



COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Kurt for CT			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First John	MI P	Last Marini		Suffix	
4. TREASURER ADDRESS					
Street Address 11 Hawley Dr	City Ansonia	State CT	Zip Code 06401		
5. ELECTION DATE 11/06/2018	6. OFFICE SOUGHT (Complete only if Candidate Committee) State Comptroller			7. DISTRICT NUMBER (if applicable)	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First William	MI K	Last Miller		Suffix	
9. TYPE OF REPORT					
Itemized Statement accompanying application for Public Grant - Amendment					
10. PERIOD COVERED					
Beginning Date		Ending Date			
08/08/2018		thru		09/09/2018	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing	John Marini	10/08/2018 3:22:25PM			
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED			
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$6,467.21	
14. Contributions received from Individuals (Section A and B)	\$32,535.00	\$71,105.52
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$6,594.50
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$32,535.00	\$77,700.02
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$39,002.21	\$77,700.02
20. Expenses Paid by Committee (Section N)	\$28,387.16	\$67,084.97
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$10,615.05	\$10,615.05
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$40.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$1,062.32
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$4,916.67	

I. MONETARY RECEIPTS (Section A-I)

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

Last Name Kriskey	First Richard	MI	Contribution ID # 1034
Residential Street Address 11 River Rd	City Greenwich	State CT	Zip Code 06807
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 08/08/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Pyne	First Natalie	MI	Contribution ID # 1033
Residential Street Address 162 Center Rd	City Woodbridge	State CT	Zip Code 06525
Principal Occupation Student	Name of Employer JMU		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/09/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Bronson	First Matthew	MI	Contribution ID # 1030
Residential Street Address 8 Elmwood Dr	City Seymour	State CT	Zip Code 06483
Principal Occupation Sales Manager	Name of Employer New Belgium Brewing		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/10/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Cleveland	First Brian	MI G	Contribution ID # 1031
Residential Street Address 29 Pershing Ave	City Seymour	State CT	Zip Code 06483
Principal Occupation Teacher	Name of Employer Seymour Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/10/2018	Aggregate Contributions \$15.00
		Amount of Contribution \$15.00	

Last Name Nault	First Bonnie	MI A	Contribution ID # 1032
Residential Street Address 41 Pearl St	City Mystic	State CT	Zip Code 06355
Principal Occupation Realtor	Name of Employer William Pitt Sotheby's International Realty		
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 08/10/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Norman	First George	MI P	Contribution ID # 1027
Residential Street Address 378 Weir St	City Glastonbury	State CT	Zip Code 06033
Principal Occupation VP of Finance	Name of Employer Prudential		
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 08/11/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Gracia	First Rosemary	MI E	Contribution ID # 1028
Residential Street Address 28 Old Stable Dr	City Mansfield	State MA	Zip Code 02048
Principal Occupation Home	Name of Employer Self		
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 08/11/2018	Aggregate Contributions \$200.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Beatrice	First James	MI J	Contribution ID # 1029
Residential Street Address 205 Foxboro Dr	City Newington	State CT	Zip Code 06111
Principal Occupation Project Manager	Name of Employer Eversource		
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 08/11/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Gracia	First Rosemary	MI E	Contribution ID # 1028
Residential Street Address 28 Old Stable Dr	City Mansfield	State MA	Zip Code 02048
Principal Occupation Homemaker	Name of Employer none		
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 08/11/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name DUNN	First MARY	MI H	Contribution ID # 0682
Residential Street Address 257 Oak Hill Dr	City Southbury	State CT	Zip Code 06488
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 08/11/2018	Aggregate Contributions \$30.00
		Amount of Contribution \$30.00	

Last Name PLATT	First EDWARD	MI A	Contribution ID # 0683
Residential Street Address 536 Spruce Brook Rd	City Southbury	State CT	Zip Code 06488
Principal Occupation FARMER	Name of Employer PLATT FARM, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 08/11/2018	Aggregate Contributions \$80.00
		Amount of Contribution \$30.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name GAROFALO	First GARY	MI	Contribution ID # 0684
Residential Street Address 104 Pepper Tree HI	City Southbury	State CT	Zip Code 06488
Principal Occupation SALES	Name of Employer VIDYE HEALTH		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/12/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name HARRISON	First CINDY	MI L	Contribution ID # 0685
Residential Street Address 507 Teremy Swamp Rd	City Southbury	State CT	Zip Code 06488
Principal Occupation ASST TO FIRST SELECTMAN	Name of Employer TOWN OF SOUTHBURY		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/12/2018	Aggregate Contributions \$30.00
			Amount of Contribution \$30.00

Last Name HICKMAN	First JEAN	MI M	Contribution ID # 0686
Residential Street Address 508 E Flat Hill Rd	City Southbury	State CT	Zip Code 06488
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/12/2018	Aggregate Contributions \$30.00
			Amount of Contribution \$30.00

Last Name MANVILLE	First VICKIANN	MI J	Contribution ID # 0687
Residential Street Address 720 E Flat Hill Rd	City Southbury	State CT	Zip Code 06488
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/12/2018	Aggregate Contributions \$30.00
			Amount of Contribution \$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name MANVILLE	First RICHARD	MI E	Contribution ID # 0688
Residential Street Address 720 E Flat Hill Rd	City Southbury	State CT	Zip Code 06488
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/12/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name ANTILLA	First LINDA	MI L	Contribution ID # 0689
Residential Street Address 88 Hulls Hill Rd	City Southbury	State CT	Zip Code 06488
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/12/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Boucher	First Anthony	MI 	Contribution ID # 1024
Residential Street Address 33 Sagamore Dr	City Seymour	State CT	Zip Code 06483
Principal Occupation Owner	Name of Employer Self-A&J Generators		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/12/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name St. John	First Edward	MI 	Contribution ID # 1160
Residential Street Address 178 Bronson Dr	City Middlebury	State CT	Zip Code 06762
Principal Occupation First Selectman	Name of Employer Town of Middlebury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/12/2018	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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Anglace	First John Jr.	MI	Contribution ID # 1161
Residential Street Address 646 Long Hill Ave	City Shelton	State CT	Zip Code 06484
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/12/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Boucher	First Anthony	MI	Contribution ID # 1024
Residential Street Address 33 Sagamore Dr	City Seymour	State CT	Zip Code 06483
Principal Occupation Owner	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/12/2018	Aggregate Contributions \$200.00-
		Amount of Contribution \$100.00-	

Last Name Onofrio	First Dan	MI	Contribution ID # 1025
Residential Street Address 50 Rolling Brook Ln	City Shelton	State CT	Zip Code 06484
Principal Occupation Unemployed	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/12/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Desiderato	First Sergio	MI A	Contribution ID # 1026
Residential Street Address 6 Rome Ln	City Oxford	State CT	Zip Code 06478
Principal Occupation Dispatch	Name of Employer Ynhh		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/12/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name St-John	First Edward	MI B	Contribution ID # 1060
Residential Street Address 178 Bronson Dr	City Middlebury	State CT	Zip Code 06762
Principal Occupation First-Selectman	Name of Employer Town-of-Middlebury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/12/2018	Aggregate Contributions \$100.00- \$50.00-

Last Name DeMaida	First William	MI 	Contribution ID # 1016
Residential Street Address 185 Pierpont Rd	City Waterbury	State CT	Zip Code 06705
Principal Occupation Constable	Name of Employer City of Waterbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/15/2018	Aggregate Contributions \$100.00 \$100.00

Last Name Andrews	First Scott	MI 	Contribution ID # 1012
Residential Street Address 107 US Route 1	City Freeport	State ME	Zip Code 04032
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 08/15/2018	Aggregate Contributions \$100.00 \$100.00

Last Name ANDREWS	First ROBIN	MI M	Contribution ID # 1013
Residential Street Address 107 US Route 1	City Freeport	State ME	Zip Code 04032
Principal Occupation DIRECTOR OF BILLING SERVICES	Name of Employer ECHO HOSE AMBULANCE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/15/2018	Aggregate Contributions \$100.00 \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Locke	First Marilyn	MI A	Contribution ID # 1014
Residential Street Address 53 Chestnut St	City Seymour	State CT	Zip Code 06483
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 08/15/2018	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Anthony	First Fred	MI J	Contribution ID # 1015
Residential Street Address 127 Indian Well Rd	City Shelton	State CT	Zip Code 06484
Principal Occupation Probate Judge	Name of Employer State of 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 #		Date Received 08/15/2018	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 DeMaida	First William	MI CT	Contribution ID # 1016
Residential Street Address 185 Pierpont Rd	City Waterbury	State CT	Zip Code 06705
Principal Occupation Constable	Name of Employer Self employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 08/15/2018	Aggregate Contributions \$200.00
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 Evans, Jr	First William	MI J	Contribution ID # 1017
Residential Street Address 325 Celia Dr	City Wolcott	State CT	Zip Code 06705
Principal Occupation Conduktant	Name of Employer William j Evans jr		
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 08/15/2018	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	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name ninteau	First mike	MI	Contribution ID # 1018
Residential Street Address 286 Clubhouse Rd	City Lebanon	State CT	Zip Code 06249
Principal Occupation Director	Name of Employer Town of Mansfield		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/15/2018	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Bennica, Jr	First Bryan	MI C	Contribution ID # 1019
Residential Street Address 40 Augur Rd	City Northford	State CT	Zip Code 06472
Principal Occupation Inspector I	Name of Employer Medtronic		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/15/2018	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Carrier	First Jake	MI	Contribution ID # 1020
Residential Street Address 19 Winston Ct	City Bristol	State CT	Zip Code 06010
Principal Occupation Builder-Developer	Name of Employer Carrier Group 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 08/15/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Carrier	First Francine	MI H	Contribution ID # 1021
Residential Street Address 19 Winston Ct	City Bristol	State CT	Zip Code 06010
Principal Occupation Assistant-Manager	Name of Employer Carrier Group 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 08/15/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Chory	First Loretta	MI J	Contribution ID # 1022
Residential Street Address 26 Dale Rd	City Trumbull	State CT	Zip Code 06611
Principal Occupation Financial Analyst	Name of Employer Peoples United 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? <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 08/15/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Cafferelli	First Bryan	MI	Contribution ID # 1023
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 #	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 08/15/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name MAGDA	First AILEEN	MI	Contribution ID # 0996
Residential Street Address 28 Deerfield Ln	City Bethany	State CT	Zip Code 06524
Principal Occupation RE appraiser	Name of Employer self		
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 08/16/2018	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name Mccasland	First William	MI F	Contribution ID # 0997
Residential Street Address 4 Coventry Ln	City Beacon Falls	State CT	Zip Code 06403
Principal Occupation Risk management analyst	Name of Employer US Department of Veterans AFFAIRS		
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 08/16/2018	Aggregate Contributions \$15.00
		Amount of Contribution \$15.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Vogel	First David	MI H	Contribution ID # 0998
Residential Street Address 1108 Johnson Rd	City Woodbridge	State CT	Zip Code 06525
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 08/16/2018	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Catanzaro	First Ben	MI	Contribution ID # 0999
Residential Street Address 55 Fairfield Pl	City Beacon Falls	State CT	Zip Code 06403
Principal Occupation Net Admin	Name of Employer Idezyne /self		
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 08/16/2018	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Cassetti	First Joseph	MI I	Contribution ID # 1000
Residential Street Address 72 Root Ave	City Ansonia	State CT	Zip Code 06401
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 08/16/2018	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 SHEA	First DONALD	MI R	Contribution ID # 1001
Residential Street Address 48 Deerfield Ln	City Bethany	State CT	Zip Code 06524
Principal Occupation Sheetmetal	Name of Employer Epi		
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 08/16/2018	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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name marx	First Catherine	MI	Contribution ID # 1002
Residential Street Address 81 Sentinel Woods	City Hebron	State CT	Zip Code 06248
Principal Occupation Consultant	Name of Employer Sentinel Strategies		
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 08/16/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Stockman	First Steve	MI	Contribution ID # 1003
Residential Street Address 229 Governors Hill Rd	City Oxford	State CT	Zip Code 06478
Principal Occupation Principal	Name of Employer Grand Light		
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 08/16/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Caggiano	First Jeff	MI	Contribution ID # 1004
Residential Street Address 27 Cricket Hill Rd	City Bristol	State CT	Zip Code 06010
Principal Occupation Sales	Name of Employer Adaptive Biotechnologies		
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 08/16/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Lynn	First Robert	MI	Contribution ID # 1005
Residential Street Address 115 Founders Rd	City Glastonbury	State CT	Zip Code 06033
Principal Occupation HR Outsourcing	Name of Employer Total Team Solutions		
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 08/16/2018	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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Grzeika	First Linda	MI M	Contribution ID # 1006
Residential Street Address 54 Hi-Lea Farm Rd	City Colchester	State CT	Zip Code 06415
Principal Occupation Registrar of Voters	Name of Employer Town of Colchester		
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 08/16/2018	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 Green	First Robin	MI	Contribution ID # 1007
Residential Street Address 63 High Point Cmns	City Marlborough	State CT	Zip Code 06447
Principal Occupation Business owner	Name of Employer Discovery Zone		
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 08/16/2018	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 Coshow	First Alannah	MI	Contribution ID # 1008
Residential Street Address 26 Shipyard Rd	City East Hampton	State CT	Zip Code 06456
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 08/16/2018	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Martino	First Katie	MI R	Contribution ID # 1009
Residential Street Address 41 Jackson Dr	City Milford	State CT	Zip Code 06460
Principal Occupation Paralegal	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 08/16/2018	Aggregate Contributions \$200.00
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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Rutledge	First Elizabeth	MI	Contribution ID # 1010
Residential Street Address 7 Victory St	City Enfield	State CT	Zip Code 06082
Principal Occupation Auto Claim Supervisor	Name of Employer The Hartford		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/16/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Rutledge	First Christopher	MI	Contribution ID # 1011
Residential Street Address 7 Victory St	City Enfield	State CT	Zip Code 06082
Principal Occupation Sr. Data Analyst	Name of Employer Optum Health		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/16/2018	Aggregate Contributions \$200.00
		Amount of Contribution \$100.00	

Last Name Martino	First Katie	MI R	Contribution ID # 1009
Residential Street Address 41 Jackson Dr	City Milford	State CT	Zip Code 06460
Principal Occupation Paralegal	Name of Employer Drapp & Jaumann, 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 08/16/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name bURNS	First PATRICIA	MI A	Contribution ID # 1057
Residential Street Address 21 Melba St	City Milford	State CT	Zip Code 06460
Principal Occupation RETIRED	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/17/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Koskelowski	First Brian	MI	Contribution ID # 0986
Residential Street Address 130 Pearl St .	City Seymour	State CT	Zip Code 06483
Principal Occupation Technician	Name of Employer Fire Protection Testing		
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 08/17/2018	Aggregate Contributions \$20.00
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 \$20.00	

Last Name klarides	First peter	MI	Contribution ID # 0987
Residential Street Address 22 Canfield Rd	City Seymour	State CT	Zip Code 06483
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 08/17/2018	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 \$50.00	

Last Name klarides	First theodora	MI	Contribution ID # 0988
Residential Street Address 22 Canfield Rd	City Seymour	State CT	Zip Code 06483
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 08/17/2018	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 \$50.00	

