



**COVER PAGE**

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
<b>Bob for Governor</b>			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First <b>David</b>	MI <b>M</b>	Last <b>Becker</b>		Suffix	
4. TREASURER ADDRESS					
Street Address <b>164 Taintor Dr</b>		City <b>Southport</b>		State <b>CT</b>	Zip Code <b>06890</b>
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)
<b>11/08/2022</b>		<b>Governor</b>			
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First <b>Robert</b>	MI <b>V</b>	Last <b>Stefanowski</b>		Suffix <b>Jr</b>	
9. TYPE OF REPORT					
<b>January 10 Filing - Original</b>					
10. PERIOD COVERED					
		Beginning Date		Ending Date	
		<b>10/31/2022</b>	thru	<b>12/31/2022</b>	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
<b>Electronic Filing</b>		<b>David Becker</b>		<b>01/10/2023 10:20:44PM</b>	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
<p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</b></p>					

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
<b>Bob for Governor</b>	January 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$1,351,017.92</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$16,392.00</b>	<b>\$1,563,617.69</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$1,250.00</b>	<b>\$31,843.97</b>
16. Other Monetary Receipts (Section D through I)	<b>\$900,500.00</b>	<b>\$12,902,700.90</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$918,142.00</b>	<b>\$14,498,162.56</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$2,269,159.92</b>	<b>\$14,498,162.56</b>
20. Expenses Paid by Committee (Section N)	<b>\$2,251,319.72</b>	<b>\$14,480,322.36</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns )	<b>\$17,840.20</b>	<b>\$17,840.20</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	<b>\$0.00</b>	<b>\$219.42</b>
24. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$419.75</b>
25. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$12,000,000.00</b>	
26a. + Loans Received (Section D)	<b>\$900,500.00</b>	<b>\$12,900,500.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$12,900,500.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$221,014.58</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$197,359.77</b>	<b>\$879,253.45</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$37,000.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$37,000.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

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

Last Name <b>Batorski</b>	First <b>John</b>	MI	Contribution ID # <b>6984</b>
Residential Street Address <b>70 Black Walnut Dr</b>	City <b>Durham</b>	State <b>CT</b>	Zip Code <b>06422</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 <b>10/31/2022</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Lavergne</b>	First <b>Jennifer</b>	MI	Contribution ID # <b>6985</b>
Residential Street Address <b>4 Chanticleer Ln</b>	City <b>Old Lyme</b>	State <b>CT</b>	Zip Code <b>06371</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 <b>10/31/2022</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Gish</b>	First <b>Dan</b>	MI	Contribution ID # <b>6986</b>
Residential Street Address <b>23 E Hayes Rd</b>	City <b>East Hampton</b>	State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation <b>Director of Quality</b>	Name of Employer <b>Engineering Specialties, Inc.</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 <b>10/31/2022</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Turton	First Bob	MI	Contribution ID # 6987
Residential Street Address 18 Downing Way	City Madison	State CT	Zip Code 06443
Principal Occupation Real Estate Agent - semiretired	Name of Employer Bob Turton - 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 10/31/2022	Aggregate Contributions \$300.00
		Amount of Contribution \$100.00	

Last Name Vendinha	First Albina	MI	Contribution ID # 6988
Residential Street Address 9 Crabapple Ln	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Teacher	Name of Employer Danbury Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/31/2022	Aggregate Contributions \$35.00
		Amount of Contribution \$10.00	

Last Name baldwin	First James	MI	Contribution ID # 6989
Residential Street Address 9 Maura Ln	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 10/31/2022	Aggregate Contributions \$2,385.00
		Amount of Contribution \$50.00	

Last Name Gordon	First Russ	MI	Contribution ID # 6990
Residential Street Address 35 Robert Ln	City Wallingford	State CT	Zip Code 06492
Principal Occupation Sales	Name of Employer Horberg 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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/31/2022	Aggregate Contributions \$35.00
		Amount of Contribution \$35.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Passaretti	First Joseph	MI	Contribution ID # 6991
Residential Street Address 5 Lincoln Dr	City Wallingford	State CT	Zip Code 06492
Principal Occupation Attorney	Name of Employer Montstream Law Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/31/2022	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Koenig	First Jason	MI	Contribution ID # 6992
Residential Street Address 47 Robert Ln	City Wallingford	State CT	Zip Code 06492
Principal Occupation Police Sergeant	Name of Employer City of New 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? 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 10/31/2022	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Scerbo Jr	First Fred	MI	Contribution ID # 6993
Residential Street Address 19 Stanley St	City New Haven	State CT	Zip Code 06511
Principal Occupation Musician	Name of Employer Fred Scerbo Jr - Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/31/2022	Aggregate Contributions \$425.00
			Amount of Contribution \$100.00

Last Name Tietjen	First Scott	MI	Contribution ID # 6994
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? 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 10/31/2022	Aggregate Contributions \$45.00
			Amount of Contribution \$20.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Valentin	First Marietta	MI	Contribution ID # 6995
Residential Street Address 3 Candlewood Knolls Rd	City New Fairfield	State CT	Zip Code 06812
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 10/31/2022	Aggregate Contributions \$120.00
		Amount of Contribution \$50.00	

