                                        | MI                                                                                                                                       | Contribution ID #<br>0176          |
| Residential Street Address<br>144 Coleman St                                                                                                                                                                                                   | City<br>Bridgeport                                                    | State<br>CT                                                                                                                              | Zip Code<br>06604                  |
| Principal Occupation<br>Owner/Operator of Limousine Service Business                                                                                                                                                                           | Name of Employer<br>Self - New England Limousine Service of Fairfield |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                       | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>If yes, list Event #                                                                          |                                                                       | Date Received<br>06/26/2018                                                                                                              | Aggregate Contributions<br>\$10.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card                                                 |                                                                       | Amount of Contribution<br>\$10.00                                                                                                        |                                    |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Last Name<br>Sheehy                                                                                                                                                                                                                            | First<br>Adam                               | MI                                                                                                                                       | Contribution ID #<br>0177           |
| Residential Street Address<br>190 Chapel St                                                                                                                                                                                                    | City<br>Stratford                           | State<br>CT                                                                                                                              | Zip Code<br>06614                   |
| Principal Occupation<br>IT System Administrator                                                                                                                                                                                                | Name of Employer<br>Computer SI Corporation |                                                                                                                                          |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>If yes, list Event #                                                                          |                                             | Date Received<br>06/26/2018                                                                                                              | Aggregate Contributions<br>\$250.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card                                                 |                                             | Amount of Contribution<br>\$250.00                                                                                                       |                                     |

|                                                                                                                                                                                                                                                |                           |                                                                                                                                          |                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>McCuen                                                                                                                                                                                                                            | First<br>David            | MI<br>M                                                                                                                                  | Contribution ID #<br>0197         |
| Residential Street Address<br>473 Woodlawn Ave                                                                                                                                                                                                 | City<br>Stratford         | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Electrical Engineer                                                                                                                                                                                                    | Name of Employer<br>Nesco |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                           | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>If yes, list Event #                                                                          |                           | Date Received<br>06/26/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                                 |                           | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                            |                                |                                                                                                                                          |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Cummings                                                                                                                                                                                                                      | First<br>Christopher           | MI                                                                                                                                       | Contribution ID #<br>0198         |
| Residential Street Address<br>4234 Main St # 5                                                                                                                                                                                             | City<br>Stratford              | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Lineman                                                                                                                                                                                                            | Name of Employer<br>Eversource |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                                | Date Received<br>06/26/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                             |                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

|                                                                                                                                                                                                                                            |                                           |                                                                                                                                          |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Lewis                                                                                                                                                                                                                         | First<br>Aidan                            | MI<br>J                                                                                                                                  | Contribution ID #<br>0187         |
| Residential Street Address<br>71B Riverbend Rd                                                                                                                                                                                             | City<br>Stratford                         | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Student Middle SCHOOL                                                                                                                                                                                              | Name of Employer<br>Student Middle School |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                           | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                                           | Date Received<br>06/26/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                             |                                           | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

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| Last Name<br>Hull                                                                                                                                                                                                                          | First<br>Robin                              | MI<br>A                                                                                                                                  | Contribution ID #<br>0189          |
| Residential Street Address<br>44 Jane St                                                                                                                                                                                                   | City<br>Stratford                           | State<br>CT                                                                                                                              | Zip Code<br>06615                  |
| Principal Occupation<br>Administrative Asst                                                                                                                                                                                                | Name of Employer<br>Bridgeport Fittings Inc |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                                             | Date Received<br>06/26/2018                                                                                                              | Aggregate Contributions<br>\$10.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                             |                                             | Amount of Contribution<br>\$10.00                                                                                                        |                                    |

|                                                                                                                                                                                                                                            |                                         |                                                                                                                                          |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Hull                                                                                                                                                                                                                          | First<br>Peter                          | MI<br>C                                                                                                                                  | Contribution ID #<br>0190          |
| Residential Street Address<br>44 Jane St                                                                                                                                                                                                   | City<br>Stratford                       | State<br>CT                                                                                                                              | Zip Code<br>06615                  |
| Principal Occupation<br>Driver                                                                                                                                                                                                             | Name of Employer<br>Dennis's Auto Parts |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                         | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                                         | Date Received<br>06/26/2018                                                                                                              | Aggregate Contributions<br>\$10.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                             |                                         | Amount of Contribution<br>\$10.00                                                                                                        |                                    |



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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                        |                                                                                                                                                                                                |                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Last Name<br>Buckmir                                                                                                                                                                                                                                                                                                 | First<br>Michael                                                       | MI<br>E                                                                                                                                                                                        | Contribution ID #<br>0217                                                                              |
| Residential Street Address<br>73 General St                                                                                                                                                                                                                                                                          | City<br>Stratford                                                      | State<br>CT                                                                                                                                                                                    | Zip Code<br>06615                                                                                      |
| Principal Occupation<br>Investigator / Warrenty Inspections and Repairs                                                                                                                                                                                                                                              | Name of Employer<br>Michael E Buckmir PI / Dri-Tech Waterproofing Solu |                                                                                                                                                                                                |                                                                                                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                        | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                    |                                                                                                        |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 |                                                                        | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br>Date Received<br>06/26/2018<br>Aggregate Contributions<br>\$20.00<br>\$20.00 |

|                                                                                                                                                                                                                                                                                                                      |                                       |                                                                                                                                                                                                |                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Last Name<br>Dean                                                                                                                                                                                                                                                                                                    | First<br>Mary                         | MI                                                                                                                                                                                             | Contribution ID #<br>0218                                                                            |
| Residential Street Address<br>995 Beaver Dam Rd                                                                                                                                                                                                                                                                      | City<br>Stratford                     | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                                                                                    |
| Principal Occupation<br>Economic Development Director                                                                                                                                                                                                                                                                | Name of Employer<br>Town of Stratford |                                                                                                                                                                                                |                                                                                                      |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                       | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                    |                                                                                                      |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 |                                       | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br>Date Received<br>06/26/2018<br>Aggregate Contributions<br>\$5.00<br>\$5.00 |

|                                                                                                                                                                                                                                                                                                                      |                        |                                                                                                                                                                                                |                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Last Name<br>Hahn                                                                                                                                                                                                                                                                                                    | First<br>Karen         | MI<br>V                                                                                                                                                                                        | Contribution ID #<br>0219                                                                            |
| Residential Street Address<br>531B Narraganset Ln                                                                                                                                                                                                                                                                    | City<br>Stratford      | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                                                                                    |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      | Name of Employer<br>NA |                                                                                                                                                                                                |                                                                                                      |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                        | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                    |                                                                                                      |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 |                        | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br>Date Received<br>06/26/2018<br>Aggregate Contributions<br>\$5.00<br>\$5.00 |

|                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                                                                                                                |                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Last Name<br>Staley                                                                                                                                                                                                                                                                                                  | First<br>John               | MI                                                                                                                                                                                             | Contribution ID #<br>0220                                                                              |
| Residential Street Address<br>531B Narraganset Ln                                                                                                                                                                                                                                                                    | City<br>Stratford           | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                                                                                      |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      | Name of Employer<br>Retired |                                                                                                                                                                                                |                                                                                                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                    |                                                                                                        |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 |                             | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br>Date Received<br>06/26/2018<br>Aggregate Contributions<br>\$20.00<br>\$20.00 |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                            |                                      |                                                                                                                                          |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Briggs                                                                                                                                                                                                                        | First<br>Sandra                      | MI<br>D                                                                                                                                  | Contribution ID #<br>0221         |
| Residential Street Address<br>36 Sachem St                                                                                                                                                                                                 | City<br>Milford                      | State<br>CT                                                                                                                              | Zip Code<br>06461                 |
| Principal Occupation<br>Bartender                                                                                                                                                                                                          | Name of Employer<br>RiverView Bistro |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                      | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                                      | Date Received<br>06/26/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                             |                                      | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

|                                                                                                                                                                                                                                            |                        |                                                                                                                                          |                                   |
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| Last Name<br>Gallagher                                                                                                                                                                                                                     | First<br>Brendan       | MI<br>P                                                                                                                                  | Contribution ID #<br>0222         |
| Residential Street Address<br>25 Elmhurst Ave                                                                                                                                                                                              | City<br>Stratford      | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>College Student                                                                                                                                                                                                    | Name of Employer<br>NA |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                        | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                        | Date Received<br>06/27/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                             |                        | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

|                                                                                                                                                                                                                                            |                                       |                                                                                                                                          |                                   |
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| Last Name<br>Gallagher                                                                                                                                                                                                                     | First<br>Sean                         | MI<br>M                                                                                                                                  | Contribution ID #<br>0223         |
| Residential Street Address<br>25 Elmhurst Ave                                                                                                                                                                                              | City<br>Stratford                     | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Detective                                                                                                                                                                                                          | Name of Employer<br>Town of Stratford |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                       | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                                       | Date Received<br>06/27/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                             |                                       | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

|                                                                                                                                                                                                                                            |                                                           |                                                                                                                                          |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Nunno                                                                                                                                                                                                                         | First<br>Michael Jr                                       | MI<br>P                                                                                                                                  | Contribution ID #<br>0224         |
| Residential Street Address<br>318 Jackson Ave                                                                                                                                                                                              | City<br>Stratford                                         | State<br>CT                                                                                                                              | Zip Code<br>06615                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                            | Name of Employer<br>First Congregational Church Stratford |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                           | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                                                           | Date Received<br>06/27/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                             |                                                           | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                          |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Delgado                                                                                                                                                                                                                       | First<br>Jason                                                                                                                                                                                 | MI<br>B                                                                                                                                  | Contribution ID #<br>0225         |
| Residential Street Address<br>1141 South Ave                                                                                                                                                                                               | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06615                 |
| Principal Occupation<br>Lot Attendant                                                                                                                                                                                                      | Name of Employer<br>Shop Rite                                                                                                                                                                  |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/27/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                          |                                     |
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| Last Name<br>Robbins                                                                                                                                                                                                                       | First<br>Jessica                                                                                                                                                                               | MI<br>A                                                                                                                                  | Contribution ID #<br>0226           |
| Residential Street Address<br>152 Ryegate Ter                                                                                                                                                                                              | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06615                   |
| Principal Occupation<br>Safety                                                                                                                                                                                                             | Name of Employer<br>Moran Towing Corp                                                                                                                                                          |                                                                                                                                          |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/27/2018                                                                                                              | Aggregate Contributions<br>\$100.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$100.00                                                                                                       |                                     |

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                          |                                   |
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| Last Name<br>Connor                                                                                                                                                                                                                        | First<br>Kathleen                                                                                                                                                                              | MI<br>M                                                                                                                                  | Contribution ID #<br>0188         |
| Residential Street Address<br>71B Riverbend Rd                                                                                                                                                                                             | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>TM Instructor                                                                                                                                                                                                      | Name of Employer<br>Mohanshi Foundation                                                                                                                                                        |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/27/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