Last Name dey	First joe	MI	Contribution ID # 0989
Residential Street Address 60 Richard Sweet Dr	City Woodbridge	State CT	Zip Code 06525
Principal Occupation Lawyer	Name of Employer Dey SMith Steele LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 08/17/2018	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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Wilson	First Lynne	MI C	Contribution ID # 0990
Residential Street Address 42 Wheeler Rd	City Litchfield	State CT	Zip Code 06759
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/17/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Saccenti	First Gus	MI J	Contribution ID # 0991
Residential Street Address 77 Woodfield Rd	City Woodbridge	State CT	Zip Code 06525
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/17/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Dziekhan	First Kristen	MI E	Contribution ID # 0992
Residential Street Address 17 Krakow St	City Derby	State CT	Zip Code 06418
Principal Occupation Bartender	Name of Employer Hard hat cafe		
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 08/17/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name klarides-ditria	First cade	MI	Contribution ID # 0993
Residential Street Address 23 Osprey Dr	City Seymour	State CT	Zip Code 06483
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 checked="" type="checkbox"/> No	
Is this contribution associated 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 08/17/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Bonadies	First Marjorie	MI M	Contribution ID # 0994
Residential Street Address 21 N Woods Rd	City Hamden	State CT	Zip Code 06518
Principal Occupation Nurse	Name of Employer PACT Surgical Specialists		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/17/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Loda	First Frank	MI A	Contribution ID # 0995
Residential Street Address 4230 Cadmium Dr	City Cumming	State GA	Zip Code 30040
Principal Occupation Sales	Name of Employer Frank Loda Insurance		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/17/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name McAuliffe	First Terrence	MI S	Contribution ID # 0974
Residential Street Address 30 Independence Cir	City Middlebury	State CT	Zip Code 06762
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 08/18/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Harger	First Virginia	MI	Contribution ID # 0975
Residential Street Address 26 Meadowridge Dr	City Shelton	State CT	Zip Code 06484
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 08/18/2018	Aggregate Contributions \$75.00
		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Mnich	First Mark	MI	Contribution ID # 0976
Residential Street Address 427 Blackstone Vlg .	City Meriden	State CT	Zip Code 06450
Principal Occupation Realtor	Name of Employer Century 21 AllPoints Realty		
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 08/18/2018	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 Haynes	First Tom	MI R	Contribution ID # 0977
Residential Street Address 546 High Ridge Rd	City Southbury	State CT	Zip Code 06488
Principal Occupation Owner	Name of Employer Haynes Group, 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 08/18/2018	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 Turner	First Mary Ann	MI	Contribution ID # 0978
Residential Street Address 7 Meadow Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Business Owner	Name of Employer Projects Unlimited		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 08/18/2018	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 LaDore	First Frank	MI	Contribution ID # 0979
Residential Street Address 1181 Sherman Ave	City Hamden	State CT	Zip Code 06514
Principal Occupation Director	Name of Employer Scsu		
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 08/18/2018	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 \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Ratzenberger	First Linda	MI M	Contribution ID # 0980
Residential Street Address 60 Bear Hill Rd	City Woodbury	State CT	Zip Code 06798
Principal Occupation retired	Name of Employer none		
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 08/18/2018	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 Ratzenberger	First Robert	MI	Contribution ID # 0981
Residential Street Address 60 Bear Hill Rd	City Woodbury	State CT	Zip Code 06798
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 08/18/2018	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 Zakoworotny	First Cindy	MI	Contribution ID # 0982
Residential Street Address 7 Crystal Ter	City Woodbridge	State CT	Zip Code 06525
Principal Occupation Management	Name of Employer YNHH		
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 08/18/2018	Aggregate Contributions \$20.00
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 \$20.00	

Last Name Weinberg	First Edward	MI	Contribution ID # 0983
Residential Street Address 24 Ranch Rd	City Woodbridge	State CT	Zip Code 06525
Principal Occupation real estate investment	Name of Employer Dex Property Solutions		
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 08/18/2018	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 \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Vamos	First John	MI	Contribution ID # 0984
Residential Street Address 27 Clark Rd	City Broad Brook	State CT	Zip Code 06016
Principal Occupation Policy Analyst	Name of Employer State of 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 08/18/2018	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name kelley	First john	MI	Contribution ID # 0985
Residential Street Address 31 Beechwood Rd	City Branford	State CT	Zip Code 06405
Principal Occupation Physician	Name of Employer CT Ortho		
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 08/18/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name ESPOSITO	First ANTHONY	MI V	Contribution ID # 0690
Residential Street Address 1742 Whitney Ave	City Hamden	State CT	Zip Code 06517
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 08/18/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name ESPOSITO	First CHRISTINE	MI P	Contribution ID # 0691
Residential Street Address 1742 Whitney Ave	City Hamden	State CT	Zip Code 06517
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 08/18/2018	Aggregate Contributions \$30.00
			Amount of Contribution \$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name D'ALEXANDER	First JOHN	MI	Contribution ID # 0692
Residential Street Address 38 Fox Dr	City Seymour	State CT	Zip Code 06483
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		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 08/18/2018
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name MONACO	First SUZANNE	MI B	Contribution ID # 0693
Residential Street Address 76 Westfield Dr	City Trumbull	State CT	Zip Code 06611
Principal Occupation TOWN CLERK	Name of Employer TOWN OF TRUMBULL		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/18/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name George	First Ken	MI	Contribution ID # 0762
Residential Street Address 33 Railroad Ave	City Beacon Falls	State CT	Zip Code 06403
Principal Occupation Director	Name of Employer Campion ambulance		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/18/2018
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Simonetti	First JANSLIE	MI P	Contribution ID # 0695
Residential Street Address 6 Hayfield Dr	City Shelton	State CT	Zip Code 06484
Principal Occupation SPECIAL ED ADMIN	Name of Employer SHELTON 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/19/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Finneran	First Janet	MI M	Contribution ID # 0969
Residential Street Address 648 Carrington Rd	City Bethany	State CT	Zip Code 06524
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/19/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Yang	First Lin	MI CT	Contribution ID # 0970
Residential Street Address 17	City Woodbridge	State CT	Zip Code 06525
Principal Occupation scientist	Name of Employer unilever		
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 08/19/2018	Aggregate Contributions \$200.00
		Amount of Contribution \$100.00	

Last Name Waldron	First Pamela	MI H	Contribution ID # 0971
Residential Street Address 24 Kathy Dr	City Seymour	State CT	Zip Code 06483
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/19/2018	Aggregate Contributions \$40.00
		Amount of Contribution \$30.00	

Last Name Wilk	First Edward	MI	Contribution ID # 0972
Residential Street Address 50 Ice House Rd	City Oakville	State CT	Zip Code 06779
Principal Occupation Electrician	Name of Employer Central CT Cable		
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 08/19/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Wilk	First Janelle	MI	Contribution ID # 0973
Residential Street Address 50 Ice House Rd	City Oakville	State CT	Zip Code 06779
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 #	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 08/19/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Yang	First Lin	MI	Contribution ID # 0970
Residential Street Address 17 Woodside Dr	City Woodbridge	State CT	Zip Code 06525
Principal Occupation scientist	Name of Employer unilever		
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 08/19/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Carrier	First Kevin	MI	Contribution ID # 0951
Residential Street Address 4 Spruce Dr	City Unionville	State CT	Zip Code 06085
Principal Occupation Residential project manager	Name of Employer Carrier Group 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 08/20/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Spilo	First Michael	MI	Contribution ID # 0961
Residential Street Address 386 North St	City Greenwich	State CT	Zip Code 06830
Principal Occupation Investing	Name of Employer Self-MS Capital LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input 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 08/20/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name DeCilio	First Sheryl	MI A	Contribution ID # 0938
Residential Street Address 160 Timber Ridge Rd	City Stratford	State CT	Zip Code 06614
Principal Occupation VP Finance	Name of Employer Westchester Medical Center		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 08/20/2018	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 \$50.00	

Last Name Entwisle, Jr	First james	MI J	Contribution ID # 0939
Residential Street Address 19 Swan Ave	City Seymour	State CT	Zip Code 06483
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 08/20/2018	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 Knott	First Andrew	MI S	Contribution ID # 0940
Residential Street Address 94 Swarthmore	City Hamden	State CT	Zip Code 06517
Principal Occupation Attorney	Name of Employer Knott & Knott, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 08/20/2018	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 Stahl	First Craig	MI A	Contribution ID # 0941
Residential Street Address 321 Longmeadow Rd	City Orange	State CT	Zip Code 06477
Principal Occupation Director of Mortgage lending	Name of Employer GE Employees Federal Credit Union		
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 08/20/2018	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	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Carrier	First Leah	MI M	Contribution ID # 0942
Residential Street Address 4 Spruce Dr	City Unionville	State CT	Zip Code 06085
Principal Occupation Homemaker	Name of Employer Unemployed		
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 08/20/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Hamzy	First William	MI CT	Contribution ID # 0943
Residential Street Address 2 Minor Rd	City Plymouth	State CT	Zip Code 06786
Principal Occupation Attorney	Name of Employer The Hamzy Law Firm		
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 08/20/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Zadrozny	First Corey	MI D	Contribution ID # 0944
Residential Street Address 51 Forest Ln	City Canton	State CT	Zip Code 06019
Principal Occupation Construction	Name of Employer Z Construction		
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 08/20/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Zadrozny	First Jessica	MI L	Contribution ID # 0945
Residential Street Address 51 Forest Ln	City Canton	State CT	Zip Code 06019
Principal Occupation Landscape designer	Name of Employer Carrier Group 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 08/20/2018	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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Robertson	First Mary	MI	Contribution ID # 0946
Residential Street Address 28 Jewett Hill Rd	City Sharon	State CT	Zip Code 06069
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/20/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Carrier	First Christine	MI C	Contribution ID # 0947
Residential Street Address 270 Camp St	City Plainville	State CT	Zip Code 06062
Principal Occupation Homemaker	Name of Employer None		
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 08/20/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Carrier	First Danny	MI B	Contribution ID # 0948
Residential Street Address 270 Camp St	City Plainville	State CT	Zip Code 06062
Principal Occupation Supervisor	Name of Employer Carrier group 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 08/20/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Carrier	First Alexis	MI N	Contribution ID # 0949
Residential Street Address 1 Riverwood	City Farmington	State CT	Zip Code 06032
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 #	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 08/20/2018	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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Smith	First Richard	MI	Contribution ID # 0950
Residential Street Address 25 Jeremy Dr	City New Fairfield	State CT	Zip Code 06812
Principal Occupation Attorney	Name of Employer SmithLaw, P.C		
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 08/20/2018	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Kevin	First Carrier	MI	Contribution ID # 0951
Residential Street Address 4 Spruce Dr	City Unionville	State CT	Zip Code 06085
Principal Occupation Residential project manager	Name of Employer Carrier Group 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 08/20/2018	Aggregate Contributions \$200.00
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 Lewis	First Geraldine	MI M	Contribution ID # 0952
Residential Street Address 519 Main St	City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Office Manager/Paralegal	Name of Employer CT Port Authority		
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 08/20/2018	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Gustafson	First Marianne	MI	Contribution ID # 0953
Residential Street Address 36 Fox Run	City Wilton	State CT	Zip Code 06897
Principal Occupation consulting	Name of Employer None		
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 08/20/2018	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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Balestriere	First Philip	MI	Contribution ID # 0954
Residential Street Address 20 Judy Lane Stamford Court Un	City Stamford	State CT	Zip Code 06906
Principal Occupation property management	Name of Employer Real Deal Estate 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 08/20/2018	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Frantz	First Scott	MI	Contribution ID # 0955
Residential Street Address 123 Meadow Rd	City Greenwich	State CT	Zip Code 06878
Principal Occupation President	Name of Employer Haebler Capital		
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 08/20/2018	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	

Last Name ALLEN	First KATHLEEN	MI	Contribution ID # 0956
Residential Street Address 42 Buswell St	City Ansonia	State CT	Zip Code 06401
Principal Occupation mgmt	Name of Employer st of 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 #		Date Received 08/20/2018	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name REMYNTON	First ERIC	MI B	Contribution ID # 0957
Residential Street Address 953 River Blvd	City Suffield	State CT	Zip Code 06078
Principal Occupation VP	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? If yes, list Event #		Date Received 08/20/2018	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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Reilly	First Anne	MI	Contribution ID # 0958
Residential Street Address 153 Stillmeadow Ln	City Berlin	State CT	Zip Code 06037
Principal Occupation homemaker/Volunteer	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 08/20/2018	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 Anselmo	First Reverge	MI	Contribution ID # 0959
Residential Street Address 408 North St	City Greenwich	State CT	Zip Code 06830
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 08/20/2018	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	

Last Name Hewsenian	First Rosalind	MI M	Contribution ID # 0960
Residential Street Address 320 Stamford Ave	City Stamford	State CT	Zip Code 06902
Principal Occupation Executive	Name of Employer Helmsley Trust		
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 08/20/2018	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	

Last Name Spile	First Michael	MI	Contribution ID # 0961
Residential Street Address 386 North St	City Greenwich	State CT	Zip Code 06830
Principal Occupation Investing	Name of Employer Self		
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 08/20/2018	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 \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Watkins	First David	MI J	Contribution ID # 0962
Residential Street Address 257 Ocean Dr W	City Stamford	State CT	Zip Code 06902
Principal Occupation CFO	Name of Employer Distinguished Programs Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/20/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Mone	First Edmond	MI V	Contribution ID # 0963
Residential Street Address 100 Woodruff Ave	City Thomaston	State CT	Zip Code 06787
Principal Occupation First selectman	Name of Employer Town of Thomaston		
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 08/20/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Nagy	First Gerald	MI	Contribution ID # 0964
Residential Street Address 151 Nagy Rd	City Ashford	State CT	Zip Code 06278
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/20/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name McLiverty	First Keith	MI	Contribution ID # 0965
Residential Street Address 15 Academy Hill Rd	City Derby	State CT	Zip Code 06418
Principal Occupation CFO	Name of Employer Region 15 Schools		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/20/2018	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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Boulton	First John	MI	Contribution ID # 0966
Residential Street Address 214 West Ave	City Darien	State CT	Zip Code 06820
Principal Occupation Reinsurance	Name of Employer Swiss Re America Holding Corp		
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 08/20/2018	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 Maturo, Jr	First Joseph	MI	Contribution ID # 0967
Residential Street Address 315 N High St	City East Haven	State CT	Zip Code 06512
Principal Occupation Mayor	Name of Employer Town of E.H.		
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 08/20/2018	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	

Last Name Petit, Jr	First William	MI A	Contribution ID # 0968
Residential Street Address 132 Red Stone HI	City Plainville	State CT	Zip Code 06062
Principal Occupation State Representative	Name of Employer State of 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 #		Date Received 08/20/2018	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	

Last Name CURTIS	First ERIC	MI	Contribution ID # 0739
Residential Street Address 1649 Shepaed Ave	City Hamden	State CT	Zip Code 06518
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 08/20/2018	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Curtis	First RAEANNA	MI	Contribution ID # 0741
Residential Street Address 1649 Shepard Rd	City Hamden	State CT	Zip Code 06518
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/20/2018
		Aggregate Contributions \$40.00	Amount of Contribution \$40.00

Last Name Carrier	First Johnny	MI D	Contribution ID # 0760
Residential Street Address 1 Riverwood	City Farmington	State CT	Zip Code 06032
Principal Occupation Engineer	Name of Employer Carrier Group, 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/20/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Griffin	First Nicole	MI	Contribution ID # 0761
Residential Street Address 325 Tucker Hill Rd	City Middlebury	State CT	Zip Code 06762
Principal Occupation Lobbyist	Name of Employer Powers, Brennan & Griffin		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/20/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name malcynsky	First jay	MI	Contribution ID # 0759
Residential Street Address 25 Parkers Point Rd	City Chester	State CT	Zip Code 06412
Principal Occupation lobbyist	Name of Employer Gaffney Bennett & Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/21/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name VIOLETTE	First JOSEPH	MI	Contribution ID # 0694
Residential Street Address 94 Farm Hill Rd	City Wallingford	State CT	Zip Code 06492
Principal Occupation CAMPAIGN DIRECTOR	Name of Employer HATFIELD 2018		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/21/2018	Aggregate Contributions \$40.00
			Amount of Contribution \$40.00

Last Name Saylor	First Roger	MI	Contribution ID # 0930
Residential Street Address 59 White Fall Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation investments	Name of Employer Church Pension Fund		
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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/21/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Zimmerman	First Felicia	MI A	Contribution ID # 0931
Residential Street Address 339 Hunting Hill Ave	City Middletown	State CT	Zip Code 06457
Principal Occupation consultant	Name of Employer Sima Lixia, 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/21/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Knapp	First Ryan	MI	Contribution ID # 0932
Residential Street Address 11 Jeremiah Rd	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Mechanical Engineer	Name of Employer Naiad Dynamics		
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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/21/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Holbrook	First Sidney	MI J	Contribution ID # 0933
Residential Street Address 455 Essex Rd	City Westbrook	State CT	Zip Code 06498
Principal Occupation Ex. Director	Name of Employer GNHWPCA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/21/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name De Cortin	First Edward	MI	Contribution ID # 0934
Residential Street Address 35 Old Town Farm Rd	City Woodbury	State CT	Zip Code 06798
Principal Occupation Nurseryman	Name of Employer Twin Oaks Horticultural Associates, 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/21/2018	Aggregate Contributions \$15.00
		Amount of Contribution \$15.00	

Last Name Cummings	First Stephanie	MI	Contribution ID # 0935
Residential Street Address 66 Fleetwood Dr	City Waterbury	State CT	Zip Code 06706
Principal Occupation Attorney	Name of Employer Kolesnik Law Firm		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/21/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Nowell	First J Kenneth	MI	Contribution ID # 0936
Residential Street Address 97 Hickory Rd	City Torrington	State CT	Zip Code 06790
Principal Occupation CPA	Name of Employer Theroux Nowell & Stoughton 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/21/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Carrier	First Patrick	MI A	Contribution ID # 0937
Residential Street Address 19 Taine Mountain Rd	City Farmington	State CT	Zip Code 06085
Principal Occupation Home Builder	Name of Employer Carrier Group 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 08/21/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name McGrail	First Joseph	MI J	Contribution ID # 0923
Residential Street Address 87 Pleasant View St	City Oakville	State CT	Zip Code 06779
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/22/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Hendricks	First David	MI J	Contribution ID # 0924
Residential Street Address 29 Evergreen Ter	City Seymour	State CT	Zip Code 06483
Principal Occupation Physician	Name of Employer CEMS		
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 08/22/2018	Aggregate Contributions \$425.00
		Amount of Contribution \$100.00	