Last Name Jones	First darlene	MI	Contribution ID # 6996
Residential Street Address 358 Cold Spring Dr	City Westbrook	State CT	Zip Code 06498
Principal Occupation Auditor	Name of Employer State of Connecticut DOL		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 10/31/2022	Aggregate Contributions \$410.00
		Amount of Contribution \$50.00	

Last Name Lindner	First Thomas	MI	Contribution ID # 6997
Residential Street Address 9 Rosenblad 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 10/31/2022	Aggregate Contributions \$1,000.00
		Amount of Contribution \$250.00	

Last Name Buckley	First John	MI	Contribution ID # 6998
Residential Street Address 68 Dorman Rd	City New Britain	State CT	Zip Code 06053
Principal Occupation Engineer	Name of Employer TNE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 10/31/2022	Aggregate Contributions \$250.00
		Amount of Contribution \$50.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Puetz	First Linda	MI	Contribution ID # 6999
Residential Street Address 378 Norman Rd # 19	City Griswold	State CT	Zip Code 06351
Principal Occupation Artist	Name of Employer Home Depot		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 10/31/2022	Aggregate Contributions \$22.00
			Amount of Contribution \$22.00

Last Name Sargent	First Heather	MI	Contribution ID # 7000
Residential Street Address 123 Zaccheus Mead Ln	City Greenwich	State CT	Zip Code 06831
Principal Occupation Heather Sargent - Self Employed	Name of Employer Heather Sargent - 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/31/2022	Aggregate Contributions \$3,000.00
			Amount of Contribution \$3,000.00

Last Name Fabrizio	First Ralph	MI	Contribution ID # 7001
Residential Street Address 39 Benedict St	City Norwalk	State CT	Zip Code 06850
Principal Occupation Ralph Fabrizio - Self Employed	Name of Employer Ralph Fabrizio - 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/31/2022	Aggregate Contributions \$120.00
			Amount of Contribution \$35.00

Last Name schleeauf	First klaus	MI	Contribution ID # 7002
Residential Street Address 33 Maple Ave	City Bloomfield	State CT	Zip Code 06002
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 10/31/2022	Aggregate Contributions \$300.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Lancaster	First Olin	MI	Contribution ID # 7003
Residential Street Address 30 Newsome Ln	City Wilton	State CT	Zip Code 06897
Principal Occupation Executive	Name of Employer Meridian Brands 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 10/31/2022	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 Solari	First Greg	MI	Contribution ID # 7004
Residential Street Address 80 Groveland Ter	City Newington	State CT	Zip Code 06111
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 10/31/2022	Aggregate Contributions \$35.00
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 \$35.00	

Last Name Davies	First Judith	MI	Contribution ID # 7005
Residential Street Address 332 Joshuatown Rd .	City Lyme	State CT	Zip Code 06371
Principal Occupation Registrar of Voters	Name of Employer Town of Lyme		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 10/31/2022	Aggregate Contributions \$125.00
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 Ferguson	First Ann	MI	Contribution ID # 7006
Residential Street Address 50 Ledgewood Rd	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 10/31/2022	Aggregate Contributions \$165.00
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
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Mazza Burnett	First Carolyn	MI	Contribution ID # 7007
Residential Street Address 1 Westwood Cir	City Irvington	State NY	Zip Code 10533
Principal Occupation VP Sales	Name of Employer All New York Title Agency		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 10/31/2022	Aggregate Contributions \$140.00
		Amount of Contribution \$20.00	

Last Name Hoyer	First Edward	MI	Contribution ID # 7008
Residential Street Address 103 Pond Bridge Rd	City Windsor	State CT	Zip Code 06095
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 10/31/2022	Aggregate Contributions \$100.00
		Amount of Contribution \$25.00	

Last Name Kasik	First Patty	MI	Contribution ID # 7009
Residential Street Address 30 Cove Wharf Ln	City Higganum	State CT	Zip Code 06441
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 10/31/2022	Aggregate Contributions \$45.00
		Amount of Contribution \$20.00	

Last Name Sposito	First Joseph	MI	Contribution ID # 7010
Residential Street Address 32 Papermill Rd	City South Glastonbury	State CT	Zip Code 06073
Principal Occupation Finance	Name of Employer Fremont Management, 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 10/31/2022	Aggregate Contributions \$200.00
		Amount of Contribution \$200.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Cagle	First Keith	MI	Contribution ID # 7011
Residential Street Address 7 Cardinal Dr	City Shelton	State CT	Zip Code 06484
Principal Occupation Carpenter	Name of Employer Keith Cagle - 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	
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 10/31/2022	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Maroney	First John	MI	Contribution ID # 7012
Residential Street Address 733 Riverside Dr	City Orange	State CT	Zip Code 06477
Principal Occupation Taxonomist	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	
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 10/31/2022	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Bryson	First Ted	MI	Contribution ID # 7013
Residential Street Address 39 Fair St	City Wallingford	State CT	Zip Code 06492
Principal Occupation Insurance	Name of Employer Zurich		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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 10/31/2022	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Karvazy	First Levente	MI	Contribution ID # 7014
Residential Street Address 14 Johnnycake Ln	City New Hartford	State CT	Zip Code 06057
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 type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/31/2022	Aggregate Contributions \$65.00
		Amount of Contribution \$10.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Bazzolo	First Alex	MI	Contribution ID # 6950
Residential Street Address 3 2 Buck Ring	City Burlington	State CT	Zip Code 06013
Principal Occupation Pipe Hanger	Name of Employer Electric Boat		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/01/2022	Aggregate Contributions \$235.00
		Amount of Contribution \$35.00	

