



COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Kupchick for State Rep			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First David	MI M	Last Becker	Suffix		
4. TREASURER ADDRESS					
Street Address 164 Taintor Dr	City Southport	State CT	Zip Code 06890		
5. ELECTION DATE 11/06/2018	6. OFFICE SOUGHT (Complete only if Candidate Committee) State Representative			7. DISTRICT NUMBER (if applicable) R132	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Brenda	MI L	Last Kupchick	Suffix		
9. TYPE OF REPORT					
Itemized Statement accompanying application for Public Grant - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
04/01/2018		thru		06/12/2018	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing SIGNATURE	David Becker PRINT NAME OF THE SIGNER	06/13/2018 10:38:10AM DATE CERTIFIED			
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$1,634.40	
14. Contributions received from Individuals (Section A and B)	\$5,970.00	\$7,800.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$22.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$5,970.00	\$7,822.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$7,604.40	\$7,822.00
20. Expenses Paid by Committee (Section N)	\$3,446.22	\$3,663.82
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$4,158.18	\$4,158.18
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Kupchick for State Rep		Itemized Statement accompanying application for Public Grant - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
		\$0.00	
B. Itemized Contributions from Individuals			

Last Name Dunlevy		First Mark		MI C	Contribution ID # 0160
Residential Street Address 341 Steiner St		City Fairfield		State CT	Zip Code 06825
Principal Occupation Self Employed - Consultant			Name of Employer Mark Dunlevy - Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 04/02/2018	
\$10.00					

Last Name Iacono		First Jack		MI R	Contribution ID # 0161
Residential Street Address 68 Phye Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation Student			Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 04/02/2018	
\$10.00					