Last Name Carrier	First Steve	MI	Contribution ID # 0925
Residential Street Address 102 Alpine Dr	City Burlington	State CT	Zip Code 06013
Principal Occupation Home Builder	Name of Employer Carrier Home Builders 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 08/22/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Carrier	First Ginette	MI L	Contribution ID # 0926
Residential Street Address 84 Andrews St	City Bristol	State CT	Zip Code 06010
Principal Occupation Secretary	Name of Employer Carrier Construction 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 08/22/2018	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 Richardson	First Laurie	MI CT	Contribution ID # 0927
Residential Street Address 23 Giles Hill Rd	City Redding	State CT	Zip Code 06896
Principal Occupation Adjunct Professor of Finance	Name of Employer Fairfield Uiveristy		
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 08/22/2018	Aggregate Contributions \$45.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Carrier	First Rejean	MI CT	Contribution ID # 0928
Residential Street Address 28 Perron Rd	City Plainville	State CT	Zip Code 06062
Principal Occupation NHC Builder	Name of Employer Carrier Home Builders, 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 08/22/2018	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 Gladstone	First Laura	MI P	Contribution ID # 0929
Residential Street Address 3 Mercia Ln	City Greenwich	State CT	Zip Code 06830
Principal Occupation Finance	Name of Employer Gladstone Management		
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 08/22/2018	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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name FITZPATRICK	First SUSAN	MI M	Contribution ID # 0663
Residential Street Address 68 Michael Ln	City Naugatuck	State CT	Zip Code 06770
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/22/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name FITZPATRICK	First EDWARD	MI G	Contribution ID # 0664
Residential Street Address 68 Michael Ln	City Naugatuck	State CT	Zip Code 06770
Principal Occupation ATTORNEY	Name of Employer FMSS PC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/22/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Butler	First Robert	MI W	Contribution ID # 0729
Residential Street Address 627 Millville Ave	City Naugatuck	State CT	Zip Code 06770
Principal Occupation Purchasing Operations Manager	Name of Employer Borough of Naugatuck		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/22/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Napiello	First John	MI D	Contribution ID # 0730
Residential Street Address 8 S Ridge Rd	City Prospect	State CT	Zip Code 06712
Principal Occupation Public Works	Name of Employer City of Waterbury		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/22/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name PERILLO	First ALICIA	MI K	Contribution ID # 0676
Residential Street Address 380 Hitchcock Rd Unit 91	City Waterbury	State CT	Zip Code 06705
Principal Occupation ATTORNEY	Name of Employer FMSS, PC		
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 08/22/2018	Aggregate Contributions \$100.00
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 \$100.00	

Last Name COTTER	First THOMAS	MI CT	Contribution ID # 0677
Residential Street Address 42 Pauline St	City Stratford	State CT	Zip Code 06615
Principal Occupation LAWYER	Name of Employer THE COTTER LAW FIRM		
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 08/22/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Pines	First David	MI R	Contribution ID # 0706
Residential Street Address 153 Forest St	City Naugatuck	State CT	Zip Code 06770
Principal Occupation Sales	Name of Employer Chittenden Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 08/22/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Board	First John	MI I	Contribution ID # 0707
Residential Street Address 37 Highland Ter	City New Britain	State CT	Zip Code 06853
Principal Occupation	Name of Employer Unemployed		
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 08/22/2018	Aggregate Contributions \$100.00
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 \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Bronko	First Seth	MI	Contribution ID # 0708
Residential Street Address 73 Lewis St	City Naugatuck	State CT	Zip Code 06770
Principal Occupation Builder	Name of Employer Bronko Construction		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/22/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Pugliese	First Ronald	MI J	Contribution ID # 0709
Residential Street Address 452 Heritage Rd	City Southbury	State CT	Zip Code 06488
Principal Occupation President/CEO	Name of Employer Naugatuck Economic Development Corp		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/22/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Perugini	First Danielle	MI N	Contribution ID # 0716
Residential Street Address 25 Hampton Rd	City Waterbury	State CT	Zip Code 06708
Principal Occupation Attorney	Name of Employer Fitzpatrick, Mariano, Santos, Sousa, PC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/22/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Ernsky	First Catherine	MI M	Contribution ID # 0717
Residential Street Address 56 Rockwell Ave	City Naugatuck	State CT	Zip Code 06770
Principal Occupation Assist.	Name of Employer Senate Republicans		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/22/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name McPadden	First Michael	MI E	Contribution ID # 0718
Residential Street Address 2 Birdseye Road Ext	City Shelton	State CT	Zip Code 06484
Principal Occupation Police Officer	Name of Employer City of Shelton		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/22/2018	Aggregate Contributions \$60.00
		Amount of Contribution \$60.00	

Last Name Conway, Jr	First Richard	MI F	Contribution ID # 0758
Residential Street Address 80 Blue Ridge Rd	City Berlin	State CT	Zip Code 06037
Principal Occupation Lobbyist	Name of Employer Gaffney, Bennett & Associates		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input 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 08/22/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Dlugocecki	First Frederick	MI	Contribution ID # 0719
Residential Street Address 33 Michael Ln	City Naugatuck	State CT	Zip Code 06770
Principal Occupation Attorney	Name of Employer Dlugocecki Attorney		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Ford	First John	MI W	Contribution ID # 0720
Residential Street Address 22 Nichols Rd	City Naugatuck	State CT	Zip Code 06770
Principal Occupation Chairman	Name of Employer Alderson Ford Funeral Home		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Hunt	First Steven	MI	Contribution ID # 0721
Residential Street Address 18 Partridgetown Rd	City Naugatuck	State CT	Zip Code 06770
Principal Occupation Officer	Name of Employer Naugatuck Police		
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 08/23/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Rebimbas	First Rosa	MI C	Contribution ID # 0722
Residential Street Address 54 Woodlawn Ave	City Naugatuck	State CT	Zip Code 06770
Principal Occupation Attorney/State Rep	Name of Employer Self/State of 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 #		Date Received 08/23/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Davison	First Jane	MI F	Contribution ID # 0723
Residential Street Address 419 Field St	City Naugatuck	State CT	Zip Code 06770
Principal Occupation Assistant Assesor	Name of Employer Town of Oxford		
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 08/23/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Bruckhart	First Dale	MI E	Contribution ID # 0724
Residential Street Address 456 Ellsworth Ave	City New Haven	State CT	Zip Code 06571
Principal Occupation Sales	Name of Employer Advanced Corporate a Network King		
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 08/23/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Bardhollari	First Esmeralda	MI	Contribution ID # 0725
Residential Street Address 98 Haddad Rd	City Waterbury	State CT	Zip Code 06708
Principal Occupation Attorney	Name of Employer Fitzpatrick, Mariano, Santos, Sousa, PC		
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 08/23/2018	Aggregate Contributions \$50.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Dunn	First Lisa	MI D	Contribution ID # 0726
Residential Street Address 8 Pleasant St	City Wolcott	State CT	Zip Code 06716
Principal Occupation Senior HR Generalist	Name of Employer City of Waterbury		
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 08/23/2018	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Wisniewski	First Donald	MI	Contribution ID # 0727
Residential Street Address 1100 Andrew Mountain Rd	City Naugatuck	State CT	Zip Code 06770
Principal Occupation Project Manager	Name of Employer Rizzo Corp		
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 08/23/2018	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Mis	First Helen	MI K	Contribution ID # 0728
Residential Street Address 108 Feedsparn Ave	City Beacon Falls	State CT	Zip Code 06403
Principal Occupation Bo Ed	Name of Employer Town of Beacon Falls		
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 08/23/2018	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Rosa	First Kristyn	MI L	Contribution ID # 0710
Residential Street Address 6 Skyline Dr	City Oxford	State CT	Zip Code 06478
Principal Occupation Administrative Assistant	Name of Employer Town of Oxford		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name BRUNETTI	First THOMAS	MI A	Contribution ID # 0678
Residential Street Address 37 Lambridge Dr	City Prospect	State CT	Zip Code 06712
Principal Occupation OWNER	Name of Employer K&S PROPERTY HOLDINGS, 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name BOUSQUET	First DOUG	MI	Contribution ID # 0679
Residential Street Address 20 Cedar Cir	City Beacon Falls	State CT	Zip Code 06405
Principal Occupation OWNER/CONSTRUCTION	Name of Employer DOUG NICK CONSTRUCTION		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name BLERIM	First ZHERTA	MI	Contribution ID # 0680
Residential Street Address 6 Winterbrook Rd	City Wolcott	State CT	Zip Code 06716
Principal Occupation BARBER	Name of Employer RAZER'S EDGE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name SPECTOR	First GLENN	MI D	Contribution ID # 0681
Residential Street Address 88 Taft Pt	City Waterbury	State CT	Zip Code 06708
Principal Occupation OWNER	Name of Employer COLISEUM PAWN, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 08/23/2018	Aggregate Contributions \$100.00
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 \$100.00	

Last Name DiMauro	First Paul	MI	Contribution ID # 0731
Residential Street Address 16 Spring St	City Shelton	State CT	Zip Code 06484
Principal Occupation Manager	Name of Employer City of Shelton		
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 08/23/2018	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Richitelli	First David	MI	Contribution ID # 0732
Residential Street Address 7 Hemlock Dr	City Shelton	State CT	Zip Code 06484
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 08/23/2018	Aggregate Contributions \$50.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Botti	First Amy	MI	Contribution ID # 0733
Residential Street Address 16 Spring St	City Shelton	State CT	Zip Code 06484
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 08/23/2018	Aggregate Contributions \$50.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Lauretti	First Anthony	MI	Contribution ID # 0734
Residential Street Address 14 David Dr	City Shelton	State CT	Zip Code 06484
Principal Occupation Sr Billing Analyst	Name of Employer United Healthcare		
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 08/23/2018	Aggregate Contributions \$50.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Tadduni	First Gianna	MI	Contribution ID # 0735
Residential Street Address 19 Middlefield Rd	City Oxford	State CT	Zip Code 06478
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 checked="" type="checkbox"/> No	
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 08/23/2018	Aggregate Contributions \$50.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Beeble	First Timothy	MI R	Contribution ID # 0713
Residential Street Address 63 Grassy Pine St	City Bethel	State CT	Zip Code 06801
Principal Occupation Registrar of Voters	Name of Employer Town of Bethel		
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 08/23/2018	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Hliva	First James	MI	Contribution ID # 0714
Residential Street Address 138 Quaker Farms Rd	City Oxford	State CT	Zip Code 06478
Principal Occupation Finance	Name of Employer Town of Oxford		
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 08/23/2018	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Albuquerque	First Patricia	MI B	Contribution ID # 0715
Residential Street Address 29 Woodgate Dr	City Wolcott	State CT	Zip Code 06716
Principal Occupation Legal Assistant	Name of Employer Fitzpatrick, Mariano, Santos		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name PEZZHILLA	First GREHAN	MI CT	Contribution ID # 0665
Residential Street Address 12 Boughese Ct	City Wolcott	State CT	Zip Code 06716
Principal Occupation CHESHIRE	Name of Employer THE STATION		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name SANTOS	First CARLOS	MI A	Contribution ID # 0666
Residential Street Address 165 Falcon Crest Rd	City Middlebury	State CT	Zip Code 06762
Principal Occupation ATTORNEY	Name of Employer FMSS PC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name HOYDICK	First PAIGE	MI A	Contribution ID # 0667
Residential Street Address 55 Castle Dr	City Stratford	State CT	Zip Code 06614
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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name HOYDICK	First PAUL	MI	Contribution ID # 0668
Residential Street Address 55 Castle Dr	City Stratford	State CT	Zip Code 06614
Principal Occupation MAINTENANCE DIRECTOR	Name of Employer STRATFORD HOUSING AUTHORITY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name ANTIGNANI	First STEPHEN	MI	Contribution ID # 0669
Residential Street Address 1216 North Ave	City Stratford	State CT	Zip Code 06614
Principal Occupation CHEF	Name of Employer FIRE ENGINE PIZZA 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name HOLT	First LISA	MI R	Contribution ID # 0670
Residential Street Address 1037 North Ave	City Stratford	State CT	Zip Code 06614
Principal Occupation SECRETARY	Name of Employer STRATFORD 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name HOLT	First MICHAEL	MI J	Contribution ID # 0671
Residential Street Address 1037 North Ave	City Stratford	State CT	Zip Code 06614
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name NEWMAN	First PATRICIA	MI G	Contribution ID # 0672
Residential Street Address 35 Castle Dr	City Stratford	State CT	Zip Code 06614
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name BATISTA	First CARLOS	MI	Contribution ID # 0673
Residential Street Address 39 Visconti Dr	City Naugatuck	State CT	Zip Code 06770
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$75.00
			Amount of Contribution \$75.00

Last Name SOUSA	First CESAR	MI	Contribution ID # 0674
Residential Street Address 185 Parthridse Dr	City Middlebury	State CT	Zip Code 06762
Principal Occupation ATTORNEY	Name of Employer FMSS, 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name FITZPATRICK	First TIMOTHY	MI	Contribution ID # 0675
Residential Street Address 7 Grimes Rd	City Rocky Hill	State CT	Zip Code 06067
Principal Occupation ATTORNEY	Name of Employer FMSS, 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name MCGRATH	First JOSEPH	MI	Contribution ID # 0655
Residential Street Address 130 Sprucedale Dr	City Waterbury	State CT	Zip Code 06706
Principal Occupation	Name of Employer CITY OF WATERBURY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$200.00- \$100.00-

Last Name LAUER	First DANIEL	MI	Contribution ID # 0656
Residential Street Address 47 Gorham St	City Oakville	State CT	Zip Code 06779
Principal Occupation POLICE CAPTAIN	Name of Employer CITY OF WATERBURY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$100.00 \$100.00

Last Name DAGOSTINO	First GEORGE	MI	Contribution ID # 0657
Residential Street Address 128 Wheeler Farm Rd	City Watertown	State CT	Zip Code 06795
Principal Occupation	Name of Employer WATERTOWN		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$200.00- \$100.00-

Last Name ALBINI	First NICHOLAS	MI J	Contribution ID # 0658
Residential Street Address 114 Birchfield Dr	City Waterbury	State CT	Zip Code 06705
Principal Occupation	Name of Employer CITY OF WATERBURY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$200.00- \$100.00-

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name GEARY	First JOSEPH	MI	Contribution ID # 0659
Residential Street Address 26 Greenleaf Ave	City Waterbury	State CT	Zip Code 06705
Principal Occupation	Name of Employer CITY OF WATERBURY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$200.00- \$100.00-

Last Name MANCINI	First JUDITH	MI	Contribution ID # 0660
Residential Street Address 272 Hidden Pond Dr	City Watertown	State CT	Zip Code 06795
Principal Occupation ADVISOR	Name of Employer CITY OF WATERBURY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$100.00 \$100.00

Last Name GEATANO	First ROBERT	MI	Contribution ID # 0661
Residential Street Address PO Box 1251	City Waterbury	State CT	Zip Code 06708
Principal Occupation	Name of Employer CITY OF WATERBURY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$200.00- \$100.00-

Last Name JANNETTY	First DOMENICO	MI	Contribution ID # 0662
Residential Street Address 56 Gerten St	City Waterbury	State CT	Zip Code 06702
Principal Occupation MARSHAL	Name of Employer STATE MARSHAL		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$100.00 \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name McConologue	First Lucy	MI	Contribution ID # 0696
Residential Street Address 14 Edward Rd	City Seymour	State CT	Zip Code 06483
Principal Occupation Senior Director	Name of Employer Town of Seymour		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	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 08/23/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$50.00

Last Name KOSLOWSKI	First Lucy	MI	Contribution ID # 0697
Residential Street Address Platt Avenue	City West Haven	State CT	Zip Code 06516
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Wasikowski	First Debbie	MI L	Contribution ID # 0698
Residential Street Address 39 Chestnut St	City Seymour	State CT	Zip Code 06483
Principal Occupation Dental Hygenist	Name of Employer Ct Dental Care		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Koskelowski	First Stephanie	MI	Contribution ID # 0699
Residential Street Address 10 Poplar Dr	City Seymour	State CT	Zip Code 06483
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	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 08/23/2018	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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Chapla	First Paula	MI F	Contribution ID # 0700
Residential Street Address 57 Knorr Ave	City Seymour	State CT	Zip Code 06483
Principal Occupation Instructor	Name of Employer State of CT - Housatonic Community College		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$30.00
		Amount of Contribution \$20.00	