Last Name Marlowe	First Roger	MI	Contribution ID # 6951
Residential Street Address 21 Beaver Pond 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 11/01/2022	Aggregate Contributions \$100.00
		Amount of Contribution \$50.00	

Last Name Root	First Edward	MI	Contribution ID # 6952
Residential Street Address 31 Clark St	City Old Saybrook	State CT	Zip Code 06475
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 11/01/2022	Aggregate Contributions \$120.00
		Amount of Contribution \$35.00	

Last Name Bartol	First Franklin	MI	Contribution ID # 6953
Residential Street Address 21 Lone Pine Trl	City Old 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/01/2022	Aggregate Contributions \$210.00
		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Forbes	First Gaye	MI	Contribution ID # 6954
Residential Street Address 50 Aiken St	City Norwalk	State CT	Zip Code 06851
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 11/01/2022	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Calder	First William	MI	Contribution ID # 6955
Residential Street Address 26 Hollyberry Ln	City Plainville	State CT	Zip Code 06062
Principal Occupation Engineer	Name of Employer Retired from GE & ABB		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/01/2022	Aggregate Contributions \$150.00
			Amount of Contribution \$50.00

Last Name Staib	First Cary	MI	Contribution ID # 6956
Residential Street Address 48 Sherry 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/01/2022	Aggregate Contributions \$45.00
			Amount of Contribution \$10.00

Last Name slavin	First raymond	MI	Contribution ID # 6957
Residential Street Address 4 McLaren Rd S	City Darien	State CT	Zip Code 06820
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 11/01/2022	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name previty	First peter	MI	Contribution ID # 6958
Residential Street Address 48 S Broad St	City Pawcatuck	State CT	Zip Code 06379
Principal Occupation Window Cleaning	Name of Employer Window Wizards 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 11/01/2022	Aggregate Contributions \$100.00
			Amount of Contribution \$50.00

Last Name Poulin	First Michael	MI	Contribution ID # 6959
Residential Street Address 350 Longmeadow Rd	City Orange	State CT	Zip Code 06477
Principal Occupation Engineer	Name of Employer Lockheed Martin 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 11/01/2022	Aggregate Contributions \$200.00
			Amount of Contribution \$100.00

Last Name Baldwin	First James	MI	Contribution ID # 6960
Residential Street Address 9 Maura Ln	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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/01/2022	Aggregate Contributions \$2,485.00
			Amount of Contribution \$100.00

Last Name Canneto	First Rose	MI	Contribution ID # 6961
Residential Street Address 211 Ininglass Hill Rd	City Portland	State CT	Zip Code 06480
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 11/01/2022	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
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Russell	First Joan	MI	Contribution ID # 6962
Residential Street Address 5 Wyndwood Rd	City Farmington	State CT	Zip Code 06032
Principal Occupation Retired	Name of Employer Retiree		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 11/01/2022	Aggregate Contributions \$125.00
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 Roberts	First Koriann	MI	Contribution ID # 6963
Residential Street Address 3 Withe Pass	City Burlington	State CT	Zip Code 06013
Principal Occupation Project manager	Name of Employer Optum		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 11/01/2022	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 \$25.00	

Last Name Dion	First Michael	MI	Contribution ID # 6964
Residential Street Address 76 Georgetown Rd	City Bristol	State CT	Zip Code 06010
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 11/01/2022	Aggregate Contributions \$300.00
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 Fournier	First Edward	MI	Contribution ID # 6965
Residential Street Address 1738 Wolcott Rd	City Wolcott	State CT	Zip Code 06716
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 11/01/2022	Aggregate Contributions \$750.00
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
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Behr	First William	MI	Contribution ID # 6966
Residential Street Address 100 Steele Brook Rd	City Watertown	State CT	Zip Code 06795
Principal Occupation Disabled	Name of Employer Disabled		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/01/2022	Aggregate Contributions \$35.00
		Amount of Contribution \$35.00	

Last Name Trimble	First Irene	MI	Contribution ID # 6967
Residential Street Address 3 Heron Rd	City Mystic	State CT	Zip Code 06355
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/01/2022	Aggregate Contributions \$60.00
		Amount of Contribution \$25.00	

Last Name Jacobsen	First Waldemar	MI	Contribution ID # 6968
Residential Street Address 5 Mitchel Cir	City Essex	State CT	Zip Code 06442
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 11/01/2022	Aggregate Contributions \$250.00
		Amount of Contribution \$50.00	

Last Name Quimby	First John	MI	Contribution ID # 6969
Residential Street Address 421 Skiff St	City North Haven	State CT	Zip Code 06473
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 11/01/2022	Aggregate Contributions \$70.00
		Amount of Contribution \$10.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Bekasi	First Christine	MI	Contribution ID # 6970
Residential Street Address 44 Garnet Park 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 11/01/2022	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Veach	First Donna	MI	Contribution ID # 6971
Residential Street Address 1218 High Rd	City Kensington	State CT	Zip Code 06037
Principal Occupation Development Director	Name of Employer New Britain Youth Museum		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/01/2022	Aggregate Contributions \$75.00
		Amount of Contribution \$25.00	