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| Last Name<br>Blashke                                                                                                                                                                                                                       | First<br>Edward                                                                                                                                                                                | MI<br>J                                                                                                                                  | Contribution ID #<br>0199           |
| Residential Street Address<br>56 Brenair Ter                                                                                                                                                                                               | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06614                   |
| Principal Occupation<br>Operator                                                                                                                                                                                                           | Name of Employer<br>Southern Conn. Gas                                                                                                                                                         |                                                                                                                                          |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/28/2018                                                                                                              | Aggregate Contributions<br>\$250.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$250.00                                                                                                       |                                     |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Last Name<br>Blashke                                                                                                                                                                                                                                                                                                 | First<br>Anne                                                                                                                                                                                  | MI<br>F                                                                                                                                     | Contribution ID #<br>0200           |
| Residential Street Address<br>56 Brenair Ter                                                                                                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                   |
| Principal Occupation<br>Operations Mgr Food Service                                                                                                                                                                                                                                                                  | Name of Employer<br>Sodexo Corp                                                                                                                                                                |                                                                                                                                             |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/28/2018                                                                                                                 | Aggregate Contributions<br>\$250.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$250.00  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Corvino                                                                                                                                                                                                                                                                                                 | First<br>Janice                                                                                                                                                                                | MI<br>E                                                                                                                                     | Contribution ID #<br>0284         |
| Residential Street Address<br>216 Swanson Ave                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Human Resources                                                                                                                                                                                                                                                                              | Name of Employer<br>Doctors Associates                                                                                                                                                         |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/28/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Corvino                                                                                                                                                                                                                                                                                                 | First<br>Mark                                                                                                                                                                                  | MI<br>E                                                                                                                                     | Contribution ID #<br>0285         |
| Residential Street Address<br>216 Swanson Ave                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Owner                                                                                                                                                                                                                                                                                        | Name of Employer<br>Self-Employed (Mark Corvino Constrution Service)                                                                                                                           |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/28/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Cabral                                                                                                                                                                                                                                                                                                  | First<br>Carol                                                                                                                                                                                 | MI                                                                                                                                          | Contribution ID #<br>0286          |
| Residential Street Address<br>1034 E Main St                                                                                                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                  |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/28/2018                                                                                                                 | Aggregate Contributions<br>\$30.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             |                                          |
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| Last Name<br><b>Bradshaw</b>                                                                                                                                                                                                                                                                                      | First<br><b>Mary</b>                                                                                                                                                                           | MI<br><b>A</b>                                                                                                                              | Contribution ID #<br><b>0287</b>         |
| Residential Street Address<br><b>67 Matthew Dr</b>                                                                                                                                                                                                                                                                | City<br><b>Stratford</b>                                                                                                                                                                       | State<br><b>CT</b>                                                                                                                          | Zip Code<br><b>06614</b>                 |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                            | Name of Employer<br><b>Retired</b>                                                                                                                                                             |                                                                                                                                             |                                          |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                          |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                              | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>06/28/2018</b>                                                                                                          | Aggregate Contributions<br><b>\$5.00</b> |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Amount of Contribution<br><b>\$5.00</b>                                                                                                     |                                          |

|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             |                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Last Name<br><b>Kubic</b>                                                                                                                                                                                                                                                                                         | First<br><b>Joseph</b>                                                                                                                                                                         | MI<br><b>A</b>                                                                                                                              | Contribution ID #<br><b>0288</b>          |
| Residential Street Address<br><b>1350 James Farm Rd</b>                                                                                                                                                                                                                                                           | City<br><b>Stratford</b>                                                                                                                                                                       | State<br><b>CT</b>                                                                                                                          | Zip Code<br><b>06614</b>                  |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                           | Name of Employer<br><b>Harlow Adams and Friedman</b>                                                                                                                                           |                                                                                                                                             |                                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                              | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>06/28/2018</b>                                                                                                          | Aggregate Contributions<br><b>\$25.00</b> |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Amount of Contribution<br><b>\$25.00</b>                                                                                                    |                                           |

|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             |                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Last Name<br><b>Conner</b>                                                                                                                                                                                                                                                                                        | First<br><b>James</b>                                                                                                                                                                          | MI                                                                                                                                          | Contribution ID #<br><b>0289</b>           |
| Residential Street Address<br><b>13 Mulberry Ln</b>                                                                                                                                                                                                                                                               | City<br><b>Shelton</b>                                                                                                                                                                         | State<br><b>CT</b>                                                                                                                          | Zip Code<br><b>06484</b>                   |
| Principal Occupation<br><b>Printer</b>                                                                                                                                                                                                                                                                            | Name of Employer<br><b>Conner Printing</b>                                                                                                                                                     |                                                                                                                                             |                                            |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                              | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>06/28/2018</b>                                                                                                          | Aggregate Contributions<br><b>\$250.00</b> |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Amount of Contribution<br><b>\$250.00</b>                                                                                                   |                                            |

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| Last Name<br><b>Molnar IV</b>                                                                                                                                                                                                                                                                                     | First<br><b>Louis</b>                                                                                                                                                                          | MI                                                                                                                                          | Contribution ID #<br><b>0331</b>         |
| Residential Street Address<br><b>25 Edwin St</b>                                                                                                                                                                                                                                                                  | City<br><b>Stratford</b>                                                                                                                                                                       | State<br><b>CT</b>                                                                                                                          | Zip Code<br><b>06614</b>                 |
| Principal Occupation<br><b>Manager</b>                                                                                                                                                                                                                                                                            | Name of Employer<br><b>Darien Butcher Shop</b>                                                                                                                                                 |                                                                                                                                             |                                          |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                          |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                              | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>06/28/2018</b>                                                                                                          | Aggregate Contributions<br><b>\$5.00</b> |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Amount of Contribution<br><b>\$5.00</b>                                                                                                     |                                          |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Last Name<br>Pia                                                                                                                                                                                                                               | First<br>Michele                            | MI<br>A                                                                                                                                                                                        | Contribution ID #<br>0227                                                                                            |
| Residential Street Address<br>165 Forest Rd                                                                                                                                                                                                    | City<br>Stratford                           | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                                                                                                    |
| Principal Occupation<br>RN                                                                                                                                                                                                                     | Name of Employer<br>Yale New Haven Hospital |                                                                                                                                                                                                |                                                                                                                      |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                       |                                                                                                                      |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>If yes, list Event #                                                                          |                                             | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br><br>Date Received<br>06/28/2018<br><br>Aggregate Contributions<br>\$100.00<br><br>\$100.00 |

|                                                                                                                                                                                                                                                |                             |                                                                                                                                                                                                |                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Last Name<br>Grom                                                                                                                                                                                                                              | First<br>George             | MI                                                                                                                                                                                             | Contribution ID #<br>0228                                                                                        |
| Residential Street Address<br>995 Beaver Dam Rd                                                                                                                                                                                                | City<br>Stratford           | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                                                                                                |
| Principal Occupation<br>Retired                                                                                                                                                                                                                | Name of Employer<br>Retired |                                                                                                                                                                                                |                                                                                                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                       |                                                                                                                  |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>If yes, list Event #                                                                          |                             | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br><br>Date Received<br>06/28/2018<br><br>Aggregate Contributions<br>\$5.00<br><br>\$5.00 |

|                                                                                                                                                                                                                                                |                             |                                                                                                                                                                                                |                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Last Name<br>Dean                                                                                                                                                                                                                              | First<br>Cathy              | MI                                                                                                                                                                                             | Contribution ID #<br>0229                                                                                        |
| Residential Street Address<br>40 Del Dr                                                                                                                                                                                                        | City<br>Stratford           | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                                                                                                |
| Principal Occupation<br>Retired                                                                                                                                                                                                                | Name of Employer<br>Retired |                                                                                                                                                                                                |                                                                                                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                       |                                                                                                                  |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>If yes, list Event #                                                                          |                             | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br><br>Date Received<br>06/28/2018<br><br>Aggregate Contributions<br>\$5.00<br><br>\$5.00 |

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| Last Name<br>Dean                                                                                                                                                                                                                              | First<br>Edward             | MI                                                                                                                                                                                             | Contribution ID #<br>0230                                                                                        |
| Residential Street Address<br>40 Del Dr                                                                                                                                                                                                        | City<br>Stratford           | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                                                                                                |
| Principal Occupation<br>Retired                                                                                                                                                                                                                | Name of Employer<br>Retired |                                                                                                                                                                                                |                                                                                                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                       |                                                                                                                  |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>If yes, list Event #                                                                          |                             | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br><br>Date Received<br>06/28/2018<br><br>Aggregate Contributions<br>\$5.00<br><br>\$5.00 |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                               |                             |                                                                                                                                             |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Grenberger                                                                                                                                                                                                                       | First<br>Marion             | MI<br>R                                                                                                                                     | Contribution ID #<br>0231         |
| Residential Street Address<br>225 Park St                                                                                                                                                                                                     | City<br>Stratford           | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                               | Name of Employer<br>Retired |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 |                             | Date Received<br>06/28/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                                |                             | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>O'Brien                                                                                                                                                                                                                          | First<br>William                                     | MI<br>F                                                                                                                                     | Contribution ID #<br>0232          |
| Residential Street Address<br>450 Chickadee Ln                                                                                                                                                                                                | City<br>Stratford                                    | State<br>CT                                                                                                                                 | Zip Code<br>06614                  |
| Principal Occupation<br>Athletic Director                                                                                                                                                                                                     | Name of Employer<br>Sterling House Community Ceenter |                                                                                                                                             |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                      | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 |                                                      | Date Received<br>06/28/2018                                                                                                                 | Aggregate Contributions<br>\$15.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                                |                                                      | Amount of Contribution<br>\$15.00                                                                                                           |                                    |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Coffey                                                                                                                                                                                                                           | First<br>Marilyn            | MI<br>A                                                                                                                                     | Contribution ID #<br>0233         |
| Residential Street Address<br>605B Cherokee Ln                                                                                                                                                                                                | City<br>Stratford           | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                               | Name of Employer<br>Retired |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 |                             | Date Received<br>06/28/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                                |                             | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Scinto                                                                                                                                                                                                                           | First<br>Katherine            | MI<br>A                                                                                                                                     | Contribution ID #<br>0234         |
| Residential Street Address<br>35 Lenox Ave                                                                                                                                                                                                    | City<br>Stratford             | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Homemaker                                                                                                                                                                                                             | Name of Employer<br>Homemaker |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                               | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 |                               | Date Received<br>06/28/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                                |                               | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
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| Last Name<br>Sutton                                                                                                                                                                                                                                                                                                  | First<br>Jean-Marie                                                                                                                                                                            | MI                                                                                                                                          | Contribution ID #<br>0235         |
| Residential Street Address<br>25 Horace St                                                                                                                                                                                                                                                                           | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Real Estate                                                                                                                                                                                                                                                                                  | Name of Employer<br>Self Employed (Raveis)                                                                                                                                                     |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/28/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Wiltsie                                                                                                                                                                                                                                                                                                 | First<br>Ryann                                                                                                                                                                                 | MI<br>M                                                                                                                                     | Contribution ID #<br>0236         |
| Residential Street Address<br>77 Allyndale Dr                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Student High School                                                                                                                                                                                                                                                                          | Name of Employer<br>Student                                                                                                                                                                    |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/28/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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| Last Name<br>Wiltsie                                                                                                                                                                                                                                                                                                 | First<br>James                                                                                                                                                                                 | MI<br>F                                                                                                                                     | Contribution ID #<br>0237         |
| Residential Street Address<br>77 Allyndale Dr                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Police Officer                                                                                                                                                                                                                                                                               | Name of Employer<br>Town of Fairfield                                                                                                                                                          |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/28/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Wiltsie                                                                                                                                                                                                                                                                                                 | First<br>Amy                                                                                                                                                                                   | MI<br>E                                                                                                                                     | Contribution ID #<br>0238         |
| Residential Street Address<br>77 Allyndale Dr                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Non-profit Director                                                                                                                                                                                                                                                                          | Name of Employer<br>CCCYMCA                                                                                                                                                                    |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/28/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |



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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
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| Last Name<br>Gibbon                                                                                                                                                                                                                                                                                                  | First<br>Anne                                                                                                                                                                                  | MI                                                                                                                                          | Contribution ID #<br>0239         |
| Residential Street Address<br>40 Butternut Ln                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Executive Director                                                                                                                                                                                                                                                                           | Name of Employer<br>SVA INC LLC (Bridgeport)                                                                                                                                                   |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/28/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Corcoran                                                                                                                                                                                                                                                                                                | First<br>Andrea                                                                                                                                                                                | MI<br>D                                                                                                                                     | Contribution ID #<br>0240         |
| Residential Street Address<br>521 Windsor Ave                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Homemaker                                                                                                                                                                                                                                                                                    | Name of Employer<br>Homemaker                                                                                                                                                                  |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/28/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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| Last Name<br>Sherman                                                                                                                                                                                                                                                                                                 | First<br>Neil                                                                                                                                                                                  | MI<br>F                                                                                                                                     | Contribution ID #<br>0241         |
| Residential Street Address<br>116 Blakeman Pl                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Technology                                                                                                                                                                                                                                                                                   | Name of Employer<br>Self / Neil Sherman                                                                                                                                                        |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/28/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Forrester                                                                                                                                                                                                                                                                                               | First<br>Gavin                                                                                                                                                                                 | MI<br>B                                                                                                                                     | Contribution ID #<br>0242         |
| Residential Street Address<br>103 Orchard St                                                                                                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Accountant                                                                                                                                                                                                                                                                                   | Name of Employer<br>XPT Specialty Group LLC                                                                                                                                                    |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/28/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                          |                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Last Name<br>Forrester                                                                                                                                                                                                                     | First<br>Margherita                                                                                                                                                                            | MI                                                                                                                                       | Contribution ID #<br>0243                                             |
| Residential Street Address<br>103 Orchard St                                                                                                                                                                                               | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06615                                                     |
| Principal Occupation<br>Waitress                                                                                                                                                                                                           | Name of Employer<br>Pizza Palace Restaurant                                                                                                                                                    |                                                                                                                                          |                                                                       |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                       |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/28/2018                                                                                                              | Aggregate Contributions<br>\$5.00<br>Amount of Contribution<br>\$5.00 |