Last Name DeOliveira	First JACK	MI J	Contribution ID # 0701
Residential Street Address 94 Ward St	City Naugatuck	State CT	Zip Code 06770
Principal Occupation LEGISLATIVE AIDE	Name of Employer CONNECTICUT GENERAL ASSEMBLY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$45.00
		Amount of Contribution \$20.00	

Last Name Hess	First Warren	MI	Contribution ID # 0702
Residential Street Address 69 Mistywood Ln	City Naugatuck	State CT	Zip Code 06770
Principal Occupation Mayor	Name of Employer Borough of Naugatuck		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Bojka	First Fanel	MI	Contribution ID # 0703
Residential Street Address 7 Ivy Ter	City Prospect	State CT	Zip Code 06712
Principal Occupation Attorney	Name of Employer Bojka Law Offices		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Carrier	First Odette	MI L	Contribution ID # 0704
Residential Street Address 21 Juniper Ln	City Farmington	State CT	Zip Code 06032
Principal Occupation Secretary	Name of Employer Somae 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Carrier	First Sylvain	MI	Contribution ID # 0705
Residential Street Address 21 Juniper Ln	City Farmington	State CT	Zip Code 06032
Principal Occupation Contractor	Name of Employer Carrier Development LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Brown	First Katheryn	MI E	Contribution ID # 0913
Residential Street Address 403 Bethany Rd	City Beacon Falls	State CT	Zip Code 06403
Principal Occupation SSR	Name of Employer IBM		
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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Tymniak	First Catherine	MI C	Contribution ID # 0914
Residential Street Address 488 Sturges 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? <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 08/23/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Stabile	First Robert	MI J	Contribution ID # 0915
Residential Street Address 12 Casper Ct	City Naugatuck	State CT	Zip Code 06770
Principal Occupation Commercial Loan Officer	Name of Employer Liberty Bank		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Weiss	First Jeff	MI	Contribution ID # 0916
Residential Street Address 1423 Quinnipiac Ave .	City New Haven	State CT	Zip Code 06513
Principal Occupation Marketing sales	Name of Employer Marketing Communication Partners 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 08/23/2018	Aggregate Contributions \$15.00
			Amount of Contribution \$15.00

Last Name Carrier	First Tony	MI	Contribution ID # 0917
Residential Street Address 35 Martins Mnr	City Manchester	State CT	Zip Code 06040
Principal Occupation developer	Name of Employer Carrier Enterprises		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/23/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Lepore	First David	MI D	Contribution ID # 0918
Residential Street Address 77 Eastfield Rd	City Waterbury	State CT	Zip Code 06708
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 08/23/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Zadrozny	First Christina	MI	Contribution ID # 0919
Residential Street Address 9 Newcastle Pl	City Unionville	State CT	Zip Code 06085
Principal Occupation Home Builder	Name of Employer Carrier Enterprises, 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 08/23/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Carrier	First Gemma	MI	Contribution ID # 0920
Residential Street Address 35 Martins Mnr	City Manchester	State CT	Zip Code 06040
Principal Occupation real estate sales person	Name of Employer Carrier Enterprises		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/23/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name MacCallum	First R	MI K	Contribution ID # 0921
Residential Street Address 11 Tall Oaks Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation lawyer	Name of Employer Backenroth Frankel & Krinsky		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/23/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Carrier	First Stacey	MI L	Contribution ID # 0922
Residential Street Address 19 Taine Mountain Rd	City Farmington	State CT	Zip Code 06085
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 08/23/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name MCGRATH	First JOSEPH	MI	Contribution ID # 0655
Residential Street Address 130 Sprucedale Dr	City Waterbury	State CT	Zip Code 06706
Principal Occupation Director Economic Development	Name of Employer CITY OF WATERBURY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name DAGOSTINO	First GEORGE	MI	Contribution ID # 0657
Residential Street Address 128 Wheeler Farm Rd	City Watertown	State CT	Zip Code 06795
Principal Occupation Advisor to Mayor	Name of Employer Town of Watertown		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name ALBINI	First NICHOLAS	MI J	Contribution ID # 0658
Residential Street Address 114 Birchfield Dr	City Waterbury	State CT	Zip Code 06705
Principal Occupation School Principal	Name of Employer CITY OF WATERBURY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name GEARY	First JOSEPH	MI	Contribution ID # 0659
Residential Street Address 26 Greenleaf Ave	City Waterbury	State CT	Zip Code 06705
Principal Occupation Director of Operations	Name of Employer CITY OF WATERBURY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name GAETANO	First ROBERT	MI	Contribution ID # 0661
Residential Street Address PO Box 1251 (law enforcement)	City Waterbury	State CT	Zip Code 06708
Principal Occupation Marshall	Name of Employer CITY OF WATERBURY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name TAVIERA	First ERIC	MI	Contribution ID # 1156
Residential Street Address 61 Olive St	City Naugatuck	State CT	Zip Code 06770
Principal Occupation OWNER AND CONSTRUCTION	Name of Employer NAUGATUCK CONSTRUCTION		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Anglace	First John Jr.	MI F	Contribution ID # 1061
Residential Street Address 646 Long Hill Ave	City Shelton	State CT	Zip Code 06484
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/23/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$50.00	

Last Name Manley	First Ruth	MI E	Contribution ID # 0909
Residential Street Address 101 Highland St	City Boston	State MA	Zip Code 02136
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 08/24/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Manley, Jr	First John	MI J	Contribution ID # 0910
Residential Street Address 101 Highland St	City Boston	State MA	Zip Code 02136
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 08/24/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Pagliaro	First Robert	MI	Contribution ID # 0911
Residential Street Address 86 Tomlinson Rd	City Seymour	State CT	Zip Code 06483
Principal Occupation Property Manager	Name of Employer Collect Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/24/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Williams	First Sean	MI	Contribution ID # 0912
Residential Street Address 107 Eastfield Rd	City Waterbury	State CT	Zip Code 06708
Principal Occupation VP State/Local Govt Affairs	Name of Employer Airlines for America		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/24/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Carson	First Beth	MI	Contribution ID # 0891
Residential Street Address 49 N Mead Farm Rd	City Seymour	State CT	Zip Code 06483
Principal Occupation Clinical Research Manager	Name of Employer Lumendi		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/25/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Hella	First Hella	MI K	Contribution ID # 0892
Residential Street Address 26 Chicken St .	City Wilton	State CT	Zip Code 06897
Principal Occupation travel consultant	Name of Employer Wilton Center Travel, Ltd		
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 08/25/2018	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Papantones	First Melissa	MI J	Contribution ID # 0893
Residential Street Address 98 Alden Ave	City New Haven	State CT	Zip Code 06515
Principal Occupation Attorney	Name of Employer Allstate Insurance Co.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 08/25/2018	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Alexander	First Gregory	MI B	Contribution ID # 0894
Residential Street Address 3 Colonial Dr	City Deep River	State CT	Zip Code 06417
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 08/25/2018	Aggregate Contributions \$30.00
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 \$30.00	

Last Name Tietjen	First Scott	MI P	Contribution ID # 0895
Residential Street Address 387 Center St	City West Haven	State CT	Zip Code 06516
Principal Occupation Data Security Architect	Name of Employer DTCC		
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 08/25/2018	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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name carlson	First john	MI a	Contribution ID # 0896
Residential Street Address 291 Greenwich Ave	City New Haven	State CT	Zip Code 06519
Principal Occupation teacher	Name of Employer city of bridgeport		
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 08/25/2018	Aggregate Contributions \$65.00
		Amount of Contribution \$20.00	

Last Name Estefan	First Paul	MI D	Contribution ID # 0897
Residential Street Address 1 Kennedy Ave	City Danbury	State CT	Zip Code 06810
Principal Occupation Airport Administrator	Name of Employer City of Danbury		
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 08/25/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Lerman	First Kenneth	MI	Contribution ID # 0898
Residential Street Address 100 Scarborough St	City Hartford	State CT	Zip Code 06105
Principal Occupation attorney	Name of Employer Kenneth B. Lerman, P.C.		
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 08/25/2018	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Wieder, III	First John	MI W	Contribution ID # 0899
Residential Street Address 502 Sky View Dr .	City Rocky Hill	State CT	Zip Code 06067
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/25/2018	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Dauphinais	First Dale	MI J	Contribution ID # 0900
Residential Street Address 204 Wright Rd	City Danielson	State CT	Zip Code 06239
Principal Occupation Senior Manager	Name of Employer Raytheon		
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 08/25/2018	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 Pagano	First Diane	MI CT	Contribution ID # 0901
Residential Street Address 48 Walnut St	City Cheshire	State CT	Zip Code 06410
Principal Occupation caregiver	Name of Employer Golden AuPair		
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 08/25/2018	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 Smith	First Philip	MI L	Contribution ID # 0902
Residential Street Address 230 Rosewood Pl	City Bridgeport	State CT	Zip Code 06610
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 08/25/2018	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 O'Dea	First Thomas	MI P	Contribution ID # 0903
Residential Street Address 37 Holly Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Attorney	Name of Employer Diserio Martin		
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 08/25/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Davies	First Judith	MI W	Contribution ID # 0904
Residential Street Address 332 Joshuatown Rd .	City Lyme	State CT	Zip Code 06371
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 08/25/2018	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 Spicer	First Daniel	MI B	Contribution ID # 0905
Residential Street Address 101 Yale Ave	City Milford	State CT	Zip Code 06460
Principal Occupation Sales Engineer	Name of Employer Light Sources 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 08/25/2018	Aggregate Contributions \$20.00
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 \$15.00	

Last Name Formica	First Paul	MI M	Contribution ID # 0906
Residential Street Address 20A Bush Hill Dr	City Niantic	State CT	Zip Code 06357
Principal Occupation Restaurateur	Name of Employer Flanders fish MKT		
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 08/25/2018	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 Millington	First James	MI	Contribution ID # 0907
Residential Street Address 245 Unquowa Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Police Sergeant	Name of Employer City of Shelton		
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 08/25/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Greenfield	First Robert	MI	Contribution ID # 0908
Residential Street Address 9 Macconnie Ct	City Seymour	State CT	Zip Code 06483
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 08/25/2018	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 Phelps	First Derek	MI	Contribution ID # 0757
Residential Street Address 16 Fox Run Ln	City Killingworth	State CT	Zip Code 06419
Principal Occupation Director	Name of Employer FuelCell Energy, 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 08/25/2018	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 HARTMAN	First BENJAMIN	MI H	Contribution ID # 0747
Residential Street Address 207 Wesley Ridge Rd	City Spicewood	State TX	Zip Code 78669
Principal Occupation EXEC VICE PRESIDENT	Name of Employer JAMESTOWN ASSOC		
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 08/25/2018	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Watt	First Wayne	MI	Contribution ID # 1056
Residential Street Address 1 Toppenfjell Ln	City Oxford	State CT	Zip Code 06478
Principal Occupation Department of Public Works	Name of Employer Town of Oxford		
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 08/25/2018	Aggregate Contributions \$150.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Evans	First Geri	MI L	Contribution ID # 1157
Residential Street Address 17 Richard St	City Ansonia	State CT	Zip Code 06401
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/25/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Mazzucco	First Ward	MI J	Contribution ID # 0883
Residential Street Address 44 Wood Rd ; PO Box 511	City Redding	State CT	Zip Code 06896
Principal Occupation Lawyer	Name of Employer Chipman Mazzucco		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/26/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Marinero	First Karin	MI K	Contribution ID # 0889
Residential Street Address 90 Cosey Beach Ave	City East Haven	State CT	Zip Code 06512
Principal Occupation Fitness	Name of Employer Self-Peak Fitness 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 08/26/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name GIRARD	First HILARY	MI	Contribution ID # 0750
Residential Street Address 33 Bungay Ter	City Seymour	State CT	Zip Code 06483
Principal Occupation PROGRAM PLANNER	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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/26/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name DEVORE	First LAUREN	MI E	Contribution ID # 0751
Residential Street Address 130 Oak Ave Apt 2	City Shelton	State CT	Zip Code 06484
Principal Occupation MENTAL HEALTH THERAPIST	Name of Employer COASTAL CT COUNSELING		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/26/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name MacPherson	First Diana	MI	Contribution ID # 0878
Residential Street Address 90 Whiting Ln	City West Hartford	State CT	Zip Code 06119
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 08/26/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Flanigan	First Tyler	MI	Contribution ID # 0879
Residential Street Address 19 Hunters Path	City Wethersfield	State CT	Zip Code 06109
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 08/26/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Gauthier	First Wendy	MI	Contribution ID # 0880
Residential Street Address 242 Congdon Rd	City Voluntown	State CT	Zip Code 06384
Principal Occupation Deputy Registrar	Name of Employer Town of Voluntown		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/26/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Lawrence	First Sally	MI	Contribution ID # 0881
Residential Street Address 40 Brookridge Dr	City Greenwich	State CT	Zip Code 06830
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/26/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Lawrence	First Larry	MI	Contribution ID # 0882
Residential Street Address 40 Brookridge Dr	City Greenwich	State CT	Zip Code 06830
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/26/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Mazzucco	First Ward	MI J	Contribution ID # 0883
Residential Street Address PO Box 511	City Redding Ridge	State CT	Zip Code 06876
Principal Occupation Lawyer	Name of Employer Chipman Mazzucco		
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 08/26/2018	Aggregate Contributions \$50.00-
			Amount of Contribution \$25.00-

Last Name Vaz	First John	MI P	Contribution ID # 0884
Residential Street Address 129 Georgetown Dr	City Watertown	State CT	Zip Code 06795
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/26/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Argento	First Michael	MI	Contribution ID # 0885
Residential Street Address 726 Woodward Ave	City New Haven	State DE	Zip Code 06512
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 08/26/2018	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Markiewicz	First Erik	MI	Contribution ID # 0886
Residential Street Address 221 Artillery Rd	City Watertown	State CT	Zip Code 06796
Principal Occupation Officer	Name of Employer Town of Bloomfield		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/26/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name huse	First george	MI r	Contribution ID # 0887
Residential Street Address 121 Stadley Rough Rd	City Danbury	State CT	Zip Code 06811
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 08/26/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Crowe	First Dennis	MI	Contribution ID # 0888
Residential Street Address 141 Twilight Dr	City Madison	State CT	Zip Code 06443
Principal Occupation Engineer	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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/26/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Marinara	First Karin	MI K	Contribution ID # 0889
Residential Street Address 90 Cosey Beach Ave	City East Haven	State CT	Zip Code 06512
Principal Occupation Fitness	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/26/2018	Aggregate Contributions \$100.00-
			Amount of Contribution \$50.00-

Last Name Imperati	First Pio	MI 	Contribution ID # 0890
Residential Street Address 235 Karen Dr	City Orange	State CT	Zip Code 06477
Principal Occupation Managing Director	Name of Employer Talent Source Group 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 08/26/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Driscoll	First Terrence	MI T	Contribution ID # 0873
Residential Street Address 16 Trailside Dr	City Norwalk	State CT	Zip Code 06851
Principal Occupation Account Mgr	Name of Employer Eastern Account System		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/27/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Huyler	First Dalton	MI W	Contribution ID # 0874
Residential Street Address 84 Timber Trl	City Manchester	State CT	Zip Code 06040
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 08/27/2018	Aggregate Contributions \$60.00
			Amount of Contribution \$60.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Alibrio, Jr	First Aaron	MI T	Contribution ID # 0875
Residential Street Address 201 Tonica Spring Trl	City Manchester	State CT	Zip Code 06040
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 08/27/2018
		Aggregate Contributions \$60.00	Amount of Contribution \$60.00

Last Name Kowalski	First Beatrice	MI G	Contribution ID # 0876
Residential Street Address 5 Twin Pines Dr	City Wallingford	State CT	Zip Code 06492
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 08/27/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Frosti	First Ray	MI	Contribution ID # 0877
Residential Street Address 3 Fairway Ct	City Pawcatuck	State CT	Zip Code 06379
Principal Occupation Owner/Operator	Name of Employer Frosti Water Cure		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/27/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Becker	First David	MI M	Contribution ID # 0869
Residential Street Address 164 Taintor Dr	City Fairfield	State CT	Zip Code 06890
Principal Occupation Consulting	Name of Employer Flashpoint Consulting 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 08/28/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name France	First Heather	MI E	Contribution ID # 0870
Residential Street Address 17 Garden Dr	City Ledyard	State CT	Zip Code 06335
Principal Occupation Registered Nurse	Name of Employer Lawrence & Memorial Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/28/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Hannan	First Gregg	MI	Contribution ID # 0871
Residential Street Address 246 Reed's Gap Rd # 3A	City Northford	State CT	Zip Code 06472
Principal Occupation Staff	Name of Employer Sterman for Governor		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/28/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Marcus	First Michael	MI	Contribution ID # 0872
Residential Street Address 207 Southern Blvd	City Danbury	State CT	Zip Code 06810
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 08/28/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name THOMAS	First CLAUDIA	MI	Contribution ID # 0748
Residential Street Address 33 Hickory Ln	City Seymour	State CT	Zip Code 06483
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	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 08/28/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name THOMAS	First ROBERT	MI	Contribution ID # 0749
Residential Street Address 33 Hickory Ln	City Seymour	State CT	Zip Code 06483
Principal Occupation MACHINIST	Name of Employer PRECISION AIR		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/28/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name TERRICCAN	First REBECCA	MI	Contribution ID # 0740
Residential Street Address 172 Old Farm Rd	City Southington	State CT	Zip Code 06489
Principal Occupation EXECUTIVE DIRECTOR	Name of Employer CTGOP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/28/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name MASSARO, JR.	First CARL	MI A	Contribution ID # 0742
Residential Street Address 61 Wedgewood Dr	City Trumbull	State CT	Zip Code 06611
Principal Occupation ATTORNEY	Name of Employer MASSARO LAW		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/28/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name HOLBROOK	First SIDNEY	MI	Contribution ID # 0743
Residential Street Address 455 Essex Rd	City Westbrook	State CT	Zip Code 06498
Principal Occupation EXECUTIVE DIRECTOR	Name of Employer GNHWPCA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/28/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name HALL	First ROBERT	MI H	Contribution ID # 0744
Residential Street Address 5 Nettleton Ave	City Newtown	State CT	Zip Code 06470
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/28/2018	Aggregate Contributions \$50.00
			\$50.00