Last Name Holden	First Herbert	MI	Contribution ID # 6972
Residential Street Address 287 Broadbrook Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation General Manager	Name of Employer Herb Holden Trucking, 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 11/01/2022	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Schiele	First George	MI	Contribution ID # 6973
Residential Street Address 15 Lafayette Ct	City Greenwich	State CT	Zip Code 06830
Principal Occupation Trustee	Name of Employer Multiple Trusts		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/01/2022	Aggregate Contributions \$100.00
		Amount of Contribution \$50.00	



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Erickson	First Wendy	MI	Contribution ID # 6974
Residential Street Address 2300 Whitney Ave	City Hamden	State CT	Zip Code 06518
Principal Occupation Director, Client Services	Name of Employer CiDRA Minerals Processing 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 11/01/2022
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name Deabes	First NASHWA	MI	Contribution ID # 6975
Residential Street Address 16 Bruce Ln	City Avon	State CT	Zip Code 06001
Principal Occupation Owner	Name of Employer Rivers edge Mediterranean cuisine		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/01/2022
		Aggregate Contributions \$275.00	Amount of Contribution \$25.00

Last Name Zuccarini	First Daniel	MI	Contribution ID # 6976
Residential Street Address 22 Meadowridge Drive Shelton Ct # 6484	City Shelton	State CT	Zip Code 06484
Principal Occupation ChFC	Name of Employer 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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/01/2022
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Rogan	First Richard	MI	Contribution ID # 6977
Residential Street Address 106 Wilderness Way	City Bristol	State CT	Zip Code 06010
Principal Occupation Network Engineer	Name of Employer DXC Technology		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/01/2022
		Aggregate Contributions \$135.00	Amount of Contribution \$35.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Fitzgerald	First Stephanie	MI	Contribution ID # 6978
Residential Street Address 5 Jeremy Wood Dr	City Wallingford	State CT	Zip Code 06492
Principal Occupation None	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 11/01/2022
		Aggregate Contributions \$35.00	Amount of Contribution \$35.00

Last Name Batorski	First Carol	MI	Contribution ID # 6979
Residential Street Address 70 Black Walnut Dr	City Durham	State CT	Zip Code 06422
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 11/01/2022
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Nanamaker	First Maria	MI	Contribution ID # 6980
Residential Street Address 34 Hoadley Creek Cir	City Guilford	State CT	Zip Code 06437
Principal Occupation Interior Designer	Name of Employer One Room At A Time		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/01/2022
		Aggregate Contributions \$35.00	Amount of Contribution \$35.00

Last Name Paulsen	First James	MI	Contribution ID # 6981
Residential Street Address 16 Carey Ln	City Norwich	State CT	Zip Code 06360
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 11/01/2022
		Aggregate Contributions \$160.00	Amount of Contribution \$5.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Erickson	First Kristine	MI	Contribution ID # 6982
Residential Street Address 266 Route 87	City Columbia	State CT	Zip Code 06237
Principal Occupation Consultant	Name of Employer Roemega Health 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 11/01/2022	Aggregate Contributions \$160.00
			Amount of Contribution \$10.00

Last Name Attwater-Young	First Melanie	MI	Contribution ID # 6983
Residential Street Address 375 Chapel Hill Rd	City Montville	State CT	Zip Code 06370
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 11/01/2022	Aggregate Contributions \$610.00
			Amount of Contribution \$50.00

Last Name Larwood	First David	MI	Contribution ID # 6924
Residential Street Address 3031 Windmill Canyon Dr	City Clayton	State CA	Zip Code 94517
Principal Occupation programmer	Name of Employer Bank of 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/02/2022	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Liberta	First Lillian	MI	Contribution ID # 6925
Residential Street Address 55 Meadowood Dr	City New Milford	State CT	Zip Code 06776
Principal Occupation Management	Name of Employer LbI		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/02/2022	Aggregate Contributions \$35.00
			Amount of Contribution \$35.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Reiter	First Dennis	MI	Contribution ID # 6926
Residential Street Address 112 Roanoak Ave	City Willimantic	State CT	Zip Code 06226
Principal Occupation Minister	Name of Employer Baptist Fellowship		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 11/02/2022	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 Nowak	First Bob	MI	Contribution ID # 6927
Residential Street Address 11 Longo Ln	City Northford	State CT	Zip Code 06472
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 11/02/2022	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Marin	First Jessica	MI	Contribution ID # 6928
Residential Street Address 9 Maple Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Paralegal	Name of Employer Liberty mutual		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 11/02/2022	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 Murphy	First Brian	MI	Contribution ID # 6929
Residential Street Address 380 Meridian Street Ext	City Groton	State CT	Zip Code 06340
Principal Occupation Engineer	Name of Employer SEACORP		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 11/02/2022	Aggregate Contributions \$10.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name bragano	First nicholas	MI	Contribution ID # 6930
Residential Street Address 14 Bull Frog Ln	City Trumbull	State CT	Zip Code 06611
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 11/02/2022	Aggregate Contributions \$200.00
			Amount of Contribution \$100.00