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                          |                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Last Name<br>Martin                                                                                                                                                                                                                        | First<br>Karen                                                                                                                                                                                 | MI                                                                                                                                       | Contribution ID #<br>0245                                                 |
| Residential Street Address<br>39 Deerfield Dr                                                                                                                                                                                              | City<br>Easton                                                                                                                                                                                 | State<br>CT                                                                                                                              | Zip Code<br>06612                                                         |
| Principal Occupation<br>Homemaker                                                                                                                                                                                                          | Name of Employer<br>Home                                                                                                                                                                       |                                                                                                                                          |                                                                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                           |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>06/28/2018                                                                                                              | Aggregate Contributions<br>\$250.00<br>Amount of Contribution<br>\$250.00 |

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                          |                                                                       |
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| Last Name<br>Buckmir                                                                                                                                                                                                                       | First<br>Michael                                                                                                                                                                               | MI<br>J                                                                                                                                  | Contribution ID #<br>0246                                             |
| Residential Street Address<br>125 Prayer Spring Rd                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06614                                                     |
| Principal Occupation<br>Retired                                                                                                                                                                                                            | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                          |                                                                       |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                       |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/28/2018                                                                                                              | Aggregate Contributions<br>\$5.00<br>Amount of Contribution<br>\$5.00 |

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| Last Name<br>Scinto                                                                                                                                                                                                                        | First<br>Kelly                                                                                                                                                                                 | MI<br>A                                                                                                                                  | Contribution ID #<br>0247                                             |
| Residential Street Address<br>35 Lenox Ave                                                                                                                                                                                                 | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06615                                                     |
| Principal Occupation<br>Student College                                                                                                                                                                                                    | Name of Employer<br>Student                                                                                                                                                                    |                                                                                                                                          |                                                                       |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                       |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/28/2018                                                                                                              | Aggregate Contributions<br>\$5.00<br>Amount of Contribution<br>\$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                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

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| Last Name<br>Adams                                                                                                                                                                                                                                                                                                   | First<br>Marilyn                                                                                                                                                                               | MI<br>E                                                                                                                                     | Contribution ID #<br>0325           |
| Residential Street Address<br>660 Prospect Dr                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                   |
| Principal Occupation<br>Paralegal                                                                                                                                                                                                                                                                                    | Name of Employer<br>Thornberry and Associates                                                                                                                                                  |                                                                                                                                             |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/28/2018                                                                                                                 | Aggregate Contributions<br>\$250.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$250.00                                                                                                          |                                     |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Last Name<br>Thornberry                                                                                                                                                                                                                                                                                              | First<br>Thomas                                                                                                                                                                                | MI<br>C                                                                                                                                     | Contribution ID #<br>0326           |
| Residential Street Address<br>660 Prospect Dr                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                   |
| Principal Occupation<br>Attorney                                                                                                                                                                                                                                                                                     | Name of Employer<br>Thornberry and Associates                                                                                                                                                  |                                                                                                                                             |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/28/2018                                                                                                                 | Aggregate Contributions<br>\$250.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$250.00                                                                                                          |                                     |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Last Name<br>Cotter                                                                                                                                                                                                                                                                                                  | First<br>Megan                                                                                                                                                                                 | MI                                                                                                                                          | Contribution ID #<br>0327           |
| Residential Street Address<br>42 Pauline St                                                                                                                                                                                                                                                                          | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                   |
| Principal Occupation<br>CIA                                                                                                                                                                                                                                                                                          | Name of Employer<br>Stratford BOE                                                                                                                                                              |                                                                                                                                             |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                                 | Aggregate Contributions<br>\$100.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$100.00                                                                                                          |                                     |

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| Last Name<br>Cotter                                                                                                                                                                                                                                                                                                  | First<br>Thomas                                                                                                                                                                                | MI<br>G                                                                                                                                     | Contribution ID #<br>0328           |
| Residential Street Address<br>42 Pauline St                                                                                                                                                                                                                                                                          | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                   |
| Principal Occupation<br>Attorney at Law                                                                                                                                                                                                                                                                              | Name of Employer<br>Cotter Law Firm LLC                                                                                                                                                        |                                                                                                                                             |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                                 | Aggregate Contributions<br>\$110.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$100.00                                                                                                          |                                     |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Gonzalez                                                                                                                                                                                                                                                                                                | First<br>Robert                                                                                                                                                                                | MI<br>E                                                                                                                                     | Contribution ID #<br>0318         |
| Residential Street Address<br>645 Chapel St                                                                                                                                                                                                                                                                          | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Police Officer                                                                                                                                                                                                                                                                               | Name of Employer<br>Housatonic Community College                                                                                                                                               |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Gonzalez                                                                                                                                                                                                                                                                                                | First<br>Millie                                                                                                                                                                                | MI<br>E                                                                                                                                     | Contribution ID #<br>0319         |
| Residential Street Address<br>645 Chapel St                                                                                                                                                                                                                                                                          | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Homemaker                                                                                                                                                                                                                                                                                    | Name of Employer<br>Homemaker                                                                                                                                                                  |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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| Last Name<br>Mancarelli                                                                                                                                                                                                                                                                                              | First<br>Daniel                                                                                                                                                                                | MI<br>G                                                                                                                                     | Contribution ID #<br>0248         |
| Residential Street Address<br>30 Van Buskirk Ave                                                                                                                                                                                                                                                                     | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Custodian                                                                                                                                                                                                                                                                                    | Name of Employer<br>Stratford BOE                                                                                                                                                              |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Glad                                                                                                                                                                                                                                                                                                    | First<br>Andrew                                                                                                                                                                                | MI<br>N                                                                                                                                     | Contribution ID #<br>0249         |
| Residential Street Address<br>445 Reed St                                                                                                                                                                                                                                                                            | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Graphic Designer                                                                                                                                                                                                                                                                             | Name of Employer<br>Andy Glad Graphic Design                                                                                                                                                   |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
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| Last Name<br>Glad                                                                                                                                                                                                                                                                                                    | First<br>Karla                                                                                                                                                                                 | MI<br>J                                                                                                                                     | Contribution ID #<br>0250         |
| Residential Street Address<br>445 Reed St                                                                                                                                                                                                                                                                            | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Administrator                                                                                                                                                                                                                                                                                | Name of Employer<br>Baron Technologies                                                                                                                                                         |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Glad                                                                                                                                                                                                                                                                                                    | First<br>Haylee                                                                                                                                                                                | MI<br>J                                                                                                                                     | Contribution ID #<br>0251         |
| Residential Street Address<br>445 Reed St                                                                                                                                                                                                                                                                            | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Student                                                                                                                                                                                                                                                                                      | Name of Employer<br>Student                                                                                                                                                                    |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Chase                                                                                                                                                                                                                                                                                                   | First<br>Addie Lee                                                                                                                                                                             | MI                                                                                                                                          | Contribution ID #<br>0252         |
| Residential Street Address<br>640 Whippoorwill Ln                                                                                                                                                                                                                                                                    | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Private Piano Teacher                                                                                                                                                                                                                                                                        | Name of Employer<br>Self Employed (Addie Lee Chase)                                                                                                                                            |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Chase                                                                                                                                                                                                                                                                                                   | First<br>J. Vincent                                                                                                                                                                            | MI                                                                                                                                          | Contribution ID #<br>0253         |
| Residential Street Address<br>640 Whippoorwill Ln                                                                                                                                                                                                                                                                    | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
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| Last Name<br>Molnar                                                                                                                                                                                                                                                                                                  | First<br>Ilka                                                                                                                                                                                  | MI<br>D                                                                                                                                     | Contribution ID #<br>0332         |
| Residential Street Address<br>25 Edwin St                                                                                                                                                                                                                                                                            | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Homemaker                                                                                                                                                                                                                                                                                    | Name of Employer<br>Homemaker                                                                                                                                                                  |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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| Last Name<br>Molnar III                                                                                                                                                                                                                                                                                              | First<br>Louis                                                                                                                                                                                 | MI                                                                                                                                          | Contribution ID #<br>0333         |
| Residential Street Address<br>25 Edwin St                                                                                                                                                                                                                                                                            | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Transport cars, boats, cargo                                                                                                                                                                                                                                                                 | Name of Employer<br>Lou Haul Transport                                                                                                                                                         |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Abilorne                                                                                                                                                                                                                                                                                                | First<br>Jasmine                                                                                                                                                                               | MI                                                                                                                                          | Contribution ID #<br>0316         |
| Residential Street Address<br>161 Cheshire St                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Homemaker                                                                                                                                                                                                                                                                                    | Name of Employer<br>Homemaker                                                                                                                                                                  |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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| Last Name<br>Clark                                                                                                                                                                                                                                                                                                   | First<br>Matt                                                                                                                                                                                  | MI                                                                                                                                          | Contribution ID #<br>0309         |
| Residential Street Address<br>101 Cheshire St                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Unemployed                                                                                                                                                                                                                                                                                   | Name of Employer<br>Unemployed                                                                                                                                                                 |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Cunniff                                                                                                                                                                                                                          | First<br>Edward                                                                                                                                                                                | MI                                                                                                                                          | Contribution ID #<br>0310         |
| Residential Street Address<br>121 Cheshire St                                                                                                                                                                                                 | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation                                                                                                                                                                                                                          | Name of Employer<br>RetiredRETIRED                                                                                                                                                             |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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| Last Name<br>Sara                                                                                                                                                                                                                             | First<br>Wayne                                                                                                                                                                                 | MI                                                                                                                                          | Contribution ID #<br>0311         |
| Residential Street Address<br>141 Cheshire St                                                                                                                                                                                                 | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Supervisor                                                                                                                                                                                                            | Name of Employer<br>Stop and Shop                                                                                                                                                              |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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| Last Name<br>Sara                                                                                                                                                                                                                             | First<br>Maureen                                                                                                                                                                               | MI                                                                                                                                          | Contribution ID #<br>0312         |
| Residential Street Address<br>141 Cheshire St                                                                                                                                                                                                 | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Homemaker                                                                                                                                                                                                             | Name of Employer<br>Homemaker                                                                                                                                                                  |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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| Last Name<br>Cervone                                                                                                                                                                                                                          | First<br>Tony                                                                                                                                                                                  | MI                                                                                                                                          | Contribution ID #<br>0313         |
| Residential Street Address<br>670 Hilltop Dr                                                                                                                                                                                                  | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Driver / Transportation                                                                                                                                                                                               | Name of Employer<br>Giant Step Schools CT                                                                                                                                                      |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                          |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Cunliffe                                                                                                                                                                                                                      | First<br>Mary                                                                                                                                                                                  | MI                                                                                                                                       | Contribution ID #<br>0297         |
| Residential Street Address<br>2375 Broadbridge Ave                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06615                 |
| Principal Occupation<br>Planner                                                                                                                                                                                                            | Name of Employer<br>Sikorsky Aircraft                                                                                                                                                          |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

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| Last Name<br>Cunliffe                                                                                                                                                                                                                      | First<br>David                                                                                                                                                                                 | MI                                                                                                                                       | Contribution ID #<br>0298         |
| Residential Street Address<br>2375 Broadbridge Ave                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06615                 |
| Principal Occupation<br>Mechanic                                                                                                                                                                                                           | Name of Employer<br>Grillos                                                                                                                                                                    |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

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| Last Name<br>Gonzalez III                                                                                                                                                                                                                  | First<br>Robert                                                                                                                                                                                | MI<br>E                                                                                                                                  | Contribution ID #<br>0299         |
| Residential Street Address<br>1313 Main St                                                                                                                                                                                                 | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06615                 |
| Principal Occupation<br>Looking for work                                                                                                                                                                                                   | Name of Employer<br>Unemployed                                                                                                                                                                 |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

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| Last Name<br>Gonzalez                                                                                                                                                                                                                      | First<br>Donna                                                                                                                                                                                 | MI<br>A                                                                                                                                  | Contribution ID #<br>0300         |
| Residential Street Address<br>1313 Main St                                                                                                                                                                                                 | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06615                 |
| Principal Occupation<br>Unemployed                                                                                                                                                                                                         | Name of Employer<br>Unemployed                                                                                                                                                                 |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |



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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Capurso                                                                                                                                                                                                                                                                                              | First<br>Christopher                                                                                                                                                                           | MI                                                                                                                                          | Contribution ID #<br>0301         |
| Residential Street Address<br>75 Glenn Dr                                                                                                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Electric                                                                                                                                                                                                                                                                                  | Name of Employer<br>Sikorsky                                                                                                                                                                   |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                              | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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| Last Name<br>Kenyhercz                                                                                                                                                                                                                                                                                            | First<br>Adam                                                                                                                                                                                  | MI                                                                                                                                          | Contribution ID #<br>0302         |
| Residential Street Address<br>76 Cheshire St                                                                                                                                                                                                                                                                      | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                   | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                              | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Gonzalez                                                                                                                                                                                                                                                                                             | First<br>Michael                                                                                                                                                                               | MI                                                                                                                                          | Contribution ID #<br>0303         |
| Residential Street Address<br>610 James Farm Rd                                                                                                                                                                                                                                                                   | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Driver                                                                                                                                                                                                                                                                                    | Name of Employer<br>ABF Freight                                                                                                                                                                |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                              | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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| Last Name<br>Cunliffe                                                                                                                                                                                                                                                                                             | First<br>Christina                                                                                                                                                                             | MI<br>M                                                                                                                                     | Contribution ID #<br>0304         |
| Residential Street Address<br>75 Glenn Dr                                                                                                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Electric                                                                                                                                                                                                                                                                                  | Name of Employer<br>Sikorsky Aircraft                                                                                                                                                          |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                              | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                           |                                                                                                                                                                                                |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Last Name<br>Cienciolo                                                                                                                                                                                                                                                                                               | First<br>Genessa                          | MI                                                                                                                                                                                             | Contribution ID #<br>0305        |
| Residential Street Address<br>610 James Farm Rd                                                                                                                                                                                                                                                                      | City<br>Stratford                         | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                |
| Principal Occupation<br>Medical Technician                                                                                                                                                                                                                                                                           | Name of Employer<br>CT Eye Surgery Center |                                                                                                                                                                                                |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                           | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 |                                           | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018      |
|                                                                                                                                                                                                                                                                                                                      |                                           | Aggregate Contributions<br>\$5.00                                                                                                                                                              | Amount of Contribution<br>\$5.00 |

|                                                                                                                                                                                                                                                                                                                      |                              |                                                                                                                                                                                                |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Last Name<br>MacAllister                                                                                                                                                                                                                                                                                             | First<br>Nickolas            | MI                                                                                                                                                                                             | Contribution ID #<br>0306        |
| Residential Street Address<br>610 James Farm Rd                                                                                                                                                                                                                                                                      | City<br>Stratford            | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                |
| Principal Occupation<br>Warehouse Project Manager                                                                                                                                                                                                                                                                    | Name of Employer<br>Sikorsky |                                                                                                                                                                                                |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                              | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 |                              | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018      |
|                                                                                                                                                                                                                                                                                                                      |                              | Aggregate Contributions<br>\$5.00                                                                                                                                                              | Amount of Contribution<br>\$5.00 |

|                                                                                                                                                                                                                                                                                                                      |                              |                                                                                                                                                                                                |                                  |
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| Last Name<br>Padro                                                                                                                                                                                                                                                                                                   | First<br>Frank               | MI                                                                                                                                                                                             | Contribution ID #<br>0307        |
| Residential Street Address<br>108 Cambridge St                                                                                                                                                                                                                                                                       | City<br>Stratford            | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                |
| Principal Occupation<br>Father                                                                                                                                                                                                                                                                                       | Name of Employer<br>Disabled |                                                                                                                                                                                                |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                              | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 |                              | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018      |
|                                                                                                                                                                                                                                                                                                                      |                              | Aggregate Contributions<br>\$5.00                                                                                                                                                              | Amount of Contribution<br>\$5.00 |

|                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                                                                                                                |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Last Name<br>Dimenno                                                                                                                                                                                                                                                                                                 | First<br>Joseph             | MI                                                                                                                                                                                             | Contribution ID #<br>0291        |
| Residential Street Address<br>81 Canaan Rd                                                                                                                                                                                                                                                                           | City<br>Stratford           | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      | Name of Employer<br>Retired |                                                                                                                                                                                                |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 |                             | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018      |
|                                                                                                                                                                                                                                                                                                                      |                             | Aggregate Contributions<br>\$5.00                                                                                                                                                              | Amount of Contribution<br>\$5.00 |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                               |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Dimenno                                                                                                                                                                                                                          | First<br>Sharlee                                                                                                                                                                               | MI<br>M                                                                                                                                     | Contribution ID #<br>0292         |
| Residential Street Address<br>81 Canaan Rd                                                                                                                                                                                                    | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                               | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/29/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Florek                                                                                                                                                                                                                           | First<br>Victoria                                                                                                                                                                              | MI                                                                                                                                          | Contribution ID #<br>0293         |
| Residential Street Address<br>264 Victoria Lawn                                                                                                                                                                                               | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Administrator                                                                                                                                                                                                         | Name of Employer<br>Stratford BOE                                                                                                                                                              |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Tichy                                                                                                                                                                                                                            | First<br>Ronald                                                                                                                                                                                | MI                                                                                                                                          | Contribution ID #<br>0294         |
| Residential Street Address<br>96 Homestead Ave                                                                                                                                                                                                | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Maintenance Supervisor                                                                                                                                                                                                | Name of Employer<br>RD Scinto Inc                                                                                                                                                              |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Tichy                                                                                                                                                                                                                            | First<br>Robin                                                                                                                                                                                 | MI                                                                                                                                          | Contribution ID #<br>0295         |
| Residential Street Address<br>96 Homestead Ave                                                                                                                                                                                                | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Homemaker                                                                                                                                                                                                             | Name of Employer<br>Homemaker                                                                                                                                                                  |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                            |                                                                                                                                                                                             |                                                                                                                                          |                                   |
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| Last Name<br>Tichy                                                                                                                                                                                                                         | First<br>Jared                                                                                                                                                                              | MI                                                                                                                                       | Contribution ID #<br>0296         |
| Residential Street Address<br>96 Homestead Ave                                                                                                                                                                                             | City<br>Stratford                                                                                                                                                                           | State<br>CT                                                                                                                              | Zip Code<br>06615                 |
| Principal Occupation<br>Cutter                                                                                                                                                                                                             | Name of Employer<br>D&B Landscape                                                                                                                                                           |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                             | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Buckmir                                                                                                                                                                                                                       | First<br>Elizabeth                                                                                                                                                                          | MI<br>M                                                                                                                                  | Contribution ID #<br>0290          |
| Residential Street Address<br>125 Krueger Ln                                                                                                                                                                                               | City<br>Stratford                                                                                                                                                                           | State<br>CT                                                                                                                              | Zip Code<br>06614                  |
| Principal Occupation<br>Attorney                                                                                                                                                                                                           | Name of Employer<br>Esty Buckmir                                                                                                                                                            |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                              | Aggregate Contributions<br>\$25.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                             | Amount of Contribution<br>\$25.00                                                                                                        |                                    |

|                                                                                                                                                                                                                                            |                                                                                                                                                                                             |                                                                                                                                          |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Pirron                                                                                                                                                                                                                        | First<br>Megan                                                                                                                                                                              | MI                                                                                                                                       | Contribution ID #<br>0308         |
| Residential Street Address<br>340 Ferndale Ave                                                                                                                                                                                             | City<br>Stratford                                                                                                                                                                           | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Marketing Communications at NYC YMCA                                                                                                                                                                               | Name of Employer<br>NY City YMCA                                                                                                                                                            |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                             | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Urguidi                                                                                                                                                                                                                       | First<br>Raquel                                                                                                                                                                             | MI                                                                                                                                       | Contribution ID #<br>0314         |
| Residential Street Address<br>160 Cheshire St                                                                                                                                                                                              | City<br>Stratford                                                                                                                                                                           | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Sales                                                                                                                                                                                                              | Name of Employer<br>Walmart                                                                                                                                                                 |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                             | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Urguidi                                                                                                                                                                                                                                                                                                 | First<br>Juan                                                                                                                                                                                  | MI                                                                                                                                          | Contribution ID #<br>0315         |
| Residential Street Address<br>160 Cheshire St                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Trinder                                                                                                                                                                                                                                                                                                 | First<br>Fernanda                                                                                                                                                                              | MI                                                                                                                                          | Contribution ID #<br>0317         |
| Residential Street Address<br>181 Cheshire St                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Julian                                                                                                                                                                                                                                                                                                  | First<br>Anthony                                                                                                                                                                               | MI                                                                                                                                          | Contribution ID #<br>0334         |
| Residential Street Address<br>35 Third Ave                                                                                                                                                                                                                                                                           | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Student College                                                                                                                                                                                                                                                                              | Name of Employer<br>Student College                                                                                                                                                            |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Gabielli                                                                                                                                                                                                                                                                                                | First<br>Michelle                                                                                                                                                                              | MI<br>L                                                                                                                                     | Contribution ID #<br>0335         |
| Residential Street Address<br>30 Cherry St                                                                                                                                                                                                                                                                           | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Banker                                                                                                                                                                                                                                                                                       | Name of Employer<br>People's Bank                                                                                                                                                              |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                               |                                           |                                                                                                                                             |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Chaber                                                                                                                                                                                                                           | First<br>Karol                            | MI                                                                                                                                          | Contribution ID #<br>0336         |
| Residential Street Address<br>88 Canaan Ct Apt 14 , Bldg 84                                                                                                                                                                                   | City<br>Stratford                         | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Lab Technician                                                                                                                                                                                                        | Name of Employer<br>Hampford Research Inc |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                           | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 |                                           | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                                |                                           | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Rodas                                                                                                                                                                                                                            | First<br>Leslie                        | MI                                                                                                                                          | Contribution ID #<br>0337         |
| Residential Street Address<br>170 Beardsley Ave                                                                                                                                                                                               | City<br>Stratford                      | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Receptionist                                                                                                                                                                                                          | Name of Employer<br>Eyecare Associates |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                        | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 |                                        | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                                |                                        | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Hatchett                                                                                                                                                                                                                         | First<br>Charlie                                 | MI<br>D                                                                                                                                     | Contribution ID #<br>0338         |
| Residential Street Address<br>1250 Hillside Ave                                                                                                                                                                                               | City<br>Stratford                                | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Youth Director                                                                                                                                                                                                        | Name of Employer<br>CornerStone Christian Center |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 |                                                  | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                                |                                                  | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Larsen                                                                                                                                                                                                                           | First<br>Julie                  | MI                                                                                                                                          | Contribution ID #<br>0339         |
| Residential Street Address<br>44 Singer Ct                                                                                                                                                                                                    | City<br>Stratford               | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Marshall                                                                                                                                                                                                              | Name of Employer<br>State of CT |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                 | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 |                                 | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card                                                |                                 | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Lagerfeldt                                                                                                                                                                                                                                                                                              | First<br>Paul                                                                                                                                                                                  | MI<br>D                                                                                                                                     | Contribution ID #<br>0340         |
| Residential Street Address<br>217 Freeman Ave                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Student High School                                                                                                                                                                                                                                                                          | Name of Employer<br>Student High School                                                                                                                                                        |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Lagerfeldt                                                                                                                                                                                                                                                                                              | First<br>John                                                                                                                                                                                  | MI<br>R                                                                                                                                     | Contribution ID #<br>0341         |
| Residential Street Address<br>217 Freeman Ave                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Student College                                                                                                                                                                                                                                                                              | Name of Employer<br>Student College                                                                                                                                                            |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Lagerfeldt                                                                                                                                                                                                                                                                                              | First<br>Bruce                                                                                                                                                                                 | MI<br>D                                                                                                                                     | Contribution ID #<br>0342         |
| Residential Street Address<br>217 Freeman Ave                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Sales                                                                                                                                                                                                                                                                                        | Name of Employer<br>Mitchell's of Westport                                                                                                                                                     |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Barnaby                                                                                                                                                                                                                                                                                                 | First<br>Taylor                                                                                                                                                                                | MI                                                                                                                                          | Contribution ID #<br>0343         |
| Residential Street Address<br>100 Ash St                                                                                                                                                                                                                                                                             | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Student Middle School                                                                                                                                                                                                                                                                        | Name of Employer<br>Student Middle School                                                                                                                                                      |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Ostrander                                                                                                                                                                                                                     | First<br>Trisha                                                                                                                                                                                | MI<br>S                                                                                                                                  | Contribution ID #<br>0344         |
| Residential Street Address<br>120 Ash St                                                                                                                                                                                                   | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06615                 |
| Principal Occupation<br>Stylist                                                                                                                                                                                                            | Name of Employer<br>Salon Shahin                                                                                                                                                               |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                          |                                   |
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| Last Name<br>Morin                                                                                                                                                                                                                         | First<br>Irina                                                                                                                                                                                 | MI<br>P                                                                                                                                  | Contribution ID #<br>0345         |
| Residential Street Address<br>440 Ocean Ave                                                                                                                                                                                                | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06615                 |
| Principal Occupation<br>Teacher                                                                                                                                                                                                            | Name of Employer<br>Busy Beaver Day Care                                                                                                                                                       |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