Last Name FERS	First PATRICIA	MI	Contribution ID # 0745
Residential Street Address 28 W Brookside Ave	City Ansonia	State CT	Zip Code 06401
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/28/2018	Aggregate Contributions \$75.00
			\$75.00

Last Name SPADACCINI	First LOUIS	MI	Contribution ID # 0746
Residential Street Address 85 Steep Hollow Rd	City Manchester	State CT	Zip Code 06040
Principal Occupation ATTORNEY	Name of Employer BLACKWELL & SPADACCINI, 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	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/28/2018	Aggregate Contributions \$100.00
			\$100.00

Last Name STONE	First NICHOLAS	MI C	Contribution ID # 0737
Residential Street Address 186 Avalon	City Waterbury	State CT	Zip Code 06710
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/28/2018	Aggregate Contributions \$5.00
			\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name DYBAS	First BARBARA	MI	Contribution ID # 0738
Residential Street Address 22 O'Sullivan Rd	City Derby	State CT	Zip Code 06418
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/28/2018
		Aggregate Contributions \$20.00	Amount of Contribution \$20.00

Last Name Maklicki	First Wayne	MI M	Contribution ID # 0711
Residential Street Address 191 Horton Hill Rd	City Naugatuck	State CT	Zip Code 06770
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/28/2018
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Dambowsky	First Frances	MI W	Contribution ID # 0712
Residential Street Address 35 Moonlight Cir	City Naugatuck	State CT	Zip Code 06770
Principal Occupation Investigator	Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/28/2018
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name LOVETT	First JENNIFER	MI	Contribution ID # 0868
Residential Street Address 1 Snipsic View Hts	City Ellington	State CT	Zip Code 06029
Principal Occupation Sales	Name of Employer 1969		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 08/29/2018
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Palmieri	First Nicole	MI	Contribution ID # 0866
Residential Street Address 20 Julie Rd	City Plainville	State CT	Zip Code 06062
Principal Occupation Field director	Name of Employer RNC		
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 08/30/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Pound	First James	MI	Contribution ID # 0867
Residential Street Address 3932 Morrison St NW	City Washington	State DC	Zip Code 20015
Principal Occupation Consultant	Name of Employer Pound, Feinstein Associates		
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 08/30/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Palmares	First Emanuela	MI	Contribution ID # 0860
Residential Street Address 32 Farview Ave	City Danbury	State CT	Zip Code 06810
Principal Occupation Office Manager	Name of Employer Amazon Concrete		
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 08/31/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Suriano	First Anthony	MI	Contribution ID # 0861
Residential Street Address 276 Carroll 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? <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 08/31/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Suriano	First Dorothy	MI L	Contribution ID # 0862
Residential Street Address 276 Carroll 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? <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 08/31/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Rist	First Patricia	MI CT	Contribution ID # 0863
Residential Street Address 10 Shelter Rock Rd	City Bethel	State CT	Zip Code 06801
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/31/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Atkins	First Celeste	MI CT	Contribution ID # 0864
Residential Street Address 7 Bragdon Ave	City Danbury	State CT	Zip Code 06811
Principal Occupation Reception	Name of Employer Spams		
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 08/31/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Gualtieri	First Deno	MI S	Contribution ID # 0865
Residential Street Address 26 Codfish Hill Rd	City Bethel	State CT	Zip Code 06801
Principal Occupation Manufacturing	Name of Employer King Industries 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 08/31/2018	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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Hemmock	First Frank	MI r	Contribution ID # 0853
Residential Street Address 71 Franklin Ave .	City Derby	State CT	Zip Code 06418
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/01/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Freda	First Michael	MI J	Contribution ID # 0854
Residential Street Address 90 Highland Park Rd .	City North Haven	State CT	Zip Code 06473
Principal Occupation First Selectman	Name of Employer Town of North Haven		
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 09/01/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Plitsas	First Alex	MI J	Contribution ID # 0855
Residential Street Address 78 Cambridge St	City Fairfield	State CT	Zip Code 06824
Principal Occupation Consultant	Name of Employer PCG Services LTD		
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 09/01/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Davis	First Daniel	MI	Contribution ID # 0857
Residential Street Address 131 Cleveland St	City New Britain	State CT	Zip Code 06053
Principal Occupation Consultant	Name of Employer Bob Stefanowski for Governor		
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 09/01/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name LaPorta	First Joseph	MI G	Contribution ID # 0858
Residential Street Address 52 Hull Rd	City Madison	State CT	Zip Code 06443
Principal Occupation Operations Manager	Name of Employer Eversource		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 09/01/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Borres	First Francisco	MI CT	Contribution ID # 0859
Residential Street Address 47 Meadow Brook Dr	City Monroe	State CT	Zip Code 06468
Principal Occupation Realtor	Name of Employer RE/MAX		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 09/01/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Plitsas	First Alex	MI CT	Contribution ID # 1159
Residential Street Address 78 Cambridge St	City Fairfield	State CT	Zip Code 06824
Principal Occupation Consultant	Name of Employer PCG Services LTD		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 09/01/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name DIMARTINO	First ROSE	MI CT	Contribution ID # 1053
Residential Street Address 10 William St	City Ansonia	State CT	Zip Code 06401
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/02/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name DIMARTINO	First SALVATORE	MI	Contribution ID # 1049
Residential Street Address 10 William St	City Ansonia	State CT	Zip Code 06401
Principal Occupation SALES	Name of Employer LOWE['S		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/02/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name SARDINSKAS	First ANNA	MI	Contribution ID # 1051
Residential Street Address 31 Rowland Dr	City Prospect	State CT	Zip Code 06712
Principal Occupation PARALEGAL	Name of Employer THE HARTFORD		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/02/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name SARDINSKAS	First STU	MI	Contribution ID # 1070
Residential Street Address 31 Rowland Dr	City Prospect	State CT	Zip Code 06712
Principal Occupation R&D MANAGER	Name of Employer FARRELL CORP		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/02/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Long	First Matthew	MI	Contribution ID # 0850
Residential Street Address 120R Washington Rd	City Cromwell	State CT	Zip Code 06416
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 checked="" type="checkbox"/> No	
Is this contribution associated 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 09/02/2018	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Higgins	First AIMEE	MI S	Contribution ID # 0851
Residential Street Address 397 Ridgeview Rd	City Orange	State CT	Zip Code 06477
Principal Occupation Pharma Sales	Name of Employer GSK		
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 09/02/2018	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 Proto	First Robyn	MI D	Contribution ID # 0852
Residential Street Address 2090 Cutspring Rd	City Stratford	State CT	Zip Code 06614
Principal Occupation School Administrator	Name of Employer Cooperative Educational Services		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 09/02/2018	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 \$50.00	

Last Name Garlock	First Roberta	MI	Contribution ID # 0848
Residential Street Address 125 Great Circle Rd	City West Haven	State CT	Zip Code 06516
Principal Occupation Accountant	Name of Employer Bella Bella Gourmet Foods,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 09/03/2018	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Fredette	First Gail	MI N	Contribution ID # 0849
Residential Street Address 10 Fieldstone Ln	City New Milford	State CT	Zip Code 06776
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/03/2018	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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Dâ€™Amelio	First Anthony	MI J	Contribution ID # 0838
Residential Street Address 64 Welles St	City Waterbury	State CT	Zip Code 06706
Principal Occupation Owner	Name of Employer Verdi Restaurant		
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 09/04/2018	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 Turner	First Ed	MI CT	Contribution ID # 0839
Residential Street Address 7 Meadow Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Manager	Name of Employer Leon's Auto Body		
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 09/04/2018	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 Plourd	First Christina	MI M	Contribution ID # 0840
Residential Street Address 101 Metcalf Rd	City Tolland	State CT	Zip Code 06084
Principal Occupation Sales	Name of Employer Lilly		
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 09/04/2018	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 Blore	First Mark	MI A	Contribution ID # 0841
Residential Street Address 22 Fairview Dr	City Farmington	State CT	Zip Code 06032
Principal Occupation Adjuster	Name of Employer The Hartford		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/04/2018	Aggregate Contributions \$5.00
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 \$5.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Rapini	First Dominic	MI	Contribution ID # 0842
Residential Street Address 4 Mariners Way	City Branford	State CT	Zip Code 06405
Principal Occupation Sales Manager	Name of Employer Apple, 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 09/04/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Brinton	First Kimberly	MI M	Contribution ID # 0843
Residential Street Address 116 Old Amity Rd	City Bethany	State CT	Zip Code 06524
Principal Occupation veterinarian	Name of Employer self		
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 09/04/2018	Aggregate Contributions \$15.00
			Amount of Contribution \$15.00

Last Name Alisberg	First Andy	MI	Contribution ID # 0844
Residential Street Address 12 Dewart Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation investor	Name of Employer self		
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 09/04/2018	Aggregate Contributions \$200.00- \$100.00-
			Amount of Contribution \$100.00-

Last Name reynolds	First russell	MI	Contribution ID # 0845
Residential Street Address 23A Davenport Ave	City Greenwich	State CT	Zip Code 06830
Principal Occupation consultant	Name of Employer RSR Partners		
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 09/04/2018	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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Markley	First Joseph	MI C	Contribution ID # 0846
Residential Street Address 47 Elm St	City Plantsville	State CT	Zip Code 06479
Principal Occupation Legislator	Name of Employer State of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/04/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Urbano	First Anthony	MI J	Contribution ID # 0847
Residential Street Address 8 Woodside Ave	City Seymour	State CT	Zip Code 06483
Principal Occupation Excavation/Building	Name of Employer A Urbano Construction Co 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 09/04/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Martone	First Michael	MI J	Contribution ID # 0756
Residential Street Address 24 Pratte Ln	City Wolcott	State CT	Zip Code 06716
Principal Occupation Lobbyist	Name of Employer Murtha Cullina LLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/04/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name HOGAN	First KEITH	MI E	Contribution ID # 1063
Residential Street Address 143 Mountain Rd	City Seymour	State CT	Zip Code 06483
Principal Occupation GENERAL CONTRACTOR	Name of Employer CT HOME REPAIR AND REMODELING 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/04/2018	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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name SHAY- HOGAN	First ALISON	MI	Contribution ID # 1066
Residential Street Address 143 Mountain Rd	City Seymour	State CT	Zip Code 06483
Principal Occupation OFFICE MANAGER	Name of Employer CT HOME REPAIR AND REMODELING 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/04/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name BROWER	First TAMMYLYNN	MI A	Contribution ID # 1073
Residential Street Address 6 Bungay Ter	City Seymour	State CT	Zip Code 06483
Principal Occupation VETERINARY TECH	Name of Employer VCA ANTECH		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/04/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name BROWER	First DAVID	MI	Contribution ID # 1081
Residential Street Address 6 Bungay Ter	City Seymour	State CT	Zip Code 06483
Principal Occupation TECH	Name of Employer AUTOMATIC RAIN 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/04/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name SHAY	First TYLER	MI C	Contribution ID # 1061
Residential Street Address 143 Mountain Rd	City Seymour	State CT	Zip Code 06483
Principal Occupation ELECTRICAL APPRENTICE	Name of Employer WJ ELECTRIC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/04/2018
		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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Alisberg	First Andy	MI	Contribution ID # 0844
Residential Street Address 12 Dewart Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation investor	Name of Employer self-Armillary Partners		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 09/04/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Holly	First Theodore	MI J	Contribution ID # 0828
Residential Street Address 74 Bungay Rd	City Seymour	State CT	Zip Code 06483
Principal Occupation Owner	Name of Employer Self-Ted's Lawn Care, 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/05/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name CARRIER	First NOEL	MI A	Contribution ID # 1038
Residential Street Address 38 Cross Crk LAN	City Unionville	State CT	Zip Code 06085
Principal Occupation CONSTRUCTION	Name of Employer CARRIER EXCEL HOMES 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"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/05/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name CARRIER	First FRANCINE	MI J	Contribution ID # 1039
Residential Street Address 38 Cross Crk LAN	City Unionville	State CT	Zip Code 06085
Principal Occupation OFFICE WORKER	Name of Employer CARRIER EXCEL HOMES 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"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/05/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name SAKOWSKI	First LORI	MI L	Contribution ID # 1040
Residential Street Address 16 Peppermint Ln	City Bristol	State CT	Zip Code 06010
Principal Occupation OFFICE MANAGER	Name of Employer CARRIER GROUP 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 09/05/2018	Aggregate Contributions \$100.00
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 \$100.00	

Last Name WEBER	First SANDRA	MI L	Contribution ID # 1082
Residential Street Address 35 Larovera Ter	City Ansonia	State CT	Zip Code 06401
Principal Occupation RN ASST NURSE MANGR	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 #		Date Received 09/05/2018	Aggregate Contributions \$100.00
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 \$100.00	

Last Name FORTE	First ROBERT	MI	Contribution ID # 1083
Residential Street Address 59 Mohawk Ave	City Derby	State CT	Zip Code 06418
Principal Occupation AIRCRAFT	Name of Employer SIKORSKY		
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 09/05/2018	Aggregate Contributions \$100.00
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 \$100.00	

Last Name SCHADLICH	First EMILIE	MI E	Contribution ID # 1068
Residential Street Address 26 Melrose Ave	City Trumbull	State CT	Zip Code 06611
Principal Occupation SPEECH LANGUAGE PATHOLOGIST	Name of Employer BRIDGEPORT PUBLIC SCHOOLS		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/05/2018	Aggregate Contributions \$100.00
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 \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name DUCKWORTH	First BRIAN	MI R	Contribution ID # 1069
Residential Street Address 33 Bungay Ter	City Seymour	State CT	Zip Code 06483
Principal Occupation PARAMEDIC	Name of Employer AMERICAN MEDICAL RESPONSE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/05/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Zeoli	First James	MI M	Contribution ID # 0816
Residential Street Address 177 Old Tavern Rd	City Orange	State CT	Zip Code 06477
Principal Occupation Selectman	Name of Employer Town of Orange		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 09/05/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Leahy	First James	MI A	Contribution ID # 0817
Residential Street Address 495 Lambert Rd	City Orange	State CT	Zip Code 06477
Principal Occupation Project Management	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 09/05/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name DeLong	First Danielle	MI L	Contribution ID # 0818
Residential Street Address 218 Bluff View Dr	City Guilford	State CT	Zip Code 06437
Principal Occupation Personal trainer	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 09/05/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name O'Leary	First Kathryn	MI M	Contribution ID # 0819
Residential Street Address 137 Westridge Dr	City Waterbury	State CT	Zip Code 06708
Principal Occupation teacher	Name of Employer City of Waterbury		
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 09/05/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Higgins	First Justin	MI F	Contribution ID # 0820
Residential Street Address 397 Ridgeview Rd	City Orange	State CT	Zip Code 06477
Principal Occupation MANAGING PARTNER	Name of Employer NeuroHydrate		
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 09/05/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Mathewson	First Paul	MI R	Contribution ID # 0821
Residential Street Address 3209 Main St	City Stratford	State CT	Zip Code 06614
Principal Occupation Clerk	Name of Employer Stratford		
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 09/05/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Grippio	First Adam	MI N	Contribution ID # 0822
Residential Street Address 1068 Avon Blvd	City Cheshire	State CT	Zip Code 06410
Principal Occupation Accountant	Name of Employer State of 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? <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 09/05/2018	Aggregate Contributions \$30.00
		Amount of Contribution \$30.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Gauthier	First Norman	MI	Contribution ID # 0823
Residential Street Address 16 Julian Dr	City Preston	State CT	Zip Code 06365
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 09/05/2018	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 Marks	First Susan	MI	Contribution ID # 0824
Residential Street Address 39 Fairfield Ave	City Darien	State CT	Zip Code 06820
Principal Occupation desk assistant	Name of Employer Darien Bar Method		
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 09/05/2018	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 Schwartz	First Matt	MI	Contribution ID # 0825
Residential Street Address 61 Deer Run Rd	City Woodbridge	State CT	Zip Code 06525
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 checked="" type="checkbox"/> No	
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 09/05/2018	Aggregate Contributions \$5.00
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 \$5.00	