Last Name Briggs	First Anne	MI	Contribution ID # 6931
Residential Street Address 19 Kimberly Ln	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/02/2022	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Mirkin	First Scott	MI	Contribution ID # 6932
Residential Street Address 10 E Ridge Rd	City Stamford	State CT	Zip Code 06903
Principal Occupation Owner media consulting	Name of Employer Crosshill 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 11/02/2022	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Mechachonis	First Deborah	MI	Contribution ID # 6933
Residential Street Address 82 Filley St	City Bloomfield	State CT	Zip Code 06002
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 11/02/2022	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
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Beaumont</b>	First <b>Catharine</b>	MI	Contribution ID # <b>6934</b>
Residential Street Address <b>103 Harrison Rd</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>
Principal Occupation <b>Legal Assistant</b>	Name of Employer <b>Zangari Cohn Cuthbertson Duhl &amp; Grello PC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 <b>11/02/2022</b>	Aggregate Contributions <b>\$10.00</b>
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 <b>\$10.00</b>	

Last Name <b>Kliszewski</b>	First <b>Matthew</b>	MI	Contribution ID # <b>6935</b>
Residential Street Address <b>16 Mountain View Dr</b>	City <b>Berlin</b>	State <b>CT</b>	Zip Code <b>06037</b>
Principal Occupation <b>Warehouse manager</b>	Name of Employer <b>Red Bull distribution company</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 <b>11/02/2022</b>	Aggregate Contributions <b>\$10.00</b>
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 <b>\$10.00</b>	

Last Name <b>Gugliotti jr</b>	First <b>Louis</b>	MI	Contribution ID # <b>6936</b>
Residential Street Address <b>33 Terra Rd</b>	City <b>Plainville</b>	State <b>CT</b>	Zip Code <b>06062</b>
Principal Occupation <b>None</b>	Name of Employer <b>None</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 <b>11/02/2022</b>	Aggregate Contributions <b>\$50.00</b>
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 <b>\$50.00</b>	

Last Name <b>Belair</b>	First <b>Adam</b>	MI	Contribution ID # <b>6937</b>
Residential Street Address <b>185 Kozley Rd</b>	City <b>Tolland</b>	State <b>CT</b>	Zip Code <b>06084</b>
Principal Occupation <b>Engineer</b>	Name of Employer <b>Nel</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 <b>11/02/2022</b>	Aggregate Contributions <b>\$25.00</b>
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 <b>\$25.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Maisano	First Christine	MI	Contribution ID # 6938
Residential Street Address 74 Quail Run	City Madison	State CT	Zip Code 06443
Principal Occupation Realtor	Name of Employer Coldwell Banker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 11/02/2022	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 \$200.00	

Last Name Rienzo	First Michele	MI	Contribution ID # 6939
Residential Street Address 14 Summit Dr	City North Branford	State CT	Zip Code 06471
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 11/02/2022	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 Anderson	First George	MI	Contribution ID # 6940
Residential Street Address 42 Ballahack Rd	City East Haddam	State CT	Zip Code 06442
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 11/02/2022	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 Whalen	First Jane	MI	Contribution ID # 6941
Residential Street Address 4 Glen Rdg	City Wilton	State CT	Zip Code 06897
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 11/02/2022	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
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Urban	First Patti	MI	Contribution ID # 6942
Residential Street Address 2269 Long Hill Rd	City Guilford	State CT	Zip Code 06437
Principal Occupation Geriatric Care Manager	Name of Employer Geriatric Care Manager		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/02/2022	Aggregate Contributions \$25.00
			Amount of Contribution \$15.00

Last Name Vale	First Rick	MI	Contribution ID # 6943
Residential Street Address 218 Whitewood 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/02/2022	Aggregate Contributions \$120.00
			Amount of Contribution \$20.00

Last Name Baldwin	First James	MI	Contribution ID # 6944
Residential Street Address 9 Maura Ln	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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/02/2022	Aggregate Contributions \$2,520.00
			Amount of Contribution \$25.00

Last Name Dillon	First Jeffrey	MI	Contribution ID # 6945
Residential Street Address 12 Old Farms Rd	City Wolcott	State CT	Zip Code 06716
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 11/02/2022	Aggregate Contributions \$570.00
			Amount of Contribution \$5.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Baldwin	First James	MI	Contribution ID # 6946
Residential Street Address 9 Maura Ln	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 11/02/2022	Aggregate Contributions \$2,520.00
			Amount of Contribution \$10.00

Last Name Parisi	First Bob	MI	Contribution ID # 6947
Residential Street Address 23 E Main St	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 11/02/2022	Aggregate Contributions \$90.00
			Amount of Contribution \$5.00

Last Name transue	First lisa	MI	Contribution ID # 6948
Residential Street Address 255 Haynes Rd	City Avon	State CT	Zip Code 06001
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 11/02/2022	Aggregate Contributions \$175.00
			Amount of Contribution \$5.00