Last Name Iacono		First William		MI T	Contribution ID # 0162
Residential Street Address 68 Phye Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation Student			Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 04/02/2018	
\$10.00					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Iacono	First Charles	MI M	Contribution ID # 0163
Residential Street Address 68 Phye Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/02/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Elworthy	First Stephen	MI C	Contribution ID # 0164
Residential Street Address 1135 Hulls Farm Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Registrar of Voters	Name of Employer Town of Fairfield		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/02/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Lopes	First Rui	MI	Contribution ID # 0115
Residential Street Address 317 Farist Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation CIO	Name of Employer HIAS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/03/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Donovan	First Patricia	MI	Contribution ID # 0116
Residential Street Address 98 Banks Pl	City Southport	State CT	Zip Code 06890
Principal Occupation Advocate	Name of Employer Donovision		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/03/2018	Aggregate Contributions \$200.00
		Amount of Contribution \$200.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Dorney	First Thomas	MI	Contribution ID # 0117
Residential Street Address 61 Pompano Pl	City Fairfield	State CT	Zip Code 06825
Principal Occupation Operations Manager	Name of Employer Lewis Dolin Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/03/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Andrukevich	First Ann	MI	Contribution ID # 0118
Residential Street Address 245 Unquowa Rd # 121	City Fairfield	State CT	Zip Code 06824
Principal Occupation Asst Town Clerk	Name of Employer Town of Fairfield		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/03/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Ulness	First Amy	MI	Contribution ID # 0119
Residential Street Address 122 Limerick Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Sales	Name of Employer Anthropologie		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/03/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Mezoff	First Amy	MI	Contribution ID # 0120
Residential Street Address 261 Robin Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Illustrator	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/03/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Sussman	First Robert	MI	Contribution ID # 0109
Residential Street Address 1498 Post Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Jeweler	Name of Employer Fairfield Center Jewelers		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/04/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Russell	First Peter	MI	Contribution ID # 0110
Residential Street Address 397 Westford Dr	City Southport	State CT	Zip Code 06890
Principal Occupation Heating Oil, LP, & HVAC	Name of Employer Santa Energy		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/04/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Abrahamson	First Mark	MI	Contribution ID # 0111
Residential Street Address 278 Wood House Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retail	Name of Employer Mo's Wine & Spirits		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/04/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Abrahamson	First Maureen	MI	Contribution ID # 0112
Residential Street Address 278 Wood House Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retail	Name of Employer Mo's Wine & Spirits		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/04/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Billington	First John	MI	Contribution ID # 0113
Residential Street Address 25 Fleming Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Wealth Management	Name of Employer Barnum Financial Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/04/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Billington	First Nancy	MI	Contribution ID # 0114
Residential Street Address 25 Fleming Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Non-Profit Exec. Director	Name of Employer INSPIREINC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/04/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Whiteman	First Indiana	MI G	Contribution ID # 0123
Residential Street Address 33 Stillson Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Circulation	Name of Employer Fairfield Public Library		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/08/2018	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Ellis	First Sarah	MI J	Contribution ID # 0124
Residential Street Address 33 Stillson Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Manager	Name of Employer Urban Floors LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/08/2018	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Whiteman	First Elisah	MI L	Contribution ID # 0125
Residential Street Address 33 Stillson Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Supervisor	Name of Employer Urban Floors LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/08/2018	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Whiteman	First Wyatt	MI W	Contribution ID # 0126
Residential Street Address 33 Stillson Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Member	Name of Employer Whiteman Managing		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/08/2018	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name DiJon	First Lisa	MI I	Contribution ID # 0128
Residential Street Address 36 Oyster Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Sales	Name of Employer Natural Pet Outlet		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/08/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Nash	First William	MI	Contribution ID # 0121
Residential Street Address 2157 Mill Plain Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Dentist	Name of Employer William C. Nash DMD		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/09/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Morten	First Stanley	MI	Contribution ID # 0103
Residential Street Address 290 Sasco Hill Road Fairfield Ct	City Fairfield	State CT	Zip Code 06824
Principal Occupation Investor / Consultant	Name of Employer Stanley Morten - Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/09/2018	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name Massaro	First Craig	MI	Contribution ID # 0104
Residential Street Address 38 Fieldcrest Dr	City Trumbull	State CT	Zip Code 06611
Principal Occupation Pharmacist Owner	Name of Employer Lupe's Drug Store #3 Inc.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/09/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Fogel	First David	MI	Contribution ID # 0105
Residential Street Address 649 Merwins Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Business Executive	Name of Employer IndexIQ		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/09/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Vida	First Mark	MI	Contribution ID # 0106
Residential Street Address 116 School St	City Fairfield	State CT	Zip Code 06824
Principal Occupation Financial Advisor	Name of Employer INVESTMARK ADVISORY GROUP		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/09/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Herman	First Paige	MI	Contribution ID # 0107
Residential Street Address 803 Fairfield Beach Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/09/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Briks	First Solomon	MI	Contribution ID # 0108
Residential Street Address 785 Church Hill Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Real Estate Program Manager	Name of Employer IBM Corp		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/09/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name DeLaurentis	First Anthony	MI	Contribution ID # 0102
Residential Street Address 96 Papurah Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Material Longistics	Name of Employer Sikorsky Aircraft		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/10/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Mears	First Michael	MI	Contribution ID # 0101
Residential Street Address 44 Bay Edge Ct	City Fairfield	State CT	Zip Code 06824
Principal Occupation Banking	Name of Employer UBS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/12/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Benton	First Geraldine	MI	Contribution ID # 0127
Residential Street Address 213 Farist Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/12/2018
		Aggregate Contributions \$10.00	Amount of Contribution \$10.00

Last Name Walker	First Scott	MI	Contribution ID # 0098
Residential Street Address 385 Oldfield Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation CFO.	Name of Employer Willco Sales and Service, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/13/2018
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Mullady	First Kristen	MI	Contribution ID # 0099
Residential Street Address 143 Rolling Hills Dr	City Fairfield	State CT	Zip Code 06824
Principal Occupation Digital Engagement Specialist	Name of Employer UBM		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/13/2018
		Aggregate Contributions \$10.00	Amount of Contribution \$10.00