Last Name Grassilli	First Nancy	MI B	Contribution ID # 0826
Residential Street Address 14 Newport Ave	City West Hartford	State CT	Zip Code 06107
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 09/05/2018	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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Stewart	First Timothy	MI	Contribution ID # 0827
Residential Street Address 60 Wightman Rd	City New Britain	State CT	Zip Code 06052
Principal Occupation President	Name of Employer GNBCC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 09/05/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Holly	First Theodore	MI J	Contribution ID # 0828
Residential Street Address 74 Bungay Rd	City Seymour	State CT	Zip Code 06483
Principal Occupation Owner	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/05/2018	Aggregate Contributions \$200.00
		Amount of Contribution \$100.00	

Last Name Bradley	First Taylor	MI	Contribution ID # 0829
Residential Street Address 56 Eden Hill Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Customer Care	Name of Employer Melissa and Doug 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 09/05/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Baldwin	First Patrice	MI	Contribution ID # 0830
Residential Street Address 26 Evergreen Ter	City Seymour	State CT	Zip Code 06483
Principal Occupation Bookkeeper	Name of Employer SONCCA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 09/05/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Shuldman	First Bart	MI C	Contribution ID # 0831
Residential Street Address 14 Broadview Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Executive	Name of Employer TransAct Technologies Incorporated		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 09/05/2018
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Baldwin	First Emily	MI C	Contribution ID # 0832
Residential Street Address 26 Evergreen Ter	City Seymour	State CT	Zip Code 06483
Principal Occupation Nurse	Name of Employer Veterans health administration		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 09/05/2018
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Grande, Jr	First Philip	MI W	Contribution ID # 0833
Residential Street Address 987 Orange Center Rd	City Orange	State CT	Zip Code 06477
Principal Occupation Business Administrator	Name of Employer Soundview Landscape Supply		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 09/05/2018
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Brown	First Virginia	MI C	Contribution ID # 0834
Residential Street Address 54 Hollister Dr	City Avon	State CT	Zip Code 06001
Principal Occupation Attorney	Name of Employer State of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/05/2018
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Armeno	First Elfriede	MI A	Contribution ID # 0835
Residential Street Address 73 Peppertree Hill Rd	City Southbury	State CT	Zip Code 06488
Principal Occupation Administrative Asst	Name of Employer Joyce Van Lines		
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 09/05/2018	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 Rabin	First Lauren	MI E	Contribution ID # 0836
Residential Street Address 56 Glenville St	City Greenwich	State CT	Zip Code 06831
Principal Occupation Marketing	Name of Employer Gartner		
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 09/05/2018	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 Leyden	First Raymond	MI W	Contribution ID # 0837
Residential Street Address 82 Strawberry Hill Ave	City Stamford	State CT	Zip Code 06902
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 09/05/2018	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 Rell	First Mike	MI	Contribution ID # 0755
Residential Street Address 57 Broad St	City Wethersfield	State CT	Zip Code 06109
Principal Occupation Lobbyist	Name of Employer IGS		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/06/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Lovisolo	First Jon	MI M	Contribution ID # 0798
Residential Street Address 17 Bungay Ter	City Seymour	State CT	Zip Code 06483
Principal Occupation Engineer	Name of Employer Lockheed Martin		
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 09/06/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Bateson	First Edward	MI CT	Contribution ID # 0799
Residential Street Address 2195 North St	City Fairfield	State CT	Zip Code 06824
Principal Occupation Restaurant	Name of Employer Paul & Eddys Pizza		
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 09/06/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Dunne	First Diane	MI C	Contribution ID # 0800
Residential Street Address 241 Silver Hill Rd	City Derby	State CT	Zip Code 06418
Principal Occupation Teacher	Name of Employer Edgewood Music Studio		
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 09/06/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name coleman	First kathryn	MI CT	Contribution ID # 0801
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 09/06/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name coleman	First george	MI	Contribution ID # 0802
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 09/06/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Hickman	First Karen	MI	Contribution ID # 0803
Residential Street Address 27 Ridgewood St	City West Roxbury	State MA	Zip Code 02132
Principal Occupation Real Estate	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/06/2018	Aggregate Contributions \$200.00-
			Amount of Contribution \$100.00-

Last Name Hickman	First Barry	MI E	Contribution ID # 0804
Residential Street Address 27 Ridgewood St	City West Roxbury	State MA	Zip Code 02132
Principal Occupation Real Estate	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/06/2018	Aggregate Contributions \$200.00-
			Amount of Contribution \$100.00-

Last Name Marganski	First Michael	MI	Contribution ID # 0805
Residential Street Address 14 Franklin St	City Ansonia	State CT	Zip Code 06401
Principal Occupation Paramedic	Name of Employer AMR		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 09/06/2018	Aggregate Contributions \$75.00
			Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Raskas	First Ari	MI	Contribution ID # 0806
Residential Street Address 805 Wilmot Rd	City Scarsdale	State NY	Zip Code 10583
Principal Occupation Teacher	Name of Employer SAR Academy		
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 09/06/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Caruso	First Thomas	MI	Contribution ID # 0807
Residential Street Address 15 Evening Star Dr	City Seymour	State CT	Zip Code 06483
Principal Occupation Cook	Name of Employer Jimmies Place		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <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 09/06/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Caruso	First Deirdre	MI	Contribution ID # 0808
Residential Street Address 15 Evening Star Dr	City Seymour	State CT	Zip Code 06483
Principal Occupation Admin	Name of Employer Town of Seymour		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <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 09/06/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Foley	First Dave	MI	Contribution ID # 0809
Residential Street Address 14 Birchwood Dr	City Fairfield	State CT	Zip Code 06824
Principal Occupation IT	Name of Employer Cigna		
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 09/06/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Mace	First Rosalie	MI	Contribution ID # 0810
Residential Street Address 22	City Madison	State CT	Zip Code 06443
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 09/06/2018
		Aggregate Contributions \$50.00-	Amount of Contribution \$25.00-

Last Name Maco	First Joseph	MI	Contribution ID # 0811
Residential Street Address 22 Randi Dr	City Madison	State CT	Zip Code 06443
Principal Occupation Ship pilot	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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/06/2018
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name Martin	First Brian	MI	Contribution ID # 0812
Residential Street Address 25 Watrous Rd	City Bolton	State CT	Zip Code 06043
Principal Occupation Electrician	Name of Employer M&M ELECTRIC 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 09/06/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Kraut	First Michaela	MI K	Contribution ID # 0813
Residential Street Address 1022 Willard Rd	City Orange	State CT	Zip Code 06477
Principal Occupation College Student	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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/06/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Kraut	First William	MI J	Contribution ID # 0814
Residential Street Address 1022 Willard Rd	City Orange	State CT	Zip Code 06477
Principal Occupation Owner	Name of Employer Newport Tennis 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	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/06/2018	Aggregate Contributions \$100.00
			\$100.00

Last Name Kraut	First Phyllis	MI M	Contribution ID # 0815
Residential Street Address 1022 Willard Rd	City Orange	State CT	Zip Code 06477
Principal Occupation Legal Assistant	Name of Employer Cohen and Wolf, P.C.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/06/2018	Aggregate Contributions \$100.00
			\$100.00

Last Name Cassetti	First Alfonsina	MI	Contribution ID # 1074
Residential Street Address 3 High Acres Rd	City Ansonia	State CT	Zip Code 06401
Principal Occupation ATHLETIC ASST	Name of Employer Cartwell		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/06/2018	Aggregate Contributions \$100.00
			\$75.00

Last Name CARRIER	First NICHOLE	MI C	Contribution ID # 1041
Residential Street Address 4 Sawmill Ln	City Plainville	State CT	Zip Code 06062
Principal Occupation PEST SURVEY SPECIALIST	Name of Employer DEPARTMENT OF AGRICULTURE		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/06/2018	Aggregate Contributions \$100.00
			\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name CARRIER	First MIKE	MI D	Contribution ID # 1042
Residential Street Address 4 Sawmill Ln	City Plainville	State CT	Zip Code 06062
Principal Occupation PROPERTY MANAGER	Name of Employer SOMAK 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/06/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name CARRIER	First KELLY	MI A	Contribution ID # 1043
Residential Street Address 36 Welch Rd	City Southington	State CT	Zip Code 06489
Principal Occupation SECRETARY	Name of Employer CARRIER EXCAVATING 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/06/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Carrier	First Francine	MI H	Contribution ID # 1044
Residential Street Address 19 Winston Ct	City Bristol	State CT	Zip Code 06010
Principal Occupation Assistant-Manager	Name of Employer Carrier Group 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/06/2018	Aggregate Contributions \$200.00
		Amount of Contribution \$100.00	

Last Name CARRIER	First GAYLE	MI D	Contribution ID # 1045
Residential Street Address 28 Perna Rd	City Plainville	State CT	Zip Code 06062
Principal Occupation REALTOR	Name of Employer DANNEHY AND COMPANY 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/06/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Carrier	First Steve	MI	Contribution ID # 1046
Residential Street Address 102 Alpine Dr	City Burlington	State CT	Zip Code 06013
Principal Occupation Home Builder	Name of Employer Carrier Home Builders 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/06/2018	Aggregate Contributions \$200.00
If yes, list Event #		Amount of Contribution \$100.00	

Last Name Valentine	First Nancy	MI	Contribution ID # 1062
Residential Street Address 18 Farrel Dr	City Ansonia	State CT	Zip Code 06401
Principal Occupation Registrar of Voters	Name of Employer City of Ansonia		
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/06/2018	Aggregate Contributions \$100.00
If yes, list Event #		Amount of Contribution \$50.00	

Last Name Dojnia	First David	MI A	Contribution ID # 1050
Residential Street Address 206 Wakelee Ave	City Ansonia	State CT	Zip Code 06401
Principal Occupation Advisor, Annuities	Name of Employer US Health		
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/06/2018	Aggregate Contributions \$50.00
If yes, list Event #		Amount of Contribution \$50.00	

Last Name Maco	First Rosalie	MI	Contribution ID # 0810
Residential Street Address 22 Randi Dr	City Madison	State CT	Zip Code 06443
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	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 09/06/2018	Aggregate Contributions \$25.00
If yes, list Event #		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name HAGGERTY	First CATHERINE	MI M	Contribution ID # 1072
Residential Street Address 92 Castle Hill Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation SR ELECTRICAL INSTALLER	Name of Employer LOCKHEAD MARTIN SIKORSKY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 09/06/2018	Aggregate Contributions \$100.00
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 \$100.00	

Last Name Hickman	First Karen	MI M	Contribution ID # 0803
Residential Street Address 27 Ridgewood St	City West Roxbury	State MA	Zip Code 02132
Principal Occupation Real Estate	Name of Employer Self-William Raveis		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 09/06/2018	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 Hickman	First Barry	MI E	Contribution ID # 0804
Residential Street Address 27 Ridgewood St	City West Roxbury	State MA	Zip Code 02132
Principal Occupation Real Estate	Name of Employer Self-William Raveis		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 09/06/2018	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 HILLER	First PATRICIA	MI B	Contribution ID # 1116
Residential Street Address 2745 Burr St	City Fairfield	State CT	Zip Code 06824
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/06/2018	Aggregate Contributions \$50.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name MASSEY	First EDWARD	MI P	Contribution ID # 1117
Residential Street Address 49 Mansfield	City North Haven	State CT	Zip Code 06473
Principal Occupation QUALITY ASSURANCE	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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/06/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name MAHER	First COURTNEY	MI P	Contribution ID # 1118
Residential Street Address 65 Railroad Ave	City Milford	State CT	Zip Code 06460
Principal Occupation PLANNER	Name of Employer WOMENS MARKETING 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/06/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name GEREMIA	First DANIEL	MI L	Contribution ID # 1119
Residential Street Address 29 Sarenee Cir	City Trumbull	State CT	Zip Code 06611
Principal Occupation QA LEAD MAN	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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/06/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name VECCHIO	First GINGER	MI P	Contribution ID # 1120
Residential Street Address 123 Lebanon Rd	City Bethany	State CT	Zip Code 06524
Principal Occupation ADMINISTRATIVE ASSISTANT	Name of Employer CURRENT 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/06/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Gioia	First Tony	MI	Contribution ID # 0767
Residential Street Address 692 Hayden Hill Rd	City Torrington	State CT	Zip Code 06790
Principal Occupation Business owner	Name of Employer Self-Realtor/Washington Agency		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 09/07/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Manley	First Michael	MI J	Contribution ID # 1158
Residential Street Address 9 Spring St	City Franklin	State MA	Zip Code 02038
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 09/07/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name DISARIO	First JEANNINE	MI	Contribution ID # 1124
Residential Street Address 5 Great Oak Rd	City Shelton	State CT	Zip Code 06484
Principal Occupation ADMINISTRATION	Name of Employer RD SCINTO 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/07/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name PIACITELLI	First WILLIAM	MI	Contribution ID # 1125
Residential Street Address 99 Sentry Hill Rd	City Monroe	State CT	Zip Code 06468
Principal Occupation ACCOUNTANT	Name of Employer RD SCINTO 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/07/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name STANKYE	First CHARLES	MI M	Contribution ID # 1126
Residential Street Address 126 David Humphreys Rd	City Derby	State CT	Zip Code 06418
Principal Occupation RETIRED POLICE OFFICER	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/07/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$25.00

Last Name GILDEA	First JIM	MI	Contribution ID # 1052
Residential Street Address 11 Academy HI	City Derby	State CT	Zip Code 06418
Principal Occupation DIRECTOR OF MANUF	Name of Employer BIGELOW		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/07/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name WASILEWSKI	First KYLE	MI	Contribution ID # 1055
Residential Street Address 204 New Haven Ave	City Derby	State CT	Zip Code 06418
Principal Occupation AIRCRAFT ELECTRICIAN	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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/07/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name GILDEA	First MELISSA	MI M	Contribution ID # 1075
Residential Street Address 11 Academy HI	City Derby	State CT	Zip Code 06418
Principal Occupation TELLER	Name of Employer PEOPLE'S BANK		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/07/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name CASSETTI	First DAVID	MI	Contribution ID # 1076
Residential Street Address 3 High Acres Rd	City Ansonia	State CT	Zip Code 06401
Principal Occupation SUDENT	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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/07/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Cassetti	First JENNIFER	MI	Contribution ID # 1077
Residential Street Address 3 High Acres Rd	City Ansonia	State CT	Zip Code 06401
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 checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/07/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Cassetti	First LILLIAN	MI	Contribution ID # 1078
Residential Street Address 3 High Acres Rd	City Ansonia	State CT	Zip Code 06401
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? <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 09/07/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name MATUSOVICH	First LORRIE	MI A	Contribution ID # 1079
Residential Street Address 132 Quake Ramers Rd	City Oxford	State CT	Zip Code 06478
Principal Occupation ACCOUNTING MANAGER	Name of Employer TOWN OF SEYMOUR		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/07/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name WEINBERG	First JEREMY	MI	Contribution ID # 1067
Residential Street Address 24 Ranch Rd	City Woodbridge	State CT	Zip Code 06525
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/07/2018	Aggregate Contributions \$95.00
			Amount of Contribution \$45.00

Last Name Perillo	First Rebecca	MI	Contribution ID # 0766
Residential Street Address 454 Coram Ave	City Shelton	State CT	Zip Code 06484
Principal Occupation Nurse Practitioner	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 09/07/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Gioia	First Tony	MI	Contribution ID # 0767
Residential Street Address 692 Hayden Hill Rd	City Torrington	State CT	Zip Code 06790
Principal Occupation Business owner	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 09/07/2018	Aggregate Contributions \$200.00
			Amount of Contribution \$100.00

Last Name Charmel	First Patrick	MI A	Contribution ID # 0768
Residential Street Address 100 W Meadow Rd	City Hamden	State CT	Zip Code 06518
Principal Occupation Administrator	Name of Employer Griffin Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/07/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name SICIGNANO	First JOHN	MI	Contribution ID # 0769
Residential Street Address 224 Bear Hill Rd	City Bethany	State CT	Zip Code 06524
Principal Occupation Owner	Name of Employer Advanced Multifamily Security		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 09/07/2018	Aggregate Contributions \$50.00
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 \$50.00	

Last Name Findley	First Robert	MI J	Contribution ID # 0770
Residential Street Address 57 Brookfield Rd	City Seymour	State CT	Zip Code 06483
Principal Occupation Director Global Services	Name of Employer Emerson		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 09/07/2018	Aggregate Contributions \$50.00
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 \$50.00	