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| Last Name<br>Morin                                                                                                                                                                                                                         | First<br>Michael                                                                                                                                                                               | MI<br>F                                                                                                                                  | Contribution ID #<br>0346         |
| Residential Street Address<br>440 Ocean Ave                                                                                                                                                                                                | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06615                 |
| Principal Occupation<br>Member                                                                                                                                                                                                             | Name of Employer<br>Bed Bug Finder                                                                                                                                                             |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

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| Last Name<br>Vallerie                                                                                                                                                                                                                      | First<br>Margaret                                                                                                                                                                              | MI<br>F                                                                                                                                  | Contribution ID #<br>0347         |
| Residential Street Address<br>41 Pauline St                                                                                                                                                                                                | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06615                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                            | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |



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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Silfer                                                                                                                                                                                                                                                                                                  | First<br>Earl                                                                                                                                                                                  | MI                                                                                                                                          | Contribution ID #<br>0348          |
| Residential Street Address<br>55 Pauline St                                                                                                                                                                                                                                                                          | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                  |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$50.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$50.00  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Julian                                                                                                                                                                                                                                                                                                  | First<br>Michael                                                                                                                                                                               | MI                                                                                                                                          | Contribution ID #<br>0349         |
| Residential Street Address<br>35 Third Ave                                                                                                                                                                                                                                                                           | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Contractor                                                                                                                                                                                                                                                                                   | Name of Employer<br>Adam Industries LLC                                                                                                                                                        |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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| Last Name<br>Foss Jr.                                                                                                                                                                                                                                                                                                | First<br>Charles                                                                                                                                                                               | MI<br>R                                                                                                                                     | Contribution ID #<br>0350         |
| Residential Street Address<br>356 Curtis Ave                                                                                                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Conductor Compliance Officer                                                                                                                                                                                                                                                                 | Name of Employer<br>MTA Metro North Railroad                                                                                                                                                   |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Foss                                                                                                                                                                                                                                                                                                    | First<br>Whitney                                                                                                                                                                               | MI<br>G                                                                                                                                     | Contribution ID #<br>0351         |
| Residential Street Address<br>356 Curtis Ave                                                                                                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Vet Tech                                                                                                                                                                                                                                                                                     | Name of Employer<br>VCA                                                                                                                                                                        |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                            |                                                      |                                                                                                                                          |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Roonie                                                                                                                                                                                                                        | First<br>Maggie                                      | MI<br>E                                                                                                                                  | Contribution ID #<br>0352         |
| Residential Street Address<br>245 Curtis Ave                                                                                                                                                                                               | City<br>Stratford                                    | State<br>CT                                                                                                                              | Zip Code<br>06615                 |
| Principal Occupation<br>Teacher                                                                                                                                                                                                            | Name of Employer<br>Cooperative Educational Services |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                      | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                                                      | Date Received<br>06/30/2018                                                                                                              | Aggregate Contributions<br>\$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<br>\$5.00                                                                                                         |                                   |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Pannozzo                                                                                                                                                                                                                      | First<br>Chris            | MI<br>CT                                                                                                                                 | Contribution ID #<br>0353         |
| Residential Street Address<br>245 Curtis Ave                                                                                                                                                                                               | City<br>Stratford         | State<br>CT                                                                                                                              | Zip Code<br>06615                 |
| Principal Occupation<br>Consultant                                                                                                                                                                                                         | Name of Employer<br>Alera |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                           | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                           | Date Received<br>06/30/2018                                                                                                              | Aggregate Contributions<br>\$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<br>\$5.00                                                                                                         |                                   |

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| Last Name<br>Gabrielli                                                                                                                                                                                                                     | First<br>Lia                             | MI<br>D                                                                                                                                  | Contribution ID #<br>0354         |
| Residential Street Address<br>30 Cherry St                                                                                                                                                                                                 | City<br>Stratford                        | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Banker                                                                                                                                                                                                             | Name of Employer<br>People's United Bank |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                          | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                                          | Date Received<br>06/30/2018                                                                                                              | Aggregate Contributions<br>\$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<br>\$5.00                                                                                                         |                                   |

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| Last Name<br>Massey                                                                                                                                                                                                                        | First<br>Laura                | MI<br>V                                                                                                                                  | Contribution ID #<br>0355          |
| Residential Street Address<br>316 Curtis Ave                                                                                                                                                                                               | City<br>Stratford             | State<br>CT                                                                                                                              | Zip Code<br>06615                  |
| Principal Occupation<br>Homemaker                                                                                                                                                                                                          | Name of Employer<br>Homemaker |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                               | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                               | Date Received<br>06/30/2018                                                                                                              | Aggregate Contributions<br>\$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<br>\$20.00                                                                                                        |                                    |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

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| Last Name<br>Massey                                                                                                                                                                                                                        | First<br>Peter                                 | MI<br>M                                                                                                                                                                                        | Contribution ID #<br>0356                                                                              |
| Residential Street Address<br>316 Curtis Ave                                                                                                                                                                                               | City<br>Stratford                              | State<br>CT                                                                                                                                                                                    | Zip Code<br>06615                                                                                      |
| Principal Occupation<br>Manager                                                                                                                                                                                                            | Name of Employer<br>Knapp's Landing Restaurant |                                                                                                                                                                                                |                                                                                                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                       |                                                                                                        |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                                                | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br>Date Received<br>06/30/2018<br>Aggregate Contributions<br>\$20.00<br>\$20.00 |

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| Last Name<br>Kubic                                                                                                                                                                                                                         | First<br>Robert                   | MI<br>CT                                                                                                                                                                                       | Contribution ID #<br>0254                                                                            |
| Residential Street Address<br>1800 James Farm Rd                                                                                                                                                                                           | City<br>Stratford                 | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                                                                                    |
| Principal Occupation<br>Maintenance                                                                                                                                                                                                        | Name of Employer<br>Sikorsky A.C. |                                                                                                                                                                                                |                                                                                                      |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                       |                                                                                                      |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                                   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br>Date Received<br>06/30/2018<br>Aggregate Contributions<br>\$5.00<br>\$5.00 |

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| Last Name<br>Havee                                                                                                                                                                                                                         | First<br>Brady              | MI<br>M                                                                                                                                                                                        | Contribution ID #<br>0255                                                                            |
| Residential Street Address<br>566 Wilcoxson Ave                                                                                                                                                                                            | City<br>Stratford           | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                                                                                    |
| Principal Occupation<br>Stratford High School                                                                                                                                                                                              | Name of Employer<br>Student |                                                                                                                                                                                                |                                                                                                      |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                       |                                                                                                      |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                             | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br>Date Received<br>06/30/2018<br>Aggregate Contributions<br>\$5.00<br>\$5.00 |

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| Last Name<br>Jessica                                                                                                                                                                                                                       | First<br>DiTroia          | MI<br>G                                                                                                                                                                                        | Contribution ID #<br>0256                                                                            |
| Residential Street Address<br>566 Wilcoxson Ave                                                                                                                                                                                            | City<br>Stratford         | State<br>CT                                                                                                                                                                                    | Zip Code<br>06614                                                                                    |
| Principal Occupation<br>Patient Account Rep                                                                                                                                                                                                | Name of Employer<br>YNHHS |                                                                                                                                                                                                |                                                                                                      |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                           | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                       |                                                                                                      |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          |                           | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br>Date Received<br>06/30/2018<br>Aggregate Contributions<br>\$5.00<br>\$5.00 |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
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| Last Name<br>Havee                                                                                                                                                                                                                                                                                                   | First<br>Casey                                                                                                                                                                                 | MI<br>J                                                                                                                                     | Contribution ID #<br>0257         |
| Residential Street Address<br>566 Wilcoxson Ave                                                                                                                                                                                                                                                                      | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Stratford High School                                                                                                                                                                                                                                                                        | Name of Employer<br>Student                                                                                                                                                                    |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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| Last Name<br>DiTroia                                                                                                                                                                                                                                                                                                 | First<br>Jennifer                                                                                                                                                                              | MI<br>M                                                                                                                                     | Contribution ID #<br>0258         |
| Residential Street Address<br>566 Wilcoxson Ave                                                                                                                                                                                                                                                                      | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Landscaping                                                                                                                                                                                                                                                                                  | Name of Employer<br>Renew Carb Appeal LLC                                                                                                                                                      |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Conlan                                                                                                                                                                                                                                                                                                  | First<br>Kevin                                                                                                                                                                                 | MI<br>M                                                                                                                                     | Contribution ID #<br>0259         |
| Residential Street Address<br>430 Mary Ave                                                                                                                                                                                                                                                                           | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Carpenter                                                                                                                                                                                                                                                                                    | Name of Employer<br>Jarvis Construction                                                                                                                                                        |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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| Last Name<br>Cumiskey                                                                                                                                                                                                                                                                                                | First<br>Margaret                                                                                                                                                                              | MI<br>H                                                                                                                                     | Contribution ID #<br>0260         |
| Residential Street Address<br>430 Mary Ave                                                                                                                                                                                                                                                                           | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Insurance Agent                                                                                                                                                                                                                                                                              | Name of Employer<br>Howard and Gay Insurance                                                                                                                                                   |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

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| Last Name<br>Conlan                                                                                                                                                                                                                        | First<br>Maura                                                                                                                                                                                 | MI                                                                                                                                       | Contribution ID #<br>0261         |
| Residential Street Address<br>430 Mary Ave                                                                                                                                                                                                 | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Student                                                                                                                                                                                                            | Name of Employer<br>Student                                                                                                                                                                    |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

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| Last Name<br>Kubic                                                                                                                                                                                                                         | First<br>Joseph                                                                                                                                                                                | MI<br>A                                                                                                                                  | Contribution ID #<br>0262         |
| Residential Street Address<br>1800 James Farm Rd                                                                                                                                                                                           | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                            | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

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| Last Name<br>Ogrodowicz                                                                                                                                                                                                                    | First<br>Dan                                                                                                                                                                                   | MI<br>P                                                                                                                                  | Contribution ID #<br>0263         |
| Residential Street Address<br>295 Second Hill Ln                                                                                                                                                                                           | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Construction                                                                                                                                                                                                       | Name of Employer<br>Jarvis Construction                                                                                                                                                        |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

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| Last Name<br>Conlan                                                                                                                                                                                                                        | First<br>Brian                                                                                                                                                                                 | MI<br>J                                                                                                                                  | Contribution ID #<br>0264         |
| Residential Street Address<br>430 Mary Ave                                                                                                                                                                                                 | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Student                                                                                                                                                                                                            | Name of Employer<br>Student (Hugh School)                                                                                                                                                      |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                          |                                    |
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| Last Name<br>Conlan                                                                                                                                                                                                                        | First<br>Joseph                                                                                                                                                                                | MI<br>P                                                                                                                                  | Contribution ID #<br>0265          |
| Residential Street Address<br>55 Pasadena Ave                                                                                                                                                                                              | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06614                  |
| Principal Occupation<br>Engineer                                                                                                                                                                                                           | Name of Employer<br>Self                                                                                                                                                                       |                                                                                                                                          |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                              | Aggregate Contributions<br>\$20.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$20.00                                                                                                        |                                    |

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                          |                                   |
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| Last Name<br>Spillane                                                                                                                                                                                                                      | First<br>Emmett                                                                                                                                                                                | MI<br>M                                                                                                                                  | Contribution ID #<br>0266         |
| Residential Street Address<br>401 Bridgeview Pl                                                                                                                                                                                            | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Finance                                                                                                                                                                                                            | Name of Employer<br>Thule Inc                                                                                                                                                                  |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

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| Last Name<br>Capuano                                                                                                                                                                                                                       | First<br>Donna                                                                                                                                                                                 | MI                                                                                                                                       | Contribution ID #<br>0267         |
| Residential Street Address<br>300 Keating Dr                                                                                                                                                                                               | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Controller                                                                                                                                                                                                         | Name of Employer<br>Q-Tran                                                                                                                                                                     |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