Last Name Li	First Victoria	MI	Contribution ID # 0100
Residential Street Address 245 Sunnyside Avem Unit 35	City Fairfield	State CT	Zip Code 06824
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/13/2018
		Aggregate Contributions \$10.00	Amount of Contribution \$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name BARNES	First Paul	MI	Contribution ID # 0095
Residential Street Address 1681 Fairfield Beach Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Real Estate Broker	Name of Employer Paul T Barne Real Estate		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/14/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Nagy	First Lisa	MI	Contribution ID # 0096
Residential Street Address 181 Henderson Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Security Administrator Workday	Name of Employer Fairfield University		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/14/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Nagy	First Ron	MI	Contribution ID # 0097
Residential Street Address 181 Henderson Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Carpet Cleaning	Name of Employer Ron's Cleaning Co		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/14/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Millington	First Kelly	MI	Contribution ID # 0091
Residential Street Address 245 Unquowa Rd # 120	City Fairfield	State CT	Zip Code 06824
Principal Occupation Owner	Name of Employer Kelly Millington Travel		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/15/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Herron	First Liam	MI	Contribution ID # 0092
Residential Street Address 53 Forest Ave	City Fairfield	State CT	Zip Code 06824
Principal Occupation Software Developer	Name of Employer Ellington Management Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/15/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Herron	First Dorene	MI	Contribution ID # 0093
Residential Street Address 53 Forest Ave	City Fairfield	State CT	Zip Code 06824
Principal Occupation Special Education Para Professional	Name of Employer Fairfield Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/15/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name DeLuca	First Joanne	MI	Contribution ID # 0094
Residential Street Address 37 Shalimar Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Realtor	Name of Employer Berkshire Hathaway NE Properties		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/15/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name McCarthy	First Thomas	MI	Contribution ID # 0085
Residential Street Address 15 Lovers Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Senior Analyst	Name of Employer IBM Global Financing		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/16/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Coleman	First George	MI	Contribution ID # 0086
Residential Street Address 369 Sasco Hill Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/16/2018	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

Last Name Matthews	First Nancy	MI	Contribution ID # 0087
Residential Street Address 615 6th Ave N	City Naples	State FL	Zip Code 34102
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/16/2018	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name MacGuffie	First Robert	MI	Contribution ID # 0088
Residential Street Address 144 Mayweed Rd .	City Fairfield	State CT	Zip Code 06824
Principal Occupation Insurance Agent	Name of Employer Evergreen Insurance, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/16/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Naughton	First Tom	MI	Contribution ID # 0089
Residential Street Address 200 Northwood Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/16/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Tallman	First Peter	MI	Contribution ID # 0090
Residential Street Address 146 Somerset Ave	City Fairfield	State CT	Zip Code 06824
Principal Occupation Real Estate	Name of Employer PTNTProperties		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/16/2018	Aggregate Contributions \$50.00
If yes, list Event #		Amount of Contribution \$50.00	

Last Name Francis	First C Stephen	MI	Contribution ID # 0129
Residential Street Address 170 Pell Meadow Dr	City Fairfield	State CT	Zip Code 06824
Principal Occupation Comptroller	Name of Employer Schwerdtle Stamp Co		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 04/16/2018	Aggregate Contributions \$10.00
If yes, list Event #		Amount of Contribution \$10.00	

Last Name Crowder	First Dorothea	MI	Contribution ID # 0122
Residential Street Address 26 Rena Pl	City Fairfield	State CT	Zip Code 06825
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 04/16/2018	Aggregate Contributions \$10.00
If yes, list Event #		Amount of Contribution \$10.00	