Last Name Coakley	First James	MI J	Contribution ID # 0771
Residential Street Address 11102 Campazzo Dr	City Venice	State FL	Zip Code 34292
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/07/2018	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 Lamantia	First Terry	MI	Contribution ID # 0772
Residential Street Address 27 Hemlock Dr	City Greenwich	State CT	Zip Code 06831
Principal Occupation Accountant	Name of Employer KPMG		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 09/07/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Walsh	First Joseph	MI G	Contribution ID # 0773
Residential Street Address 140 Fieldcrest Dr	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Attorney	Name of Employer Cohen and Wolf, PC		
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 09/07/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Palmer	First Joe	MI J	Contribution ID # 0774
Residential Street Address 263 Middlebrook Dr	City Fairfield	State CT	Zip Code 06824
Principal Occupation Sales/Marketing	Name of Employer Radius		
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 09/07/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Smith	First Paul	MI W	Contribution ID # 0775
Residential Street Address 43 John St	City Windsor Locks	State CT	Zip Code 06096
Principal Occupation Attorney	Name of Employer Smith & Bishop 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 09/07/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Proto	First Caroline	MI E	Contribution ID # 0776
Residential Street Address 2090 Cutspring Rd	City Stratford	State CT	Zip Code 06614
Principal Occupation Marketing	Name of Employer Havas Media		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 09/07/2018	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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Speciale	First Virginia	MI	Contribution ID # 0777
Residential Street Address 112 Homestead Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Owner	Name of Employer Special Testing Labs 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 09/07/2018	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 Martin	First Lisa	MI M	Contribution ID # 0796
Residential Street Address 196 Juniper Dr	City Coventry	State CT	Zip Code 06238
Principal Occupation Executive Administrator	Name of Employer M&M Electric 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 09/07/2018	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 Martin, Sr	First Michael	MI M	Contribution ID # 0797
Residential Street Address 203 Standish Rd	City Coventry	State CT	Zip Code 06238
Principal Occupation Principal	Name of Employer M&M electric 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 09/07/2018	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 L	Contribution ID # 0763
Residential Street Address 649 Merwins Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Consultant	Name of Employer N/A		
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 09/08/2018	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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Knight	First Michael	MI J	Contribution ID # 0764
Residential Street Address 2180 Kings Hwy	City Fairfield	State CT	Zip Code 06824
Principal Occupation Accountant	Name of Employer Knight Roller Sheppard CPAS		
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 09/08/2018	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 Plunkett	First Joseph	MI P	Contribution ID # 0765
Residential Street Address 180 Whittier Rd	City Milton	State MA	Zip Code 02186
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/08/2018	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 JORGE	First TOMAS	MI C	Contribution ID # 1064
Residential Street Address 4 Blueberry Ln	City Seymour	State CT	Zip Code 06483
Principal Occupation PRESIDENT	Name of Employer NW DISTRIBUTION		
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 09/08/2018	Aggregate Contributions \$100.00
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 \$100.00	

Last Name CALLAGHAN	First HEATHER	MI L	Contribution ID # 1065
Residential Street Address 49 Grandview Blvd	City Derby	State CT	Zip Code 06418
Principal Occupation COUNSLER	Name of Employer BH CARE		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/08/2018	Aggregate Contributions \$100.00
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 \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name MORROW	First ROBERT	MI	Contribution ID # 1071
Residential Street Address 31 Evening Star Dr	City Seymour	State CT	Zip Code 06483
Principal Occupation INSPECTOR	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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/08/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Forster	First Christopher	MI D	Contribution ID # 1104
Residential Street Address 1773 Farmington Ave	City Farmington	State CT	Zip Code 06085
Principal Occupation Controller	Name of Employer State of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/08/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name David	First Cynthia	MI	Contribution ID # 1105
Residential Street Address 52 N Main St	City Essex	State CT	Zip Code 06426
Principal Occupation consulting broker	Name of Employer Cynthia David & Associates 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 09/08/2018	Aggregate Contributions \$75.00
		Amount of Contribution \$75.00	

Last Name Dillon	First Jonathan	MI	Contribution ID # 1106
Residential Street Address 171 Hollow Rd	City Watertown	State CT	Zip Code 06795
Principal Occupation Manager	Name of Employer Quality Subaru		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 09/08/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Chory	First Anthony	MI G	Contribution ID # 1107
Residential Street Address 26 Dale Rd	City Trumbull	State CT	Zip Code 06611
Principal Occupation Engineer	Name of Employer Sikorsky Aircraft		
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 09/08/2018	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 Grzeika	First Thomas	MI H	Contribution ID # 1108
Residential Street Address 54 Hi-Lea Farm Rd	City Colchester	State CT	Zip Code 06415
Principal Occupation Service Engineer	Name of Employer LNS America, 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 09/08/2018	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 Nagel	First Daniel	MI S	Contribution ID # 1109
Residential Street Address 38 Haviland Dr	City Trumbull	State CT	Zip Code 06611
Principal Occupation Attorney	Name of Employer Cohen and Wolf, P.P.		
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 09/08/2018	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 DAMBRISIO	First KATHY	MI S	Contribution ID # 1084
Residential Street Address 22 Edgehill Rd	City Ansonia	State CT	Zip Code 06401
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/08/2018	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name DAMBROSIO	First THOMAS	MI	Contribution ID # 1085
Residential Street Address 22 Edgehill Rd	City Ansonia	State CT	Zip Code 06401
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/08/2018	Aggregate Contributions \$100.00- \$50.00-

Last Name DAMBROSIO	First ELIZABETH	MI M	Contribution ID # 1086
Residential Street Address 19 Catalina Dr	City Ansonia	State CT	Zip Code 06401
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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/08/2018	Aggregate Contributions \$50.00 \$50.00

Last Name LAPORTA	First MARIA	MI	Contribution ID # 1087
Residential Street Address 19 Catalina	City Ansonia	State CT	Zip Code 06401
Principal Occupation ADMIN ASST	Name of Employer THE CT HOSPICE		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/08/2018	Aggregate Contributions \$50.00 \$50.00

Last Name CALLAGHAN	First PATRICK	MI C	Contribution ID # 1054
Residential Street Address 49 Grandview Blvd	City Derby	State CT	Zip Code 06418
Principal Occupation PLUMBER	Name of Employer SIKORSKY AIRCRAFT		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/08/2018	Aggregate Contributions \$100.00 \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name BOULTON	First SCOTT	MI M	Contribution ID # 1058
Residential Street Address 11 Commodore Hull Dr	City Derby	State CT	Zip Code 06418
Principal Occupation POLICE OFFICER	Name of Employer CITY OF DERBY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/08/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name SHAY	First JOHN	MI W	Contribution ID # 1059
Residential Street Address 80 Lantern Park Dr Unit 4	City Naugatuck	State CT	Zip Code 06770
Principal Occupation OPERATING ENGINEER	Name of Employer O&G INDUSTRIES		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/08/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name SHAY	First DEBORAH	MI F	Contribution ID # 1060
Residential Street Address 80 Lantern Park Dr Unit 4	City Naugatuck	State CT	Zip Code 06770
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/08/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name GREGIORE	First DONALD	MI	Contribution ID # 1047
Residential Street Address 180 Martin Rd	City Bristol	State CT	Zip Code 06010
Principal Occupation ROOFER	Name of Employer D GREGIORE ROOFING		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/08/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name NYE	First JENNIFER	MI T	Contribution ID # 1048
Residential Street Address 15 French Rd	City Manchester	State CT	Zip Code 06042
Principal Occupation PARALEGAL	Name of Employer HORTON, DAVID, BARTSCHI AND LEVESQUE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 09/08/2018	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name ENAMA	First LEWIS	MI G	Contribution ID # 1121
Residential Street Address 14 Stoddard St	City Seymour	State CT	Zip Code 06483
Principal Occupation SR AIRCRAFT MECHANIC	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 #		Date Received 09/08/2018	Aggregate Contributions \$100.00
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 \$100.00	

Last Name TUOZZOLA	First DAN	MI V	Contribution ID # 1122
Residential Street Address 28 Faber Ave # 1	City Waterbury	State CT	Zip Code 06704
Principal Occupation HYD TECH	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 #		Date Received 09/08/2018	Aggregate Contributions \$100.00
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 \$100.00	

Last Name CASCARELLI	First VICTORIA	MI M	Contribution ID # 1123
Residential Street Address 12 Glen Hollow Rd	City Monroe	State CT	Zip Code 06468
Principal Occupation ELECTRICAL ASSEMBLY	Name of Employer LOCKHEED MARTIN		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 09/08/2018	Aggregate Contributions \$100.00
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 \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name DAMBRISIO	First KELLY	MI	Contribution ID # 1084
Residential Street Address 22 Edgehill Rd	City Ansonia	State CT	Zip Code 06401
Principal Occupation Accountant	Name of Employer Buddeyfly		
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 09/08/2018	Aggregate Contributions \$50.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name DAMBROSIO	First THOMAS	MI	Contribution ID # 1085
Residential Street Address 22 Edgehill Rd	City Ansonia	State CT	Zip Code 06401
Principal Occupation Disabled	Name of Employer none		
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 09/08/2018	Aggregate Contributions \$50.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name ROGALIS	First JOSEPH	MI A	Contribution ID # 1127
Residential Street Address 30132 Tavares Ridge Blvd	City Taveres	State FL	Zip Code 32778
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 09/09/2018	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 OBSITNIK	First STEVE	MI	Contribution ID # 1128
Residential Street Address 8 Imperial Lndg	City Westport	State CT	Zip Code 06880
Principal Occupation TECHNOLOGY	Name of Employer SAUGATUCK ADVISORY		
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 09/09/2018	Aggregate Contributions \$50.00
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 \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name BRUNO	First ALFRED	MI E	Contribution ID # 1129
Residential Street Address 259 Meadow St	City Shelton	State CT	Zip Code 06484
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 09/09/2018	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 GAVIN	First JONATHAN	MI T	Contribution ID # 1130
Residential Street Address 81 Green Ln	City Durham	State CT	Zip Code 06422
Principal Occupation MANUFACTURER	Name of Employer UNITED CONCRETE		
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 09/09/2018	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 MCLACHLAN	First MICHAEL	MI	Contribution ID # 1131
Residential Street Address 33 Meadowbrook Rd	City Danbury	State CT	Zip Code 06811
Principal Occupation BROKER	Name of Employer HAT CITY REAL ESTATE LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/09/2018	Aggregate Contributions \$5.00
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 \$5.00	

Last Name WATKINS	First DAVID	MI	Contribution ID # 1132
Residential Street Address 257 Ocean Dr W	City Stamford	State CT	Zip Code 06902
Principal Occupation INSURANCE BROKER	Name of Employer DISTINGUISHED PROGRAMS		
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 09/09/2018	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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name KUPCHICK	First BRENDA	MI L	Contribution ID # 1133
Residential Street Address 213 Farist Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation CO/OWNER AND MANAGER	Name of Employer PETER KUPCHICK HEATING AND COOLING INC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/09/2018	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 NICHOLAS	First PHYLLIS	MI W	Contribution ID # 1134
Residential Street Address 40 Howard Rd	City Greenwich	State CT	Zip Code 06831
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/09/2018	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 O'BRIEN	First MATTHEW	MI D	Contribution ID # 1135
Residential Street Address 98 Timber Trl	City Coventry	State CT	Zip Code 06238
Principal Occupation EXECUTIVE RECRUITOR	Name of Employer THE CONFIDENTIAL SEARCH COMPANY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 09/09/2018	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 BOBOWSKI	First SANDRA	MI B	Contribution ID # 1136
Residential Street Address 45 Terry Rd	City Hartford	State CT	Zip Code 06105
Principal Occupation PROPERTY INVESTMENT AND MANAGEMENT	Name of Employer SANDRA B BOBOWSKI INC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/09/2018	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	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name SCINTO	First BARBARA	MI	Contribution ID # 1137
Residential Street Address 144 Old Academy 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 09/09/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name SCINTO	First ROBERT	MI D	Contribution ID # 1138
Residential Street Address 144 Old Academy Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation REAL ESTATE DEVELOPER	Name of Employer RD SCINTO 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 09/09/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name WARZOHA	First STEPHEN	MI A	Contribution ID # 1139
Residential Street Address 933 King St	City Greenwich	State CT	Zip Code 06831
Principal Occupation ASSISTANT	Name of Employer MCMAHON VENTURES LT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 09/09/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name SCARLATA	First VINNIE	MI	Contribution ID # 1140
Residential Street Address 99 Pulaski Hwy	City Ansonia	State CT	Zip Code 06401
Principal Occupation FABRICATOR	Name of Employer RINGS END LUMBER		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 09/09/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name SMITH	First PAULA	MI	Contribution ID # 1141
Residential Street Address 62 Hauser St	City Milford	State CT	Zip Code 06460
Principal Occupation MATERIALS MANAGER	Name of Employer PARKER HANNIFIN		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 09/09/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name papatones	First MELISSA	MI J	Contribution ID # 1142
Residential Street Address 98 Alden Ave	City New Haven	State CT	Zip Code 06515
Principal Occupation ATTORNEY	Name of Employer ALLSTATE INSURANCE 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/09/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name SMITH	First ELIZABETH	MI P	Contribution ID # 1144
Residential Street Address 37 Holly Ln	City Darien	State CT	Zip Code 06820
Principal Occupation BOARD OF DIRECTOR	Name of Employer PEDEVCO 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/09/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Dauphinais	First Dale	MI J	Contribution ID # 1145
Residential Street Address 204 Wright Rd	City Danielson	State CT	Zip Code 06239
Principal Occupation Senior Manager	Name of Employer Raytheon		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 09/09/2018	Aggregate Contributions \$200.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Ferraro	First Charles	MI j	Contribution ID # 1146
Residential Street Address 13 Twin Circle Rd	City West Haven	State CT	Zip Code 06516
Principal Occupation Teacher	Name of Employer West Haven Academy of Karate		
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 09/09/2018	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 Galli-Debicella	First Alexandra	MI L	Contribution ID # 1147
Residential Street Address 1 Lazy Brook Rd	City Shelton	State CT	Zip Code 06484
Principal Occupation Professor	Name of Employer Western Connecticut State 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? If yes, list Event #		Date Received 09/09/2018	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 Gara	First Elizabeth	MI	Contribution ID # 1148
Residential Street Address 105 Mattabasset Dr	City Durham	State CT	Zip Code 06422
Principal Occupation Lobbyist	Name of Employer Connecticut Lobbying Group 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/09/2018	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 Garthwait, Jr	First Bob	MI	Contribution ID # 1149
Residential Street Address 15 Hemingway Ave	City Wolcott	State CT	Zip Code 06716
Principal Occupation Executive	Name of Employer Cly-Del		
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 09/09/2018	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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Herley	First Michael	MI D	Contribution ID # 1150
Residential Street Address 94 Gray Rock Rd	City Southport	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? 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 09/09/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Kahmann	First James	MI B	Contribution ID # 1151
Residential Street Address 17 Oriole Dr	City Norwalk	State CT	Zip Code 06851
Principal Occupation Consulting	Name of Employer Kahmann Elements		
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 09/09/2018	Aggregate Contributions \$15.00
			Amount of Contribution \$15.00