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| Last Name<br>Morrissey                                                                                                                                                                                                                     | First<br>Tim                                                                                                                                                                                   | MI<br>J                                                                                                                                  | Contribution ID #<br>0268         |
| Residential Street Address<br>1204 N Avenbue                                                                                                                                                                                               | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Funeral Director                                                                                                                                                                                                   | Name of Employer<br>Adzima FH (Funeral Home)                                                                                                                                                   |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Hughes                                                                                                                                                                                                                                                                                                  | First<br>Carl                                                                                                                                                                                  | MI<br>J                                                                                                                                     | Contribution ID #<br>0269         |
| Residential Street Address<br>233 Barnum Ter                                                                                                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Mechanic                                                                                                                                                                                                                                                                                     | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Nerkowski                                                                                                                                                                                                                                                                                               | First<br>Karen                                                                                                                                                                                 | MI                                                                                                                                          | Contribution ID #<br>0270          |
| Residential Street Address<br>279 Sherwood Pl                                                                                                                                                                                                                                                                        | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                  |
| Principal Occupation<br>Oener                                                                                                                                                                                                                                                                                        | Name of Employer<br>CT Dance Conservatory                                                                                                                                                      |                                                                                                                                             |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$10.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$10.00  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Fardy                                                                                                                                                                                                                                                                                                   | First<br>Charles                                                                                                                                                                               | MI                                                                                                                                          | Contribution ID #<br>0271         |
| Residential Street Address<br>35 Cheshire St                                                                                                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      | Name of Employer<br>STratford BOE                                                                                                                                                              |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Hughes                                                                                                                                                                                                                                                                                                  | First<br>Debbie                                                                                                                                                                                | MI                                                                                                                                          | Contribution ID #<br>0272         |
| Residential Street Address<br>233 Barnum Ter                                                                                                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Medical Billing                                                                                                                                                                                                                                                                              | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                |                                                                                                                                                                                                |                                                                                                                                          |                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Williams Sr                                                                                                                                                                                                                       | First<br>Lloyd                                                                                                                                                                                 | MI<br>A                                                                                                                                  | Contribution ID #<br>0273         |
| Residential Street Address<br>498 Sherwood Pl                                                                                                                                                                                                  | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06615                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                                | Name of Employer<br>State of CT                                                                                                                                                                |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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<br>If yes, list Event #                                                                              | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

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| Last Name<br>Thornton                                                                                                                                                                                                                          | First<br>Paul                                                                                                                                                                                  | MI<br>L                                                                                                                                  | Contribution ID #<br>0274         |
| Residential Street Address<br>42 Virginia Ave                                                                                                                                                                                                  | City<br>Bridgeport                                                                                                                                                                             | State<br>CT                                                                                                                              | Zip Code<br>06610                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                                | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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<br>If yes, list Event #                                                                              | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

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| Last Name<br>Knablein                                                                                                                                                                                                                          | First<br>Penni                                                                                                                                                                                 | MI<br>L                                                                                                                                  | Contribution ID #<br>0275         |
| Residential Street Address<br>187 Boston Ave                                                                                                                                                                                                   | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Unemployed                                                                                                                                                                                                             | Name of Employer<br>Unemployed                                                                                                                                                                 |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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<br>If yes, list Event #                                                                              | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

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| Last Name<br>Gowing                                                                                                                                                                                                                            | First<br>Ward                                                                                                                                                                                  | MI<br>F                                                                                                                                  | Contribution ID #<br>0276         |
| Residential Street Address<br>45 Osborne St                                                                                                                                                                                                    | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                                | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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<br>If yes, list Event #                                                                              | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |



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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

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| Last Name<br>Stirna                                                                                                                                                                                                                           | First<br>Michael                                                                                                                                                                               | MI<br>S                                                                                                                                     | Contribution ID #<br>0277         |
| Residential Street Address<br>2224 Broadbridge Ave                                                                                                                                                                                            | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Owner                                                                                                                                                                                                                 | Name of Employer<br>Stirna Systems                                                                                                                                                             |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Sheridan                                                                                                                                                                                                                         | First<br>Robert                                                                                                                                                                                | MI<br>M                                                                                                                                     | Contribution ID #<br>0278         |
| Residential Street Address<br>700 Longbrook Ave                                                                                                                                                                                               | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                               | Name of Employer<br>Ross and Roberts                                                                                                                                                           |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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| Last Name<br>Chowanec                                                                                                                                                                                                                         | First<br>Anthony                                                                                                                                                                               | MI<br>F                                                                                                                                     | Contribution ID #<br>0279         |
| Residential Street Address<br>265 Court D                                                                                                                                                                                                     | City<br>Bridgeport                                                                                                                                                                             | State<br>CT                                                                                                                                 | Zip Code<br>06610                 |
| Principal Occupation<br>Carpenter                                                                                                                                                                                                             | Name of Employer<br>Unemployed                                                                                                                                                                 |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

|                                                                                                                                                                                                                                               |                                                                                                                                                                                                |                                                                                                                                             |                                   |
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| Last Name<br>Anderson                                                                                                                                                                                                                         | First<br>Dale                                                                                                                                                                                  | MI<br>S                                                                                                                                     | Contribution ID #<br>0280         |
| Residential Street Address<br>181 Parkview Ln                                                                                                                                                                                                 | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Shuttle Bus Driver                                                                                                                                                                                                    | Name of Employer<br>Dattco Inc                                                                                                                                                                 |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                                |                                                                                                                                             | Amount of Contribution<br>\$5.00  |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             |                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Last Name<br><b>Barker</b>                                                                                                                                                                                                                                                                                        | First<br><b>Chris</b>                                                                                                                                                                          | MI                                                                                                                                          | Contribution ID #<br><b>0281</b>         |
| Residential Street Address<br><b>58 Auburn St</b>                                                                                                                                                                                                                                                                 | City<br><b>Stratford</b>                                                                                                                                                                       | State<br><b>CT</b>                                                                                                                          | Zip Code<br><b>06614</b>                 |
| Principal Occupation<br><b>Roofing</b>                                                                                                                                                                                                                                                                            | Name of Employer<br><b>Unemployed</b>                                                                                                                                                          |                                                                                                                                             |                                          |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                          |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                              | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>06/30/2018</b>                                                                                                          | Aggregate Contributions<br><b>\$5.00</b> |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Amount of Contribution<br><b>\$5.00</b>                                                                                                     |                                          |

|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             |                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Last Name<br><b>Kubic</b>                                                                                                                                                                                                                                                                                         | First<br><b>Robert</b>                                                                                                                                                                         | MI<br><b>L</b>                                                                                                                              | Contribution ID #<br><b>0282</b>         |
| Residential Street Address<br><b>1800 James Farm Rd</b>                                                                                                                                                                                                                                                           | City<br><b>Stratford</b>                                                                                                                                                                       | State<br><b>CT</b>                                                                                                                          | Zip Code<br><b>06614</b>                 |
| Principal Occupation<br><b>Maintenance</b>                                                                                                                                                                                                                                                                        | Name of Employer<br><b>Sikorsky A/C</b>                                                                                                                                                        |                                                                                                                                             |                                          |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                          |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                              | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>06/30/2018</b>                                                                                                          | Aggregate Contributions<br><b>\$5.00</b> |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Amount of Contribution<br><b>\$5.00</b>                                                                                                     |                                          |

|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             |                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Last Name<br><b>Kubic</b>                                                                                                                                                                                                                                                                                         | First<br><b>Patricia</b>                                                                                                                                                                       | MI<br><b>E</b>                                                                                                                              | Contribution ID #<br><b>0283</b>         |
| Residential Street Address<br><b>1800 James Farm Rd</b>                                                                                                                                                                                                                                                           | City<br><b>Stratford</b>                                                                                                                                                                       | State<br><b>CT</b>                                                                                                                          | Zip Code<br><b>06614</b>                 |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                                                                                            | Name of Employer<br><b>Retired</b>                                                                                                                                                             |                                                                                                                                             |                                          |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                          |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                              | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>06/30/2018</b>                                                                                                          | Aggregate Contributions<br><b>\$5.00</b> |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Amount of Contribution<br><b>\$5.00</b>                                                                                                     |                                          |

|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                             |                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Last Name<br><b>Breiner</b>                                                                                                                                                                                                                                                                                       | First<br><b>Samuel</b>                                                                                                                                                                         | MI<br><b>G</b>                                                                                                                              | Contribution ID #<br><b>0320</b>         |
| Residential Street Address<br><b>78 Summer St</b>                                                                                                                                                                                                                                                                 | City<br><b>Stratford</b>                                                                                                                                                                       | State<br><b>CT</b>                                                                                                                          | Zip Code<br><b>06614</b>                 |
| Principal Occupation<br><b>Student College</b>                                                                                                                                                                                                                                                                    | Name of Employer<br><b>Student</b>                                                                                                                                                             |                                                                                                                                             |                                          |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                          |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                              | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>06/30/2018</b>                                                                                                          | Aggregate Contributions<br><b>\$5.00</b> |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | Amount of Contribution<br><b>\$5.00</b>                                                                                                     |                                          |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Breiner                                                                                                                                                                                                                                                                                                 | First<br>John                                                                                                                                                                                  | MI                                                                                                                                          | Contribution ID #<br>0321         |
| Residential Street Address<br>78 Summer St                                                                                                                                                                                                                                                                           | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                 |
| Principal Occupation<br>Cafe Owner / Sanitation                                                                                                                                                                                                                                                                      | Name of Employer<br>Self Employed Ale House / Town of Stratford                                                                                                                                |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Last Name<br>Breiner                                                                                                                                                                                                                                                                                                 | First<br>Kathleen                                                                                                                                                                              | MI<br>M                                                                                                                                     | Contribution ID #<br>0322          |
| Residential Street Address<br>78 Summer St                                                                                                                                                                                                                                                                           | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06614                  |
| Principal Occupation<br>Cafe Owner                                                                                                                                                                                                                                                                                   | Name of Employer<br>Self Employed - Ale House                                                                                                                                                  |                                                                                                                                             |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$20.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$20.00                                                                                                           |                                    |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Daden                                                                                                                                                                                                                                                                                                   | First<br>Karen                                                                                                                                                                                 | MI<br>E                                                                                                                                     | Contribution ID #<br>0329         |
| Residential Street Address<br>302 Curtis Ave                                                                                                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Retired                                                                                                                                                                                                                                                                                      | Name of Employer<br>Retired                                                                                                                                                                    |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Pekar                                                                                                                                                                                                                                                                                                   | First<br>Carol                                                                                                                                                                                 | MI<br>A                                                                                                                                     | Contribution ID #<br>0330         |
| Residential Street Address<br>302 Curtis Ave                                                                                                                                                                                                                                                                         | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                                 | Zip Code<br>06615                 |
| Principal Occupation<br>Crew Member                                                                                                                                                                                                                                                                                  | Name of Employer<br>Trader Joe's                                                                                                                                                               |                                                                                                                                             |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                                                                 | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>06/30/2018                                                                                                                 | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                            |                                   |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                          |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Petruccelli                                                                                                                                                                                                                   | First<br>Joseph                                                                                                                                                                                | MI<br>P                                                                                                                                  | Contribution ID #<br>0244         |
| Residential Street Address<br>105 Euclid Ave                                                                                                                                                                                               | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Server                                                                                                                                                                                                             | Name of Employer<br>Mill River Country Club                                                                                                                                                    |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>07/01/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                          |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Lagerfeldt                                                                                                                                                                                                                    | First<br>Lorene                                                                                                                                                                                | MI<br>R                                                                                                                                  | Contribution ID #<br>0357         |
| Residential Street Address<br>217 Freeman Ave                                                                                                                                                                                              | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>RN                                                                                                                                                                                                                 | Name of Employer<br>Yale New Haven Health                                                                                                                                                      |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>07/01/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                          |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name<br>Duffy                                                                                                                                                                                                                         | First<br>James                                                                                                                                                                                 | MI                                                                                                                                       | Contribution ID #<br>0358         |
| Residential Street Address<br>1860 N Peters Ln                                                                                                                                                                                             | City<br>Stratford                                                                                                                                                                              | State<br>CT                                                                                                                              | Zip Code<br>06614                 |
| Principal Occupation<br>Firefighter                                                                                                                                                                                                        | Name of Employer<br>City of Stamford                                                                                                                                                           |                                                                                                                                          |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                                                                                                                                                                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                          | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>07/01/2018                                                                                                              | Aggregate Contributions<br>\$5.00 |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                | Amount of Contribution<br>\$5.00                                                                                                         |                                   |

|                                                    |  |  |                    |
|----------------------------------------------------|--|--|--------------------|
| <b>Total of Section B</b>                          |  |  | <b>\$15,835.00</b> |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> |  |  | <b>\$15,835.00</b> |

(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                                                          |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**C1. Contributions from Other Committees**

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

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

| NAME OF COMMITTEE | TYPE OF REPORT                                                          |
|-------------------|-------------------------------------------------------------------------|
| Friends of CAZ    | Itemized Statement accompanying application for Public Grant - Original |