Last Name Pavano	First Gary	MI	Contribution ID # 6949
Residential Street Address 67 Hickory Hill Rd	City Berlin	State CT	Zip Code 06037
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 11/02/2022	Aggregate Contributions \$50.00
			Amount of Contribution \$10.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Goldman	First ethan	MI	Contribution ID # 6891
Residential Street Address 9 Vardon Rd	City West Hartford	State CT	Zip Code 06117
Principal Occupation manufacturing	Name of Employer flexcon		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 11/03/2022	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Skrp	First Liane	MI	Contribution ID # 6892
Residential Street Address 106 Cheshire Rd	City Prospect	State CT	Zip Code 06712
Principal Occupation Senior Staff Accountant	Name of Employer Not a sole proprietor		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 11/03/2022	Aggregate Contributions \$35.00
			Amount of Contribution \$35.00

Last Name Clark	First Cristiana	MI	Contribution ID # 6893
Residential Street Address 31 Westview Rd	City North Haven	State CT	Zip Code 06473
Principal Occupation APRN	Name of Employer YNHH HOCC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 11/03/2022	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Amplio	First Anthony	MI	Contribution ID # 6894
Residential Street Address 28 Wheatstone Rd	City Madison	State CT	Zip Code 06443
Principal Occupation Administrator	Name of Employer Yale Hospital		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/03/2022	Aggregate Contributions \$150.00
			Amount of Contribution \$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name powers	First martin	MI	Contribution ID # 6895
Residential Street Address 87 Grant Hill Rd	City Tolland	State CT	Zip Code 06084
Principal Occupation Teacher	Name of Employer Teacher		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/03/2022	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Calderon	First Nancy	MI	Contribution ID # 6896
Residential Street Address 214 Tunxis Ave	City Bloomfield	State CT	Zip Code 06002
Principal Occupation Risk Analyst	Name of Employer Insurance Carrier		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/03/2022	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Gruppo	First James	MI	Contribution ID # 6897
Residential Street Address 183 Spring Hill Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Banker	Name of Employer BBVA		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/03/2022	Aggregate Contributions \$370.00
		Amount of Contribution \$50.00	

Last Name Barasch	First Violette	MI	Contribution ID # 6898
Residential Street Address 65 Stones Throw Rd	City Easton	State CT	Zip Code 06612
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 11/03/2022	Aggregate Contributions \$300.00
		Amount of Contribution \$50.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Morio	First John	MI	Contribution ID # 6899
Residential Street Address 12 Side Hill Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Attorney	Name of Employer John Morio - 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 11/03/2022	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 \$25.00	

Last Name Chenensky	First Brian	MI	Contribution ID # 6900
Residential Street Address 500 E 77th St	City New York	State NY	Zip Code 10162
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 11/03/2022	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 Pfefferle	First Marc	MI	Contribution ID # 6901
Residential Street Address 24 Joann Cir	City Westport	State CT	Zip Code 06880
Principal Occupation consultant	Name of Employer Carl Marks		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 11/03/2022	Aggregate Contributions \$475.00
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 Adams	First Patricia	MI	Contribution ID # 6902
Residential Street Address 8 Summer St	City New London	State CT	Zip Code 06320
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 11/03/2022	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
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Maco	First Joseph P	MI	Contribution ID # 6903
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? 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 11/03/2022	Aggregate Contributions \$300.00
			Amount of Contribution \$100.00

Last Name Galligan	First Matthew	MI	Contribution ID # 6904
Residential Street Address 22 Packard St	City Manchester	State CT	Zip Code 06040
Principal Occupation Underwriter	Name of Employer United Health Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/03/2022	Aggregate Contributions \$75.00
			Amount of Contribution \$25.00

Last Name Fontaine	First David	MI	Contribution ID # 6905
Residential Street Address 38 Tamarac Dr	City Madison	State CT	Zip Code 06443
Principal Occupation Environmental Scientist	Name of Employer Iroquois Gas Pipeline Company		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 11/03/2022	Aggregate Contributions \$135.00
			Amount of Contribution \$50.00

Last Name carlson	First John	MI	Contribution ID # 6906
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? 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 11/03/2022	Aggregate Contributions \$85.00
			Amount of Contribution \$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Austin	First Peter C	MI	Contribution ID # 6907
Residential Street Address 28 Quarry Rd	City Mystic	State CT	Zip Code 06355
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/03/2022	Aggregate Contributions \$25.00
			Amount of Contribution \$10.00

Last Name Romeo	First David	MI	Contribution ID # 6908
Residential Street Address 6 Orchard Hill Rd	City Norwalk	State CT	Zip Code 06851
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 11/03/2022	Aggregate Contributions \$150.00
			Amount of Contribution \$50.00

Last Name Ninteau	First Michael	MI	Contribution ID # 6909
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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/03/2022	Aggregate Contributions \$60.00
			Amount of Contribution \$10.00

Last Name Armstrong	First Brian	MI	Contribution ID # 6910
Residential Street Address 59 Barry Rd	City Manchester	State CT	Zip Code 06042
Principal Occupation Consultant	Name of Employer SAP 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/03/2022	Aggregate Contributions \$400.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>tanner</b>	First <b>dennis</b>	MI	Contribution ID # <b>6911</b>
Residential Street Address <b>21 Woodville Rd</b>	City <b>Warren</b>	State <b>CT</b>	Zip Code <b>06777</b>
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 <b>11/03/2022</b>	Aggregate Contributions <b>\$165.00</b>
			Amount of Contribution <b>\$25.00</b>