Last Name saucier	First thomas	MI	Contribution ID # 0076
Residential Street Address 1832 N Benson Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Contractor	Name of Employer United Building & Remodelinmg Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/17/2018	Aggregate Contributions \$100.00
If yes, list Event #		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Pine	First Linda	MI	Contribution ID # 0077
Residential Street Address 36 Highlawn Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/17/2018	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Pine	First Ronald	MI	Contribution ID # 0078
Residential Street Address 36 Highlawn Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Security	Name of Employer Fairfield BOE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/17/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Messina	First Christine	MI	Contribution ID # 0079
Residential Street Address 54 Drumm Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Attorney	Name of Employer Gartner + Bloom, PC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/17/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Matthews	First Sarah	MI	Contribution ID # 0080
Residential Street Address 230 Penfield Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Sales Director	Name of Employer CLEVER		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/17/2018	Aggregate Contributions \$75.00
			Amount of Contribution \$75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Stuart	First Timothy	MI	Contribution ID # 0081
Residential Street Address 998 Sasco Hill Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/17/2018	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Giff	First Catherine	MI	Contribution ID # 0082
Residential Street Address 75 Tahmore Ct	City Fairfield	State CT	Zip Code 06825
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/17/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Andrukevich	First Thomas	MI	Contribution ID # 0083
Residential Street Address 245 Unquowa Rd # 121	City Fairfield	State CT	Zip Code 06824
Principal Occupation Registered Medical Assistant	Name of Employer Northeast Medical Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/17/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Costello	First Richard	MI	Contribution ID # 0084
Residential Street Address 862 Valley Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Controller	Name of Employer Volvo Cars Westport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/17/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Gustavson	First Paul	MI	Contribution ID # 0069
Residential Street Address 37 Old Spring Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired Tool & Die Maker/Business owner	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/18/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Baldwin	First Louise	MI	Contribution ID # 0070
Residential Street Address 150 Inwood Rd Fl 3	City Fairfield	State CT	Zip Code 06825
Principal Occupation Jewelry Designer	Name of Employer In2 Design		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/18/2018	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Baldwin	First James	MI	Contribution ID # 0071
Residential Street Address 150 Inwood Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Attorney	Name of Employer Coles Baldwin & Kaiser LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/18/2018	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name Palmer	First Joseph	MI	Contribution ID # 0072
Residential Street Address 46 Chelsea St	City Fairfield	State CT	Zip Code 06824
Principal Occupation Sales	Name of Employer Judge Tool & Gage Inc,		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/18/2018	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Palmer	First Joe	MI	Contribution ID # 0073
Residential Street Address 263 Middlebrook Dr	City Fairfield	State CT	Zip Code 06824
Principal Occupation Sales/Marketing	Name of Employer Radius Media Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/18/2018	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Li	First Yngrid	MI	Contribution ID # 0074
Residential Street Address 245 Sunnyside Ave	City Fairfield	State CT	Zip Code 06824
Principal Occupation Accountant	Name of Employer WR Berkley		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/18/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Li	First Jason	MI	Contribution ID # 0075
Residential Street Address 245 Sunnyside Ave Unit 35	City Fairfield	State CT	Zip Code 06824
Principal Occupation Advertising	Name of Employer Cumulus Media CT		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/18/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Bateson	First Grace	MI E	Contribution ID # 0144
Residential Street Address 2195 North St	City Fairfield	State CT	Zip Code 06824
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 04/18/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Bateson	First Michele	MI	Contribution ID # 0145
Residential Street Address 2195 North St	City Fairfield	State CT	Zip Code 06824
Principal Occupation COO	Name of Employer Team Tankers		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/18/2018	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name Chmelo	First Michael	MI	Contribution ID # 0146
Residential Street Address 2195 North St	City Fairfield	State CT	Zip Code 06824
Principal Occupation Staff	Name of Employer Greenwich Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/18/2018	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name Chmelo	First Renee	MI	Contribution ID # 0147
Residential Street Address 2195 North St	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/18/2018	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name Bateson	First Edward	MI J	Contribution ID # 0148
Residential Street Address 2195 North St	City Fairfield	State CT	Zip Code 06824
Principal Occupation Restaurant (Owner)	Name of Employer Paul & Eddy's Pizza		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/18/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Toth	First Marguerite	MI H	Contribution ID # 0149
Residential Street Address 994 S Pine Creek Rd .	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/18/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Kelly	First Jill	MI	Contribution ID # 0138
Residential Street Address 158 Redding Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Real Estate Agent	Name of Employer William Pitt Sotheby's		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/18/2018
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Frost	First Mary Kay	MI	Contribution ID # 0139
Residential Street Address 220 Deepwood Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/19/2018
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name Flynn	First Amelia	MI	Contribution ID # 0064
Residential Street Address 87 Coral Dr	City Fairfield	State CT	Zip Code 06825
Principal Occupation Teacher	Name of Employer Methodist Nursery School		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/19/2018
		Aggregate Contributions \$5.00	Amount of Contribution \$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Keppel	First Terri	MI	Contribution ID # 0065
Residential Street Address 54 Woodcrest Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation QuickBooks Consultant	Name of Employer Pinnacle Consulting		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/19/2018	Aggregate Contributions \$10.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

Last Name Kery	First Dana	MI	Contribution ID # 0066
Residential Street Address 7 Green Acres Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/19/2018	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Kery	First Timothy	MI	Contribution ID # 0067
Residential Street Address 7 Green Acres Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation President	Name of Employer Sagamore Sales & Marketing, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/19/2018	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Demakis	First Louise	MI	Contribution ID # 0068
Residential Street Address 28 Elmwood Dr	City Fairfield	State CT	Zip Code 06890
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/19/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Defelice	First Keri	MI	Contribution ID # 0058
Residential Street Address 335 Warde Ter	City Fairfield	State CT	Zip Code 06825
Principal Occupation Home maker	Name of Employer Home maker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/20/2018	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Defelice	First Jamie	MI	Contribution ID # 0059
Residential Street Address 335 Warde Ter	City Fairfield	State CT	Zip Code 06825
Principal Occupation Gym owner	Name of Employer Jamie Defelice - Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/20/2018	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name DeWitt	First Christopher	MI	Contribution ID # 0060
Residential Street Address 289 Davis Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Director Business Development	Name of Employer Kaman Corporation		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/20/2018	Aggregate Contributions \$75.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$75.00	