**C2. Reimbursements or Surplus Distributions from other Committees**

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

**Total of Section C2**

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

|                                            |  |      |                 |                                                                         |            |                                                |                 |
|--------------------------------------------|--|------|-----------------|-------------------------------------------------------------------------|------------|------------------------------------------------|-----------------|
| NAME OF COMMITTEE                          |  |      |                 | TYPE OF REPORT                                                          |            |                                                |                 |
| Friends of CAZ                             |  |      |                 | Itemized Statement accompanying application for Public Grant - Original |            |                                                |                 |
| <b>D. Loans Received this Period</b>       |  |      |                 |                                                                         |            |                                                |                 |
| Name of Lender                             |  |      | Source of Loan: |                                                                         |            |                                                | Date of Receipt |
|                                            |  |      | Bank            | Candidate                                                               | Individual | Other                                          |                 |
| Street Address                             |  | City |                 | State                                                                   | Zip Code   | Is there a cosigner or Guarantor of this loan? |                 |
|                                            |  |      |                 |                                                                         |            | Yes No                                         |                 |
| Name of Cosigner/Guarantor (if applicable) |  |      |                 |                                                                         |            | <b>Amount Received</b>                         |                 |
| Street Address                             |  | City |                 | State                                                                   | Zip Code   |                                                |                 |
|                                            |  |      |                 |                                                                         |            |                                                |                 |
| <b>Total of Section D</b>                  |  |      |                 |                                                                         |            |                                                |                 |

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

|                                                                                            |                   |                |                   |                                                                         |  |        |  |
|--------------------------------------------------------------------------------------------|-------------------|----------------|-------------------|-------------------------------------------------------------------------|--|--------|--|
| NAME OF COMMITTEE                                                                          |                   |                |                   | TYPE OF REPORT                                                          |  |        |  |
| Friends of CAZ                                                                             |                   |                |                   | Itemized Statement accompanying application for Public Grant - Original |  |        |  |
| <b>E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b> |                   |                |                   |                                                                         |  |        |  |
| Date of Receipt                                                                            | Method of Payment |                |                   |                                                                         |  | Amount |  |
|                                                                                            | Cash              | Personal Check | Credit/Debit Card |                                                                         |  |        |  |
| <b>Total of Section E</b>                                                                  |                   |                |                   |                                                                         |  |        |  |

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

|                                                         |  |      |               |                                                                         |          |        |  |
|---------------------------------------------------------|--|------|---------------|-------------------------------------------------------------------------|----------|--------|--|
| NAME OF COMMITTEE                                       |  |      |               | TYPE OF REPORT                                                          |          |        |  |
| Friends of CAZ                                          |  |      |               | Itemized Statement accompanying application for Public Grant - Original |          |        |  |
| <b>G. Interest from Deposits in Authorized Accounts</b> |  |      |               |                                                                         |          |        |  |
| Name of Institution                                     |  |      | Date Received |                                                                         |          | Amount |  |
|                                                         |  |      |               |                                                                         |          |        |  |
| Street Address                                          |  | City |               | State                                                                   | Zip Code |        |  |
|                                                         |  |      |               |                                                                         |          |        |  |
| <b>Total of Section G</b>                               |  |      |               |                                                                         |          |        |  |

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

| NAME OF COMMITTEE | TYPE OF REPORT                                                          |
|-------------------|-------------------------------------------------------------------------|
| Friends of CAZ    | Itemized Statement accompanying application for Public Grant - Original |

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

|                                                                                                                                                                           |                                                                                                                                                 |                                 |                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------|
| Purpose of Grant:<br><input checked="" type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment<br><input type="checkbox"/> Supplemental/Post Election Deficit | Grant Cycle:<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Election <input type="checkbox"/> Special Election | Date Received<br><br>06/08/2018 | Amount<br><br>\$0.04 |
| <b>Total of Section H</b>                                                                                                                                                 |                                                                                                                                                 |                                 | <b>\$0.04</b>        |

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

| NAME OF COMMITTEE | TYPE OF REPORT                                                          |
|-------------------|-------------------------------------------------------------------------|
| Friends of CAZ    | Itemized Statement accompanying application for Public Grant - Original |

**I. Miscellaneous Monetary Receipts not Considered Contributions**

|                           |                     |                   |                 |
|---------------------------|---------------------|-------------------|-----------------|
| Name                      | Date of Transaction |                   | Amount Received |
| Street Address            | City                | State    Zip Code |                 |
| Description               |                     |                   |                 |
| <b>Total of Section I</b> |                     |                   |                 |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                                                                        |             | TYPE OF REPORT                                                          |                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Friends of CAZ                                                                                                                                 |             | Itemized Statement accompanying application for Public Grant - Original |                                                                                                                                                                                                               |
| J1. Event Information                                                                                                                          |             |                                                                         |                                                                                                                                                                                                               |
| Event #<br>Date of Event<br>06/14/2018                                                                                                         | Letter<br>A | Description<br>Party Event                                              | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                          |
| Location: Street Address<br>1700 Stratford Ave                                                                                                 |             | City<br>Stratford                                                       | State<br>CT      Zip Code<br>06615                                                                                                                                                                            |
| 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                                  |                                                                                                                                                                                                               |
| <b>Subpart 1:</b><br>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                                                                                                                                                                                                        |
| Event #<br>Date of Event<br>06/21/2018                                                                                                         | Letter<br>B | Description<br>Dinner Event                                             | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                          |
| Location: Street Address<br>595 Main St                                                                                                        |             | City<br>Stratford                                                       | State<br>CT      Zip Code<br>06615                                                                                                                                                                            |
| 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                                  |                                                                                                                                                                                                               |
| <b>Subpart 1:</b><br>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                                                                                                                                                                                                        |
| Event #<br>Date of Event<br>06/25/2018                                                                                                         | Letter<br>C | Description<br>Cocktail Event                                           | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                          |
| Location: Street Address<br>1722 Barnum Ave                                                                                                    |             | City<br>Stratford                                                       | State<br>CT      Zip Code<br>06614                                                                                                                                                                            |
| 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                                  |                                                                                                                                                                                                               |
| <b>Subpart 1:</b><br>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                                                                                                                                                                                                        |



|                            |               |
|----------------------------|---------------|
| <b>Total of Section J1</b> | <b>\$0.00</b> |
|----------------------------|---------------|

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |
| <b>J3. In-Kind Donations Not Considered Contributions</b>               |                                                                         |

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

|                            |  |
|----------------------------|--|
| <b>Total of Section J3</b> |  |
|----------------------------|--|

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

|                                                                                         |                                                                         |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                 | TYPE OF REPORT                                                          |
| Friends of CAZ                                                                          | Itemized Statement accompanying application for Public Grant - Original |
| <b>J4. In-Kind Donations Not Considered Contributions Associated with a House Party</b> |                                                                         |

|                         |                                           |                                                     |                               |          |
|-------------------------|-------------------------------------------|-----------------------------------------------------|-------------------------------|----------|
| 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 |                               |          |

|                            |  |
|----------------------------|--|
| <b>Total of Section J4</b> |  |
|----------------------------|--|

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**K. In-Kind Contributions**

|                                                                       |           |                                                                                                                                                                    |                                      |
|-----------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Name                                                                  |           |                                                                                                                                                                    |                                      |
| Street Address                                                        |           | City                                                                                                                                                               | State   Zip Code                     |
| Is this contribution associated with an event reported in Section J1? | Yes<br>No | Description of In-Kind Contribution                                                                                                                                |                                      |
| If yes, list Event#                                                   |           |                                                                                                                                                                    |                                      |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?  | Yes<br>No | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: | Yes<br>No<br>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                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

**L. Refundable Deposit to Telephone Company**

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

**Total of Section L**

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                                                                         |

|                                                                                                                                                                   |                                       |                                                                        |                                                                                                                                                    |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Name of Payee<br>Two Roads Brewing Company                                                                                                                        |                                       | Date of Payment<br>06/05/2018                                          | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>101</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                      |
| Street Address<br>1700 Stratford Ave                                                                                                                              |                                       | City<br>Stratford                                                      | State<br>CT                                                                                                                                        | Zip Code<br>06615    |
| Purpose of Expend<br>FNDR *                                                                                                                                       | Description<br>Deposit for Fundraiser |                                                                        |                                                                                                                                                    | Amount               |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                       | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure #<br>(if applicable)                                                                                                                   | Event #<br>06142018A |
|                                                                                                                                                                   |                                       |                                                                        |                                                                                                                                                    | \$200.00             |

|                                                                                                                                                                   |                                   |                                                                        |                                                                                                                                         |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Name of Payee<br>Milford Bank                                                                                                                                     |                                   | Date of Payment<br>06/06/2018                                          | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card<br><input checked="" type="checkbox"/> EFT |                   |
| Street Address<br>3651 Main St                                                                                                                                    |                                   | City<br>Stratford                                                      | State<br>CT                                                                                                                             | Zip Code<br>06614 |
| Purpose of Expend<br>BNK                                                                                                                                          | Description<br>Checks for Account |                                                                        |                                                                                                                                         | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                   | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure #<br>(if applicable)                                                                                                        | Event #           |
|                                                                                                                                                                   |                                   |                                                                        |                                                                                                                                         | \$19.99           |

|                                                                                                                                                                   |                                   |                                                                        |                                                                                                                                         |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Name of Payee<br>Milford Bank                                                                                                                                     |                                   | Date of Payment<br>06/06/2018                                          | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card<br><input checked="" type="checkbox"/> EFT |                   |
| Street Address<br>3651 Main St                                                                                                                                    |                                   | City<br>Stratford                                                      | State<br>CT                                                                                                                             | Zip Code<br>06614 |
| Purpose of Expend<br>BNK                                                                                                                                          | Description<br>Returned Check Fee |                                                                        |                                                                                                                                         | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                   | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure #<br>(if applicable)                                                                                                        | Event #           |
|                                                                                                                                                                   |                                   |                                                                        |                                                                                                                                         | \$10.00           |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                                                                         |

|                                                                                                                                                                   |                                            |                                                                        |                                                                                                                                                    |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Name of Payee<br>Watchdog Properties LLC                                                                                                                          |                                            | Date of Payment<br>06/10/2018                                          | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>102</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>2874 Main St                                                                                                                                    |                                            | City<br>Stratford                                                      | State<br>CT                                                                                                                                        | Zip Code<br>06614 |
| Purpose of Expend<br>OVHD                                                                                                                                         | Description<br>Rent for Bridgeport Staging |                                                                        |                                                                                                                                                    | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                            | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure #<br>(if applicable)                                                                                                                   | Event #           |
|                                                                                                                                                                   |                                            |                                                                        |                                                                                                                                                    | \$1,000.00        |

|                                                                                                                                                                   |                                           |                                                                        |                                                                                                                                                    |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Name of Payee<br>Watchdog Properties LLC                                                                                                                          |                                           | Date of Payment<br>06/10/2018                                          | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>103</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>2874 Main St                                                                                                                                    |                                           | City<br>Stratford                                                      | State<br>CT                                                                                                                                        | Zip Code<br>06614 |
| Purpose of Expend<br>OVHD                                                                                                                                         | Description<br>Rent for Stratford Staging |                                                                        |                                                                                                                                                    | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                           | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure #<br>(if applicable)                                                                                                                   | Event #           |
|                                                                                                                                                                   |                                           |                                                                        |                                                                                                                                                    | \$1,500.00        |

|                                                                                                                                                                   |                                       |                                                                        |                                                                                                                                                    |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Name of Payee<br>Icing on the Cake                                                                                                                                |                                       | Date of Payment<br>06/13/2018                                          | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>104</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>3641 Main St                                                                                                                                    |                                       | City<br>Stratford                                                      | State<br>CT                                                                                                                                        | Zip Code<br>06614 |
| Purpose of Expend<br>FNDR *                                                                                                                                       | Description<br>Dessert for Fundraiser |                                                                        |                                                                                                                                                    | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                       | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure #<br>(if applicable)                                                                                                                   | Event #           |
|                                                                                                                                                                   |                                       |                                                                        |                                                                                                                                                    | \$105.00          |
|                                                                                                                                                                   |                                       |                                                                        |                                                                                                                                                    | 06142018A         |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                                                                         |

|                                                                                                                                                                                                                                             |                                    |                                  |                                                                                                                                                    |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Paradise Pizza                                                                                                                                                                                                             |                                    | Date of Payment<br>06/13/2018    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>105</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>3610 Main St                                                                                                                                                                                                              |                                    | City<br>Stratford                | State<br>CT                                                                                                                                        | Zip Code<br>06614      |
| Purpose of Expend<br>FNDR *                                                                                                                                                                                                                 | Description<br>Food for Fundraiser |                                  |                                                                                                                                                    | Amount<br><br>\$106.35 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                    | Expenditure #<br>(if applicable) | Event #<br>06142018A                                                                                                                               |                        |