Last Name <b>THIESING</b>	First <b>MARY</b>	MI	Contribution ID # <b>6912</b>
Residential Street Address <b>12 High Meadows Xing</b>	City <b>Somers</b>	State <b>CT</b>	Zip Code <b>06071</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 <b>11/03/2022</b>	Aggregate Contributions <b>\$185.00</b>
			Amount of Contribution <b>\$25.00</b>

Last Name <b>Oliver</b>	First <b>Bruce</b>	MI	Contribution ID # <b>6913</b>
Residential Street Address <b>102 N Maple St</b>	City <b>Enfield</b>	State <b>CT</b>	Zip Code <b>06082</b>
Principal Occupation <b>None</b>	Name of Employer <b>None</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 <b>11/03/2022</b>	Aggregate Contributions <b>\$10.00</b>
			Amount of Contribution <b>\$10.00</b>

Last Name <b>Adams</b>	First <b>Kailee</b>	MI	Contribution ID # <b>6914</b>
Residential Street Address <b>104 Baltic Rd</b>	City <b>Norwich</b>	State <b>CT</b>	Zip Code <b>06360</b>
Principal Occupation <b>Registered Nurse</b>	Name of Employer <b>Community Health/ Detox Nurse</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 <b>11/03/2022</b>	Aggregate Contributions <b>\$25.00</b>
			Amount of Contribution <b>\$25.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name EHRENFELS	First ERIC	MI	Contribution ID # 6915
Residential Street Address 625 Tamarack Rd	City Cheshire	State CT	Zip Code 06410
Principal Occupation technician	Name of Employer precision combustion		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 11/03/2022	Aggregate Contributions \$125.00
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 Frame	First Kristen	MI	Contribution ID # 6916
Residential Street Address 61 Lantern Rd .	City Fairfield	State CT	Zip Code 06824
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 11/03/2022	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 Gentino	First Steven	MI	Contribution ID # 6917
Residential Street Address 80 Kendall St	City New Haven	State CT	Zip Code 06512
Principal Occupation Operations Manager	Name of Employer The Chair Care Company 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 11/03/2022	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 Goss	First Dirck	MI	Contribution ID # 6918
Residential Street Address 800 Village Walk	City Guilford	State CT	Zip Code 06437
Principal Occupation Regulatory Affairs for an engineering company	Name of Employer Waldo & Associates 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 11/03/2022	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
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Connolly	First Bruce	MI	Contribution ID # 6919
Residential Street Address PO Box 164	City Westport	State CT	Zip Code 06881
Principal Occupation Restaurant	Name of Employer Aromascent 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 11/03/2022	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Langston	First Jason	MI	Contribution ID # 6920
Residential Street Address 140 Tall Tree Ln	City Torrington	State CT	Zip Code 06790
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 11/03/2022	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Radachowsky	First Cheryl	MI	Contribution ID # 6921
Residential Street Address 166 Franklin Street Ext	City Danbury	State CT	Zip Code 06811
Principal Occupation Cheryl Radachowsky - Self Employed	Name of Employer Cheryl Radachowsky - Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/03/2022	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Ali	First Nazra	MI	Contribution ID # 6922
Residential Street Address PO Box 370311 West Hartford	City West Hartford	State CT	Zip Code 06117
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 11/03/2022	Aggregate Contributions \$100.00
			Amount of Contribution \$25.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Swoyer	First Sam	MI	Contribution ID # 6923
Residential Street Address 5 Brickyard Rd	City Clinton	State CT	Zip Code 06413
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 11/03/2022	Aggregate Contributions \$450.00
		Amount of Contribution \$50.00	

Last Name Gudelski	First Scott	MI	Contribution ID # 6859
Residential Street Address 185 Newton St	City Meriden	State CT	Zip Code 06450
Principal Occupation optioncare warehouse tech	Name of Employer optioncare warehouse tech		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/04/2022	Aggregate Contributions \$150.00
		Amount of Contribution \$50.00	

Last Name Tweedie	First Mark	MI	Contribution ID # 6860
Residential Street Address 107 Steep Hollow Ln	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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/04/2022	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name OMalley	First John	MI	Contribution ID # 6861
Residential Street Address 118 E 25th St	City New York	State NY	Zip Code 10010
Principal Occupation publisher	Name of Employer New Wave		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/04/2022	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
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Frank	First Lenore	MI	Contribution ID # 6862
Residential Street Address 2269 Maywood Ave	City San Jose	State CA	Zip Code 95128
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 11/04/2022	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Rockwood	First Marian Suzanne	MI	Contribution ID # 6863
Residential Street Address 48 Cromwell Pl	City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Retired	Name of Employer 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/04/2022	Aggregate Contributions \$500.00
			Amount of Contribution \$500.00

Last Name Abelli	First Cyndi	MI	Contribution ID # 6864
Residential Street Address 77 Pistapaug Rd	City Northford	State CT	Zip Code 06472
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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/04/2022	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Peifer	First Charles	MI	Contribution ID # 6865
Residential Street Address 305 Clinton St	City Bellmore	State NY	Zip Code 11710
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 11/04/2022	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
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Couture	First Louis	MI	Contribution ID # 6866
Residential Street Address 31 Gray St	City Monroe	State CT	Zip Code 06468
Principal Occupation Civil Engineer	Name of Employer AECOM		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/04/2022
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Baldwin	First James	MI	Contribution ID # 6867
Residential Street Address 9 Maura Ln	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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/04/2022
		Aggregate Contributions \$2,570.00	Amount of Contribution \$50.00