Last Name Cafferelli	First Bryan	MI	Contribution ID # 0061
Residential Street Address 129 College Pl	City Fairfield	State CT	Zip Code 06824
Principal Occupation Attorney	Name of Employer State of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/20/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Peterson	First Norma	MI	Contribution ID # 0062
Residential Street Address 1061 Galloping Hill Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/20/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Peterson	First Donald	MI	Contribution ID # 0063
Residential Street Address 1061 Galloping Hill Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/20/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Beckage	First Helen	MI A	Contribution ID # 0142
Residential Street Address 11 Garden Ct	City Fairfield	State CT	Zip Code 06825
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Sanford	First Virginia	MI V	Contribution ID # 0143
Residential Street Address 1831 Hillside Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Francis	First Meg	MI	Contribution ID # 0130
Residential Street Address 170 Pell Meadow Dr	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/20/2018
		Aggregate Contributions \$15.00	Amount of Contribution \$15.00

Last Name Palmer	First Frank	MI	Contribution ID # 0056
Residential Street Address 320 Eastfield Dr	City Fairfield	State CT	Zip Code 06825
Principal Occupation Utilities	Name of Employer Yale University		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/22/2018
		Aggregate Contributions \$10.00	Amount of Contribution \$10.00

Last Name Palmer	First Cynthia	MI	Contribution ID # 0057
Residential Street Address 320 Eastfield Dr	City Fairfield	State CT	Zip Code 06825
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/22/2018
		Aggregate Contributions \$10.00	Amount of Contribution \$10.00

Last Name Popilowski	First Richard	MI E	Contribution ID # 0140
Residential Street Address 18 Canterbury Ln	City Fairfield	State CT	Zip Code 06825
Principal Occupation Director of Development	Name of Employer Milford Hospital Foundation		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/23/2018
		Aggregate Contributions \$10.00	Amount of Contribution \$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Arthur	First Michele	MI	Contribution ID # 0141
Residential Street Address 18 Canterbury Ln	City Fairfield	State CT	Zip Code 06825
Principal Occupation Paralegal	Name of Employer Andrew Bowman, Esq		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/23/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Benton	First Leonard	MI R	Contribution ID # 0137
Residential Street Address 549 Villa Ave	City Fairfield	State CT	Zip Code 06825
Principal Occupation Sales Rep	Name of Employer Honda of Westport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/24/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Jacob	First Ellen	MI	Contribution ID # 0055
Residential Street Address 637 Cedar Rd	City Fairfield	State CT	Zip Code 06890
Principal Occupation Artist Educator	Name of Employer Variety Arts		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/24/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Benton	First Caroline	MI M	Contribution ID # 0136
Residential Street Address 549 Villa Ave	City Fairfield	State CT	Zip Code 06825
Principal Occupation Pilates Instructor	Name of Employer The Edge - Norwalk		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/25/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Benton	First Brandon	MI	Contribution ID # 0134
Residential Street Address 549 Villa Ave	City Fairfield	State CT	Zip Code 06825
Principal Occupation Line Person	Name of Employer Five Guys		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/25/2018	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Lane	First Edward	MI F	Contribution ID # 0156
Residential Street Address 4321 Black Rock Tpke	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/25/2018	Aggregate Contributions \$12.50
			Amount of Contribution \$12.50

Last Name Lane	First Sherry	MI L	Contribution ID # 0157
Residential Street Address 4321 Black Rock Tpke	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/25/2018	Aggregate Contributions \$12.50
			Amount of Contribution \$12.50

Last Name Benton	First Christopher	MI	Contribution ID # 0135
Residential Street Address 549 Villa Ave	City Fairfield	State CT	Zip Code 06825
Principal Occupation Lot Person	Name of Employer Honda of Westport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/26/2018	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Patel	First Parag	MI B	Contribution ID # 0132
Residential Street Address 1145 Stratfield Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Owner	Name of Employer Turnpike Spirit Shop		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/27/2018
		Aggregate Contributions \$10.00	Amount of Contribution \$10.00