|                                                                                                                                                                                                                                             |                                    |                                  |                                                                                                                                                    |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Stanziale's Restaurant                                                                                                                                                                                                     |                                    | Date of Payment<br>06/14/2018    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>106</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>595 Main St                                                                                                                                                                                                               |                                    | City<br>Stratford                | State<br>CT                                                                                                                                        | Zip Code<br>06615      |
| Purpose of Expend<br>FNDR *                                                                                                                                                                                                                 | Description<br>Food for Fundraiser |                                  |                                                                                                                                                    | Amount<br><br>\$212.70 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                    | Expenditure #<br>(if applicable) | Event #<br>06142018A                                                                                                                               |                        |

|                                                                                                                                                                                                                                             |                                                             |                                  |                                                                                                                                                    |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Two Roads Brewing Company                                                                                                                                                                                                  |                                                             | Date of Payment<br>06/14/2018    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>107</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>1700 Stratford Ave                                                                                                                                                                                                        |                                                             | City<br>Stratford                | State<br>CT                                                                                                                                        | Zip Code<br>06615      |
| Purpose of Expend<br>FNDR *                                                                                                                                                                                                                 | Description<br>Room Rental Fee and Beverages (per contract) |                                  |                                                                                                                                                    | Amount<br><br>\$744.00 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                                             | Expenditure #<br>(if applicable) | Event #<br>06142018A                                                                                                                               |                        |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                                                                         |

|                                                                                                                                                                   |                                                                                          |                                                                        |                                                                                                                                                    |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Name of Payee<br>Mark Rich                                                                                                                                        |                                                                                          | Date of Payment<br>06/14/2018                                          | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>108</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                      |
| Street Address<br>108 Surf Ave                                                                                                                                    |                                                                                          | City<br>Stratford                                                      | State<br>CT                                                                                                                                        | Zip Code<br>06615    |
| Purpose of Expend<br>WAGE                                                                                                                                         | Description<br>Pick up and delivery of food from three locations to Two Roads Fundraiser |                                                                        |                                                                                                                                                    | Amount               |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                                                                          | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure #<br>(if applicable)                                                                                                                   | Event #<br>06142018A |
|                                                                                                                                                                   |                                                                                          |                                                                        |                                                                                                                                                    | \$60.00              |

|                                                                                                                                                                   |                                                                                   |                                                                        |                                                                                                                                                    |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Name of Payee<br>Louis A. DeCilio                                                                                                                                 |                                                                                   | Date of Payment<br>06/20/2018                                          | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>109</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>160 Timber Ridge Rd                                                                                                                             |                                                                                   | City<br>Stratford                                                      | State<br>CT                                                                                                                                        | Zip Code<br>06614 |
| Purpose of Expend<br>RMB                                                                                                                                          | Description<br>Miscellaneous (Flag Pins, CazPASS and Lanyards, Flags, Flag Bases) |                                                                        |                                                                                                                                                    | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                                                                   | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure #<br>(if applicable)                                                                                                                   | Event #           |
|                                                                                                                                                                   |                                                                                   |                                                                        |                                                                                                                                                    | \$694.31          |

|                                                                                                                                                                   |                                                        |                                                                        |                                                                                                                                                    |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Name of Payee<br>Stanziale's Restaurant                                                                                                                           |                                                        | Date of Payment<br>06/21/2018                                          | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>111</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                      |
| Street Address<br>595 Main St                                                                                                                                     |                                                        | City<br>Stratford                                                      | State<br>CT                                                                                                                                        | Zip Code<br>06615    |
| Purpose of Expend<br>FNDR *                                                                                                                                       | Description<br>Food and Beverage for Fundraising Event |                                                                        |                                                                                                                                                    | Amount               |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                                        | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure #<br>(if applicable)                                                                                                                   | Event #<br>06212018B |
|                                                                                                                                                                   |                                                        |                                                                        |                                                                                                                                                    | \$1,762.06           |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                                                                         |

|                                                                                                                                                                   |                                                       |                                                                        |                                                                                                                                                    |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Name of Payee<br>Stratford Ale House                                                                                                                              |                                                       | Date of Payment<br>06/25/2018                                          | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>127</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                      |
| Street Address<br>1722 Barnum Ave                                                                                                                                 |                                                       | City<br>Stratford                                                      | State<br>CT                                                                                                                                        | Zip Code<br>06614    |
| Purpose of Expend<br>FNDR *                                                                                                                                       | Description<br>Fundraiser held at Stratford Ale House |                                                                        |                                                                                                                                                    | Amount               |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                                       | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure #<br>(if applicable)                                                                                                                   | Event #<br>06252018C |
|                                                                                                                                                                   |                                                       |                                                                        |                                                                                                                                                    | \$1,497.46           |

|                                                                                                                                                                   |                                                                                                |                                                                        |                                                                                                                                         |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Name of Payee<br>Anedot Inc                                                                                                                                       |                                                                                                | Date of Payment<br>06/30/2018                                          | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card<br><input checked="" type="checkbox"/> EFT |                   |
| Street Address<br>4017 Buena Vista St # 109                                                                                                                       |                                                                                                | City<br>Dallas                                                         | State<br>TX                                                                                                                             | Zip Code<br>75204 |
| Purpose of Expend<br>BNK                                                                                                                                          | Description<br>Fees for Online Donations (Total from Campaign Inception through June 30, 2018) |                                                                        |                                                                                                                                         | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                                                                                | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure #<br>(if applicable)                                                                                                        | Event #           |
|                                                                                                                                                                   |                                                                                                |                                                                        |                                                                                                                                         | \$127.40          |

**Total of Section N****\$8,039.27**

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

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

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

|                                                                                           |             |    |                               |         |                                                                                                                                                |                                                                         |          |
|-------------------------------------------------------------------------------------------|-------------|----|-------------------------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                   |             |    |                               |         |                                                                                                                                                | TYPE OF REPORT                                                          |          |
| Friends of CAZ                                                                            |             |    |                               |         |                                                                                                                                                | Itemized Statement accompanying application for Public Grant - Original |          |
| <b>P. Expenses Incurred on Committee Credit Card</b>                                      |             |    |                               |         |                                                                                                                                                |                                                                         |          |
| Name of Issuing Institution                                                               |             |    |                               |         | Type of Credit Card:                                                                                                                           |                                                                         |          |
|                                                                                           |             |    |                               |         | <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express |                                                                         |          |
|                                                                                           |             |    |                               |         | <input type="checkbox"/> Other                                                                                                                 |                                                                         |          |
| Name of Vendor                                                                            |             |    |                               |         |                                                                                                                                                | Date of Transaction                                                     |          |
|                                                                                           |             |    |                               |         |                                                                                                                                                |                                                                         |          |
| Street Address                                                                            |             |    |                               | City    |                                                                                                                                                | State                                                                   | Zip Code |
|                                                                                           |             |    |                               |         |                                                                                                                                                |                                                                         |          |
| Purpose of Expenditure (by code)                                                          | Description |    |                               |         |                                                                                                                                                | <b>Amount</b>                                                           |          |
| 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                      |             |    |                               |         |                                                                                                                                                |                                                                         |          |
| <b>Total of Section P</b>                                                                 |             |    |                               |         |                                                                                                                                                |                                                                         |          |



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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

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

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

|                           |  |
|---------------------------|--|
| <b>Total of Section Q</b> |  |
|---------------------------|--|

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

#### 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:                                             |
| DeCilio                        | Louis | A  | 06/06/2018                | <input checked="" type="checkbox"/> Check # 109<br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |

|                                                                       |
|-----------------------------------------------------------------------|
| Name of Vendor Paid by Committee Worker/Consultant<br>USFlagStore.com |
|-----------------------------------------------------------------------|

|                          |        |       |          |
|--------------------------|--------|-------|----------|
| Street Address of Vendor | City   | State | Zip Code |
| 1420 Kansas Ave          | Kansas | MO    | 64127    |

|                                  |                                                     |
|----------------------------------|-----------------------------------------------------|
| Purpose of Expenditure (by code) | Description                                         |
| Misc *                           | Flag Bases for display of table Flags at Fundraiser |

|                                                                                           |                                                                        |                               |           |         |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------|-----------|---------|
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event #   | Amount  |
| If yes, assign an Expenditure # and completes Itemization in Addendum R                   |                                                                        |                               | 06142018A | \$22.48 |

|                                |       |    |                           |                                                                                                                        |
|--------------------------------|-------|----|---------------------------|------------------------------------------------------------------------------------------------------------------------|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor | Payment to Reimburse Committee Worker/Consultant as reported in Section N:                                             |
| DeCilio                        | Louis | A  | 06/06/2018                | <input checked="" type="checkbox"/> Check # 109<br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |

|                                                               |
|---------------------------------------------------------------|
| Name of Vendor Paid by Committee Worker/Consultant<br>PinMart |
|---------------------------------------------------------------|

|                          |                    |       |          |
|--------------------------|--------------------|-------|----------|
| Street Address of Vendor | City               | State | Zip Code |
| 180 Martin Ln            | Elk Grove Villiage | IL    | 60007    |

|                                  |                              |
|----------------------------------|------------------------------|
| Purpose of Expenditure (by code) | Description                  |
| Misc *                           | Flag Pins for Paid Attendees |

|                                                                                           |                                                                        |                               |           |          |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------|-----------|----------|
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event #   | Amount   |
| If yes, assign an Expenditure # and completes Itemization in Addendum R                   |                                                                        |                               | 06142018A | \$153.19 |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

#### 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:                                             |
| DeCilio                        | Louis | A  | 06/06/2018                | <input checked="" type="checkbox"/> Check # 109<br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |

|                                                    |
|----------------------------------------------------|
| Name of Vendor Paid by Committee Worker/Consultant |
| Barker Specialty Company                           |

|                          |          |       |          |
|--------------------------|----------|-------|----------|
| Street Address of Vendor | City     | State | Zip Code |
| 27 Realty Dr             | Cheshire | CT    | 06410    |

|                                  |                                                                   |
|----------------------------------|-------------------------------------------------------------------|
| Purpose of Expenditure (by code) | Description                                                       |
| A-OTH                            | CazPass with Lanyards to Max Contributors (All Fundraiser Access) |

|                                                                                           |                                                                        |                               |           |          |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------|-----------|----------|
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event #   | Amount   |
| If yes, assign an Expenditure # and completes Itemization in Addendum R                   |                                                                        |                               | 06142018A | \$484.96 |

|                                |       |    |                           |                                                                                                                        |
|--------------------------------|-------|----|---------------------------|------------------------------------------------------------------------------------------------------------------------|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor | Payment to Reimburse Committee Worker/Consultant as reported in Section N:                                             |
| DeCilio                        | Louis | A  | 06/07/2018                | <input checked="" type="checkbox"/> Check # 109<br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |

|                                                    |
|----------------------------------------------------|
| Name of Vendor Paid by Committee Worker/Consultant |
| Online Stores LLC                                  |

|                          |             |       |          |
|--------------------------|-------------|-------|----------|
| Street Address of Vendor | City        | State | Zip Code |
| 1000 Westinghouse Dr     | New Stanton | PA    | 15672    |

|                                  |                              |
|----------------------------------|------------------------------|
| Purpose of Expenditure (by code) | Description                  |
| Misc *                           | Decorative Flags for Display |

|                                                                                           |                                                                        |                               |           |         |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------|-----------|---------|
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event #   | Amount  |
| If yes, assign an Expenditure # and completes Itemization in Addendum R                   |                                                                        |                               | 06142018A | \$15.62 |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

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

|                                                                                                                                                                     |                                                |                  |                                         |                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Last Name of Worker/Consultant<br>DeCilio                                                                                                                           | First<br>Louis                                 | MI<br>A          | Date of Payment to Vendor<br>06/13/2018 | Payment to Reimburse Committee Worker/Consultant as reported in Section N:<br><input checked="" type="checkbox"/> Check # 109<br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |
| Name of Vendor Paid by Committee Worker/Consultant<br>Target                                                                                                        |                                                |                  |                                         |                                                                                                                                                                                                      |
| Street Address of Vendor<br>120 Hawley Ln                                                                                                                           |                                                | City<br>Trumbull | State<br>CT                             | Zip Code<br>06611                                                                                                                                                                                    |
| Purpose of Expenditure (by code)<br>Misc *                                                                                                                          | Description<br>Flag Decorations for Fundraiser |                  |                                         |                                                                                                                                                                                                      |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure # (if applicable)                  | Event #          | Amount                                  |                                                                                                                                                                                                      |
| If yes, assign an Expenditure # and completes Itemization in Addendum R                                                                                             |                                                | 06142018A        | \$18.06                                 |                                                                                                                                                                                                      |
| <b>Total of Section R</b>                                                                                                                                           |                                                |                  |                                         | <b>\$694.31</b>                                                                                                                                                                                      |

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                                                          |
| Friends of CAZ                                                          | Itemized Statement accompanying application for Public Grant - Original |

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

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

| 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 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 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 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         |

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

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