Last Name Mannion	First Arthur	MI J	Contribution ID # 1152
Residential Street Address 132 Main St Apt 304	City Danbury	State CT	Zip Code 06810
Principal Occupation Attorney	Name of Employer AJ Mannion Law Office 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 09/09/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Papantones	First Melissa	MI J	Contribution ID # 1153
Residential Street Address 98 Aiden Ave	City New Haven	State CT	Zip Code 06515
Principal Occupation Attorney	Name of Employer Allstate Insurance Co.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? 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 09/09/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Peterson	First Todd	MI J	Contribution ID # 1154
Residential Street Address 40 Scofield Hill Rd	City Washington	State CT	Zip Code 06794
Principal Occupation Dishwasher	Name of Employer G.W. Tavern		
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 09/09/2018	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 Rothman	First Melissa	MI CT	Contribution ID # 1155
Residential Street Address 205 Tonica Springs Trl	City Manchester	State CT	Zip Code 06040
Principal Occupation Realty	Name of Employer None		
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 09/09/2018	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 Montesi	First Corliss	MI J	Contribution ID # 1092
Residential Street Address 55 Farmers Ct	City Cheshire	State CT	Zip Code 06410
Principal Occupation Financial Executive	Name of Employer Stanley Back & Decker		
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 09/09/2018	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 Monaco	First Nancy	MI M	Contribution ID # 1093
Residential Street Address 11 Hawley Dr	City Ansonia	State CT	Zip Code 06401
Principal Occupation Attorney	Name of Employer Hpm&b		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/09/2018	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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Montesi	First Mark	MI J	Contribution ID # 1094
Residential Street Address 55 Farmers Ct	City Cheshire	State CT	Zip Code 06410
Principal Occupation Teacher	Name of Employer Bethany Board of Ed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 09/09/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Alibrio	First Aric	MI CT	Contribution ID # 1095
Residential Street Address 8 Nottingham Blvd	City Unionville	State CT	Zip Code 06085
Principal Occupation Sales	Name of Employer CBORD		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 09/09/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Ciardiello	First Carmen	MI CT	Contribution ID # 1096
Residential Street Address 1 Timber Ln	City Guilford	State CT	Zip Code 06437
Principal Occupation Engineer	Name of Employer Engineering Specialties, 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 09/09/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Kelley	First Deborah	MI S	Contribution ID # 1097
Residential Street Address 114 Steele Rd	City West Hartford	State CT	Zip Code 06119
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 09/09/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Eisele	First Jennifer	MI T	Contribution ID # 1098
Residential Street Address 294 Neck Rd	City Madison	State CT	Zip Code 06443
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 09/09/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Kelley	First Thomas	MI P	Contribution ID # 1099
Residential Street Address 114 Steele Rd	City West Hartford	State CT	Zip Code 06119
Principal Occupation Business Advisory	Name of Employer TPK Advisors,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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/09/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Stefanowski	First Amy	MI k	Contribution ID # 1100
Residential Street Address 1046 Boston Post Rd	City Madison	State CT	Zip Code 06443
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 09/09/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Stefanowski	First Robert	MI V	Contribution ID # 1101
Residential Street Address 1046 Boston Post Rd	City Madison	State CT	Zip Code 06443
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 09/09/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Scarano, Jr	First Dominic	MI	Contribution ID # 1102
Residential Street Address 73 Sugar Hill Rd	City North Haven	State CT	Zip Code 06473
Principal Occupation Accountant	Name of Employer Bailey & Scarano		
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 09/09/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Fredericks	First Tyler	MI	Contribution ID # 1103
Residential Street Address 171 Beacon Manor Rd	City Naugatuck	State CT	Zip Code 06770
Principal Occupation 911 dispatcher	Name of Employer Borough of Naugatuck		
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 09/09/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Rudolph	First Andy	MI	Contribution ID # 1110
Residential Street Address 926 Havenhurst Dr	City San Diego	State CA	Zip Code 92037
Principal Occupation Forensic accountant	Name of Employer RGRD law		
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 09/09/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Total of Section B			\$32,535.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS			\$32,535.00

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

C1. Contributions from Other Committees

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

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

NAME OF COMMITTEE	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

C2. Reimbursements or Surplus Distributions from other Committees

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

Total of Section C2

I. MONETARY RECEIPTS (Section A-I)

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

I. MONETARY RECEIPTS (Section A-I)

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

I. Monetary Receipts (Section A-I)

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

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

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Election		

Total of Section H

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

I. Miscellaneous Monetary Receipts not Considered Contributions

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

Total of Section I

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Kurt for CT		Itemized Statement accompanying application for Public Grant - Amendment	
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: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes	(If yes, enter Total Receipts here.)
		No	
Total of Section J1			

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Kurt for CT		Itemized Statement accompanying application for Public Grant - Amendment	
J3. In-Kind Donations Not Considered Contributions			
Name of the Donor			
Street Address		City	State Zip Code
Donation Given by:	Description of Donation		Fair Market Value of Donation
Individual			
Business Entity	Date Received	Event #	Aggregate value for this event
Sole Proprietorship			
Total of Section J3			

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

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

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

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

K. In-Kind Contributions

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

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

L. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made	
Residential Street Address	City	State	Zip Code	Amount of Deposit
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
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment
N. Expenses Paid By Committee	

Name of Payee JOHN MARINI		Date of Payment 08/08/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1042</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 11 Hawley Dr		City Ansonia	State CT	Zip Code 06401
Purpose of Expend CNSLT	Description Treasurer Fee			Amount \$500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee SHEILA OMALLEY		Date of Payment 08/08/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1043</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 37 Booth Ave Unit 7		City Oakville	State CT	Zip Code 06779
Purpose of Expend CNSLT	Description Deputy Treasurer fee			Amount \$500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee NOAH SHERNOW		Date of Payment 08/08/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1044</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Shady Hill Rd		City Woodbridge	State CT	Zip Code 06525
Purpose of Expend RMB	Description REIMBURSE FOR KEYS FOR CAMPAIGN HDQTRS			Amount \$500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Red November Strategies LLC		Date of Payment 08/08/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1060</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 6 Warren Rd		City Woodbridge	State CT	Zip Code 06525
Purpose of Expend CNSLT	Description Communications			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$750.00

Name of Payee NOAH SHERNOW		Date of Payment 08/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1044</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Shady Hill Rd		City Woodbridge	State CT	Zip Code 06525
Purpose of Expend RMB	Description Reimburse volunteer expenses			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 #
				\$11.17

Name of Payee PATRICK BURLAND		Date of Payment 08/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1061</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 11 Ledge Rd		City Woodbridge	State CT	Zip Code 06525
Purpose of Expend RMB	Description FOOD AND DRINK FOR VOLUNTEERS			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 #
				\$33.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee PATRICK BURLAND		Date of Payment 08/18/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1063</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 11 Ledge Rd		City Woodbridge	State CT	Zip Code 06525
Purpose of Expend WAGE	Description			Amount \$500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum			Expenditure # (if applicable)	

Name of Payee SHEILA OMALLEY		Date of Payment 08/18/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1045</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 37 Booth Ave Unit 7		City Oakville	State CT	Zip Code 06779
Purpose of Expend RMB	Description PURCHASE OF BREAKFAST FOR CAMPAIGN VOLUNTEERS AT VALLEY DINER			Amount \$54.86
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum			Expenditure # (if applicable)	

Name of Payee JEREMY WEINBERG		Date of Payment 08/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1064</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Ranch Rd		City Woodbridge	State CT	Zip Code 06525
Purpose of Expend WAGE	Description			Amount \$500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum			Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee The Station Restaurant		Date of Payment 08/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1065</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 195 Water St		City Naugatuck	State CT	Zip Code 06770
Purpose of Expend FNDR *	Description food for event			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 # 06232018B
				\$694.00

Name of Payee NOAH SHERNOW		Date of Payment 08/27/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1090</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Shady Hill Rd		City Woodbridge	State CT	Zip Code 06525
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$625.00

Name of Payee Richard Demko		Date of Payment 08/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1066</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 31 Smith St		City Seymour	State CT	Zip Code 06483
Purpose of Expend Misc *	Description SIGN PLACEMENT FOR PRIMARY			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 #
				\$76.50

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Tony Mavuli		Date of Payment 08/29/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1047</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 102 Southbury Rd		City Roxbury	State CT	Zip Code 06783
Purpose of Expend OVHD	Description rent, office space			Amount \$675.00
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)	

Name of Payee WAYNE WATT		Date of Payment 09/02/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1071</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Toppenfield Ln		City Oxford	State CT	Zip Code 06478
Purpose of Expend REF	Description OVER THE LIMIT FUNDS DONATED			Amount \$50.00
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)	

Name of Payee JOHN F. ANGLACE		Date of Payment 09/02/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1070</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 676 Long Horn Ave		City Shelton	State CT	Zip Code 06484
Purpose of Expend REF	Description RETURNED FUNDS FOR OVER THE LIMIT DONATION			Amount \$50.00
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)	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee KATHRYN AND PAUL PHILIP		Date of Payment 09/02/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1069</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Stone Wall Ln		City Woodbridge	State CT	Zip Code 06525
Purpose of Expend REF	Description TRUST FUND CHECK UNACCEPTABLE			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 #
				\$25.00

Name of Payee EDWARD ST. JOHN		Date of Payment 09/02/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1068</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 178 Bronson Dr		City Middlebury	State CT	Zip Code 06762
Purpose of Expend REF	Description OVER THE LIMIT FUNDS CONTRIBUTED			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 #
				\$50.00

Name of Payee STEVEN CARRIER		Date of Payment 09/02/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1067</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 102 Alpine Dr		City Burlington	State CT	Zip Code 06013
Purpose of Expend REF	Description EXCESS FUNDS FROM DONATION OVER THE LIMIT			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 #
				\$100.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee JOHN MARINI		Date of Payment 09/02/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1072</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 11 Hawley Dr		City Ansonia	State CT	Zip Code 06401
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$500.00

Name of Payee SHEILA OMALLEY		Date of Payment 09/02/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1073</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 37 Booth Ave Unit 7		City Oakville	State CT	Zip Code 06779
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$500.00

Name of Payee People's United Bank		Date of Payment 09/06/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 12 Franklin St		City Seymour	State CT	Zip Code 06483
Purpose of Expend BNK	Description returned check fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$15.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Majority Strategies LLC		Date of Payment 09/06/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1049</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 12854 Kenan Dr Ste 145		City Jacksonville	State FL	Zip Code 32258
Purpose of Expend A-WEB	Description Digital Marketing			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,000.00

Name of Payee Majority Strategies LLC		Date of Payment 09/06/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1050</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 12854 Kenan Dr Ste 145		City Jacksonville	State FL	Zip Code 32258
Purpose of Expend A-WEB	Description digital marketing			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 #
				\$4,416.67

Name of Payee Jonathon L. Wharton		Date of Payment 09/06/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1091</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 44 Harbour Close		City New Haven	State CT	Zip Code 06519-2835
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,000.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Majority Strategies LLC		Date of Payment 09/06/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1092</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 12854 Kenan Dr Ste 145		City Jacksonville	State FL	Zip Code 32258
Purpose of Expend A-WEB	Description Digital Marketing			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 #
				\$9,739.26

Name of Payee Storytellers Group, LLC		Date of Payment 09/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1046</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 577001		City Chicago	State IL	Zip Code 60657
Purpose of Expend A-OTH	Description Palm Cards			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,700.00

Name of Payee Anedot		Date of Payment 09/07/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend WEB	Description online donation processing fee			Amount
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 #
				\$730.66

IV. EXPENDITURES (Sections N - S)

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

Name of Payee anthony boucher		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1093</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 33 Sagamore Dr		City Seymour	State CT	Zip Code 06483
Purpose of Expend REF	Description OVER THE LIMIT CONTRIBUTION			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 #
				\$50.00

Name of Payee FRANCINE CARRIER		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1094</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 19 Winston Ct		City Bristol	State CT	Zip Code 06010
Purpose of Expend REF	Description OVER THE LIMIT FUNDS			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 #
				\$100.00

Name of Payee JOHN DANTONA		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1095</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 271 Sunwood Dr		City Shelton	State CT	Zip Code 06484
Purpose of Expend REF	Description OVER THE LIMIT			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 #
				\$25.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee DALE DAUPHINE		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1096</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 204 Wright Rd		City Danielson	State CT	Zip Code 06239
Purpose of Expend REF	Description OVER LIMIT			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 #
				\$100.00

Name of Payee PATRICIA FERS		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1097</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 28 W Brookside Ave		City Ansonia	State CT	Zip Code 06401
Purpose of Expend REF	Description OVER LIMIT CONTRIBUTION			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 #
				\$100.00

Name of Payee MICHAEL FREDA		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1098</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 20 Highland Park Rd		City North Haven	State CT	Zip Code 06473
Purpose of Expend REF	Description OVER THE LIMIT CONTRIBUTION			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 #
				\$50.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee ROBIN GREEN		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1099</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 63 High Point Cmns		City Marlborough	State CT	Zip Code 06477
Purpose of Expend REF	Description OVER LIMIT CONTRIBUTIONS			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 #
				\$50.00

Name of Payee DAVID HENDRICKS		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1100</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 29 Evergreen Ter		City Seymour	State CT	Zip Code 06483
Purpose of Expend REF	Description OVER THE LIMIT CONTRIBUTIONS			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 #
				\$100.00

Name of Payee kyle KELLEY		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1101</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 61 New St		City Seymour	State CT	Zip Code 06483
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$25.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee THEMIS KLARIDES		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 23 East Ct		City Derby	State CT	Zip Code 06418
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$100.00-

Name of Payee NICOLE KLARIDES-DITRIA		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 23 Osprey Dr		City Seymour	State CT	Zip Code 06483
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$100.00-

Name of Payee PATRICK LOMBARDI		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1104 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 149 Derby Ave		City Seymour	State CT	Zip Code 06483
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$50.00-

IV. EXPENDITURES (Sections N - S)

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

Name of Payee DONNA MILLER		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1105 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Johnson Ave		City Seymour	State CT	Zip Code 06483
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$25.00-

Name of Payee ED MONE		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1106 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 100 Woodruff Ave		City Thomaston	State CT	Zip Code 06787
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$50.00-

Name of Payee ALEX PLITSAS		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1107 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 78 Cambridge St		City Fairfield	State CT	Zip Code 06824
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$100.00-

IV. EXPENDITURES (Sections N - S)

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

Name of Payee SABATINO PALLASTRO JR		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1108</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Stevens St		City Derby	State CT	Zip Code 06418
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$50.00-

Name of Payee CHRISTOPHER RUTLEDGE		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1109</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Victory St		City Enfield	State CT	Zip Code 06082
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$100.00-

Name of Payee TIMOTHY STEWART		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1110</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 60 Wightman Rd		City New Britain	State CT	Zip Code 06052
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$50.00-

IV. EXPENDITURES (Sections N - S)

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

Name of Payee DAVID WALKER		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1111</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 37 Beacon St		City Bridgeport	State CT	Zip Code 06605
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$100.00-

Name of Payee DAVID WATKINS		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1112</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 257 Ocean Dr W		City Stamford	State CT	Zip Code 06902
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$25.00-

Name of Payee DAVID WEINBURG		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1113</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Ranch Rd		City Woodbridge	State CT	Zip Code 06525
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$25.00-

IV. EXPENDITURES (Sections N - S)

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

Name of Payee PAUL WETOWITZ		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1114 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 56 Davis Rd		City Seymour	State CT	Zip Code 06483
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$100.00-

Name of Payee JEFFREY WRIGHT		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1115 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1925 Huntington Tpk		City Trumbull	State CT	Zip Code 06611
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$0.52-

Name of Payee CEP		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1074 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 20 Trinity St		City Hartford	State CT	Zip Code 06106
Purpose of Expend Misc *	Description BUFFER CHECK FOR EXCESS FUNDS			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,615.52

IV. EXPENDITURES (Sections N - S)

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

Name of Payee ALEX PLITSAS		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1007 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 78 Cambridge St		City Fairfield	State CT	Zip Code 06824
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$100.00

Name of Payee kyle KELLEY		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1016 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 61 New St		City Seymour	State CT	Zip Code 06883
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$25.00

Name of Payee ED MONE		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1017 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 100 Woodruff Ave		City Thomaston	State CT	Zip Code 06787
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$50.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee THEMIS KLARIDES		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1002 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 23 East Ct		City Derby	State CT	Zip Code 06418
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$100.00

Name of Payee NICOLE KLARIDES-DITRIA		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1003 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 23 Osprey Dr		City Seymour	State CT	Zip Code 06483
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$100.00

Name of Payee PATRICK LOMBARDI		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1004 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 149 Derby Ave		City Seymour	State CT	Zip Code 06483
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$50.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee DONNA MILLER		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1005 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Johnson Ave		City Seymour	State CT	Zip Code 06483
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$25.00

Name of Payee SABATINO PALLASTRO JR		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1008 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Stevens St		City Derby	State CT	Zip Code 06418
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$50.00

Name of Payee CHRISTOPHER RUTLEDGE		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1009 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Victory St		City Enfield	State CT	Zip Code 06082
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$100.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee TIMOTHY STEWART		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1010 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 60 Whightman Rd		City New Britain		State CT
Zip Code 06052				
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$50.00

Name of Payee DAVID WALKER		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1011 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 37 Beacon St		City Bridgeport		State CT
Zip Code 06605				
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$100.00

Name of Payee DAVID WATKINS		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1012 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 257 Ocean Dr W		City Stamford		State CT
Zip Code 06902				
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$25.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee DAVID WEINBURG		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1013 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Ranch Rd		City Woodbridge	State CT	Zip Code 06525
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$25.00

Name of Payee PAUL WETOWITZ		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1014 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 56 Davis Rd		City Seymour	State CT	Zip Code 06483
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$100.00

Name of Payee JEFFREY WRIGHT		Date of Payment 09/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1015 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1925 Huntington Tpke		City Trumbull	State CT	Zip Code 06611
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$0.52

Total of Section N

\$28,387.16

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

IV. EXPENDITURES (Sections N - S)

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

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

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

Total of Section Q	
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IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

R. Itemization of Reimbursements and Secondary Payees

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

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	Itemized Statement accompanying application for Public Grant - Amendment

S. Surplus Distribution of Equipment and Furniture

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

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

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

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

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

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