Last Name Lane	First Edward	MI F	Contribution ID # 0158
Residential Street Address 121 New England Ave	City Fairfield	State CT	Zip Code 06824
Principal Occupation Technology / Project Mgmt	Name of Employer Reed Exhibition		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/28/2018
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Walsh	First Jonathan	MI R	Contribution ID # 0133
Residential Street Address 76 Rugby Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Manager	Name of Employer Charter Communications		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/29/2018
		Aggregate Contributions \$5.00	Amount of Contribution \$5.00

Last Name Mullady	First Alexa	MI A	Contribution ID # 0131
Residential Street Address 143 Rolling Hills Dr	City Fairfield	State CT	Zip Code 06824
Principal Occupation Program Coordinator	Name of Employer Fairfield University		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/29/2018
		Aggregate Contributions \$5.00	Amount of Contribution \$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Aysseh	First Christina	MI	Contribution ID # 0053
Residential Street Address 253 Ruane St	City Fairfield	State CT	Zip Code 06824
Principal Occupation Banker	Name of Employer Fairfield County Bank		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/29/2018	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Aysseh	First Nicholas	MI	Contribution ID # 0054
Residential Street Address 253 Ruane St	City Fairfield	State CT	Zip Code 06824
Principal Occupation Educator	Name of Employer Yale New Haven Hospital		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/29/2018	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Capozziello	First Margaret	MI	Contribution ID # 0153
Residential Street Address 469 Brooklawn Ave	City Fairfield	State CT	Zip Code 06825
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 04/30/2018	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Capozziello	First Russell	MI	Contribution ID # 0154
Residential Street Address 469 Brooklawn Ave	City Fairfield	State CT	Zip Code 06825
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 04/30/2018	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Seirup	First Robert	MI L	Contribution ID # 0159
Residential Street Address 305 Partridge Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/01/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Pollack	First Scott	MI	Contribution ID # 0051
Residential Street Address 543 Wormwood Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Real Estate Mgmt/Finance	Name of Employer Penfield Property Co.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/01/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name DeVito Pollack	First Millie	MI	Contribution ID # 0052
Residential Street Address 543 Wormwood Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Bookkeeper	Name of Employer Harry's Wine & Liquor, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/01/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Capozziello	First Duane	MI E	Contribution ID # 0155
Residential Street Address 469 Brooklawn Ave	City Fairfield	State CT	Zip Code 06825
Principal Occupation Truck Driver	Name of Employer CT Wrecking		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/02/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Tallman	First Peter	MI	Contribution ID # 0048
Residential Street Address 146 Somerset Ave	City Fairfield	State CT	Zip Code 06824
Principal Occupation Real Estate	Name of Employer PTNT Properties		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/03/2018	Aggregate Contributions \$75.00 Amount of Contribution \$25.00

Last Name Alianiello	First Janine	MI	Contribution ID # 0049
Residential Street Address 472 Mill Hill Dr	City Southport	State CT	Zip Code 06890
Principal Occupation homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/03/2018	Aggregate Contributions \$10.00 Amount of Contribution \$10.00

Last Name Perugini	First Bill	MI	Contribution ID # 0050
Residential Street Address 1080 Fairfield Beach Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Vice President of Sales	Name of Employer Skeletal Dynamics		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/03/2018	Aggregate Contributions \$10.00 Amount of Contribution \$10.00

Last Name Harkawik	First Elizabeth	MI M	Contribution ID # 0150
Residential Street Address 85 Brett Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Merchandise Assistant	Name of Employer Moda Operandi		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/06/2018	Aggregate Contributions \$5.00 Amount of Contribution \$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Harkawik	First Philip	MI T	Contribution ID # 0151
Residential Street Address 85 Brett Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Sr Designer	Name of Employer SpineWave		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/06/2018	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Devlin	First Laura	MI M	Contribution ID # 0152
Residential Street Address 85 Brett Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Communications	Name of Employer Strategic Communications Consulting LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/07/2018	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Blaine	First Kathleen	MI	Contribution ID # 0047
Residential Street Address 97 Village Ln	City Fairfield	State CT	Zip Code 06890
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/07/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Crossland	First Roger	MI	Contribution ID # 0046
Residential Street Address 220 Colonial Dr	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Roger Lee Crossland		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/11/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Meyer	First Gaylor	MI	Contribution ID # 0045
Residential Street Address 51 Spruce St	City Fairfield	State CT	Zip Code 06890
Principal Occupation Management	Name of Employer Southport Estate Caretakers		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/13/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Bowers	First Cayley	MI M	Contribution ID # 0167
Residential Street Address 161 Candlewood Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Daycare Teacher Aide	Name of Employer Pumpkin Preschool		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/13/2018	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Holahan	First Paul	MI L	Contribution ID # 0169
Residential Street Address 161 Candlewood Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Driver	Name of Employer Pepsi		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/13/2018	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Holahan	First Barbara	MI A	Contribution ID # 0168
Residential Street Address 161 Candlewood Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Service Associate	Name of Employer Yale Breast Center Surgical Oncology		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/15/2018	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Herley	First Melissa	MI	Contribution ID # 0043
Residential Street Address 94 Gray Rock Rd	City Fairfield	State CT	Zip Code 06890
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 05/19/2018	Aggregate Contributions \$10.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

Last Name Herley	First Michael	MI	Contribution ID # 0044
Residential Street Address 94 Gray Rock Rd	City Fairfield	State CT	Zip Code 06890
Principal Occupation Financial PR/IR	Name of Employer Kekst		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 05/19/2018	Aggregate Contributions \$10.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

Last Name Benton	First James	MI	Contribution ID # 0040
Residential Street Address 140 Osborne Ln	City Fairfield	State CT	Zip Code 06890
Principal Occupation Information Technology	Name of Employer CompuCom, Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 05/20/2018	Aggregate Contributions \$10.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

Last Name Mulligan	First Jennifer	MI	Contribution ID # 0041
Residential Street Address 51 French St	City Fairfield	State CT	Zip Code 06824
Principal Occupation Administration	Name of Employer Yale University		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 05/20/2018	Aggregate Contributions \$10.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Sundman	First Eric	MI	Contribution ID # 0042
Residential Street Address 51 French St	City Fairfield	State CT	Zip Code 06824
Principal Occupation Realtor	Name of Employer William Raveis Real Estate		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/20/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Kupchick	First Peter	MI	Contribution ID # 0039
Residential Street Address 213 Farist Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation HVAC contractor	Name of Employer Peter Kupchick Heating&Cooling Inc.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/21/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Delaurentis	First Nancy	MI B	Contribution ID # 0170
Residential Street Address 230 Country Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 05/21/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Delaurentis	First Thomas	MI M	Contribution ID # 0171
Residential Street Address 230 Country Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Self Employed	Name of Employer Daybreak Doughnuts		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 05/21/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Iunani	First Maia	MI	Contribution ID # 0172
Residential Street Address 36 Ferncliff Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation CAN	Name of Employer At Home Cmpassionate Care		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/22/2018
		Aggregate Contributions \$10.00	Amount of Contribution \$10.00

Last Name Petise	First Frank	MI	Contribution ID # 0036
Residential Street Address 15 Osborne Pl	City Southport	State CT	Zip Code 06890
Principal Occupation Engineer	Name of Employer City of Stamford		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/23/2018
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Curran	First John	MI	Contribution ID # 0037
Residential Street Address 400 Wormwood Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Plumber	Name of Employer Curran Plumbing		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/23/2018
		Aggregate Contributions \$10.00	Amount of Contribution \$10.00

Last Name Curran	First Lynn	MI	Contribution ID # 0038
Residential Street Address 400 Wormwood Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Support Specialist	Name of Employer Michaels Arts & Crafts		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/23/2018
		Aggregate Contributions \$10.00	Amount of Contribution \$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name FERENCE	First Francis	MI	Contribution ID # 0034
Residential Street Address 84 Alma Dr	City Fairfield	State CT	Zip Code 06824
Principal Occupation Fire Inspector	Name of Employer Town of Fairfield		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 05/24/2018	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name FLYNN	First Thomas	MI	Contribution ID # 0035
Residential Street Address 87 Coral Dr	City Fairfield	State CT	Zip Code 06825
Principal Occupation Management Consultant	Name of Employer Alvarez & Marsal		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 05/24/2018	Aggregate Contributions \$10.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

Last Name PETERSON	First Jeffrey	MI D	Contribution ID # 0173
Residential Street Address 133 Marne Ave	City Fairfield	State CT	Zip Code 06825
Principal Occupation Journalist	Name of Employer Fact Set		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 05/24/2018	Aggregate Contributions \$20.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$20.00	

Last Name GREENHUT	First Pamela	MI A	Contribution ID # 0165
Residential Street Address 99 Durrell Dr	City Fairfield	State CT	Zip Code 06824
Principal Occupation Deputy Registrar	Name of Employer Town of Fairfield - Registrar of Voters		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 05/24/2018	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Pagnozzi	First Diane	MI	Contribution ID # 0166
Residential Street Address 1496 Fairfield Woods Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/24/2018
		Aggregate Contributions \$5.00	Amount of Contribution \$5.00

Last Name Flynn	First Meghan	MI	Contribution ID # 0033
Residential Street Address 87 Coral Dr	City Fairfield	State CT	Zip Code 06825
Principal Occupation Production Assistant	Name of Employer FOX News		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/25/2018
		Aggregate Contributions \$10.00	Amount of Contribution \$10.00

Last Name Greenop	First Wesley	MI	Contribution ID # 0032
Residential Street Address 167 Marlborough Ter	City Fairfield	State CT	Zip Code 06825
Principal Occupation Accountant	Name of Employer Chubb		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/26/2018
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name Hwang	First Tony	MI	Contribution ID # 0031
Residential Street Address 80 Martingale Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Real Estate Consulting	Name of Employer Whitfield+Hwang LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2018
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

B. Itemized Contributions from Individuals

Last Name Tymniak	First Chris	MI	Contribution ID # 0030
Residential Street Address 543 Old Mill Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation CAO	Name of Employer Town of Stratford		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/07/2018	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Total of Section B			\$5,970.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)			\$5,970.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	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			
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I. MONETARY RECEIPTS (Section A-I)

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

I. MONETARY RECEIPTS (Section A-I)

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

I. Monetary Receipts (Section A-I)

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Kupchick for State Rep		Itemized Statement accompanying application for Public Grant - Original	
H. Public Grant Funds Received from the Citizens' Election Fund			
Purpose of Grant:		Grant Cycle:	Date Received
Initial	Grant Adjustment	Primary	General Election
Supplemental/Post Election Deficit		Special Election	
Total of Section H			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Kupchick for State Rep				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					
Total of Section I					

II. EVENT ACTIVITY (Sections J1 - J4)

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

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

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

Total of Section J3

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original

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

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

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	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 No	Description of In-Kind Contribution	
If yes, list Event#			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	Yes No Executive Legislative
Type of Contributor:		Date Received	Aggregate contributions
Individual Committee Sole Proprietorship			

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	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
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original
N. Expenses Paid By Committee	

Name of Payee Chase Bank, NA		Date of Payment 04/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 292 Pequot Ave		City Southport	State CT	Zip Code 06890
Purpose of Expend BNK	Description Account Fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$15.00

Name of Payee Universal Printing & Mailing Services Inc.		Date of Payment 05/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>102</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 75 Ardmore St		City Fairfield	State CT	Zip Code 06824
Purpose of Expend PRNT	Description Note Cards & Letter Materials			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$286.72

Name of Payee CEF		Date of Payment 06/12/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>104</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 20 Trinity St		City Hartford	State CT	Zip Code 06106
Purpose of Expend CEF	Description Buffer Check			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,700.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	Itemized Statement accompanying application for Public Grant - Original
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 06/12/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 555 Hilton Ste 106		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expend BNK	Description Online card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event # \$222.25

Name of Payee Anedot, Inc.		Date of Payment 06/12/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 555 Hilton Ste 106		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expend BNK	Description Online Card Fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event # \$222.25

Total of Section N**\$3,446.22**

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT		
Kupchick for State Rep						Itemized Statement accompanying application for Public Grant - Original		
P. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution					Type of Credit Card:			
					Visa	Master Card	Discover	American Express
					Other			
Name of Vendor						Date of Transaction		
Street Address				City		State	Zip Code	
Purpose of Expenditure (by code)	Description					Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes	No	Expenditure # (if applicable)	Event #				
If yes, assign an Expenditure # and complete Itemization in Addendum								
Total of Section P								

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	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 No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			

Total of Section Q

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	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: Check # Debit Card EFT	
Name of Vendor Paid by Committee Worker/Consultant					
Street Address of Vendor		City		State	Zip Code
Purpose of Expenditure (by code)	Description				
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #	Amount	
If yes, assign an Expenditure # and completes Itemization in Addendum R					
Total of Section R					

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kupchick for State Rep	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				
Total of Section S				

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

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

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

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

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