Last Name Bonalumi	First louis	MI	Contribution ID # 6868
Residential Street Address 84 Sylvan St	City Avon	State CT	Zip Code 06001
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 11/04/2022
		Aggregate Contributions \$20.00	Amount of Contribution \$20.00

Last Name Maguire	First Walter	MI	Contribution ID # 6869
Residential Street Address 160 Uncas Point Rd	City Guilford	State CT	Zip Code 06437
Principal Occupation CEO, Madison Polymeric Engineering	Name of Employer Madison Polymeric Engineering		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/04/2022
		Aggregate Contributions \$450.00	Amount of Contribution \$200.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Mackewich	First Joann	MI	Contribution ID # 6870
Residential Street Address 126 Southwind Drive Wallingford Ct	City Wallingford	State CT	Zip Code 06492
Principal Occupation Homemaker	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	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 11/04/2022	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Finucane	First Kevin	MI	Contribution ID # 6871
Residential Street Address 1204 Main St	City Branford	State CT	Zip Code 06405
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 11/04/2022	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Mcneil	First Claudia	MI	Contribution ID # 6872
Residential Street Address 354 Yale Ave	City New Haven	State CT	Zip Code 06515
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 11/04/2022	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Zuccarini	First Daniel	MI	Contribution ID # 6873
Residential Street Address 22 Meadowridge Drive Shelton Ct # 6484	City Shelton	State CT	Zip Code 06484
Principal Occupation ChFC	Name of Employer 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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/04/2022	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
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Laufer	First Leon	MI	Contribution ID # 6874
Residential Street Address 138 Brewster Rd	City West Hartford	State CT	Zip Code 06117
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 11/04/2022	Aggregate Contributions \$10.00
			Amount of Contribution \$5.00

Last Name Connole	First Carmelina	MI	Contribution ID # 6875
Residential Street Address 18 Woodland Ave	City Winsted	State CT	Zip Code 06098
Principal Occupation Window Cleaner	Name of Employer Jim Connole's Window Cleaning		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/04/2022	Aggregate Contributions \$55.00
			Amount of Contribution \$20.00

Last Name Benson	First Marcia	MI	Contribution ID # 6876
Residential Street Address 36 Brookfield St .	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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/04/2022	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Kane	First James	MI	Contribution ID # 6877
Residential Street Address 4 Forest Ln	City Wolcott	State CT	Zip Code 06716
Principal Occupation Sales	Name of Employer Reel Marketers		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/04/2022	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
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name McKeeman	First Michael	MI	Contribution ID # 6878
Residential Street Address 20 Mike 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/04/2022	Aggregate Contributions \$110.00
			Amount of Contribution \$25.00

Last Name Grosso	First Mike	MI	Contribution ID # 6879
Residential Street Address 4 Norman St	City Waterbury	State CT	Zip Code 06708
Principal Occupation Driver groundsmen/equip operator	Name of Employer Central Connecticut Cable		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/04/2022	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Hawke	First Charles	MI	Contribution ID # 6880
Residential Street Address 234 Bishop Rd	City Bozrah	State CT	Zip Code 06334
Principal Occupation Air Conditioning Mechanic	Name of Employer H.V.A.C. REPAIR		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/04/2022	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Hayes	First Robert	MI	Contribution ID # 6881
Residential Street Address 61 Evansville Ave	City Meriden	State CT	Zip Code 06451
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 11/04/2022	Aggregate Contributions \$185.00
			Amount of Contribution \$35.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Bostad	First Patricia	MI	Contribution ID # 6882
Residential Street Address 64 Robert St	City Waterbury	State CT	Zip Code 06710
Principal Occupation Insurance agent	Name of Employer Colonair insurance		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 11/04/2022	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Mitchell	First Elizabeth	MI	Contribution ID # 6883
Residential Street Address 23 Mystic Ave	City Pawcatuck	State CT	Zip Code 06369
Principal Occupation Bar owner	Name of Employer Handlebar 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	
Amount of Contribution			
Is this contribution associated with an event reported in Section 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 11/04/2022	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Kirtopoulos	First Jim	MI	Contribution ID # 6884
Residential Street Address 12 Blackstone Ave	City Branford	State CT	Zip Code 06405
Principal Occupation President	Name of Employer Building concepts 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? <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 11/04/2022	Aggregate Contributions \$350.00
		Amount of Contribution \$100.00	

Last Name Evans	First Catherine	MI	Contribution ID # 6885
Residential Street Address 83 Valley View Rd	City Glastonbury	State CT	Zip Code 06033
Principal Occupation Sales Support Admin	Name of Employer Alliance Designer Products		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 11/04/2022	Aggregate Contributions \$85.00
		Amount of Contribution \$25.00	



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Vazquez	First Efrain	MI	Contribution ID # 6886
Residential Street Address 243 New Cheshire Rd	City Wallingford	State CT	Zip Code 06492
Principal Occupation Sales/ Merchandiser	Name of Employer Slocum and sons		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 11/04/2022	Aggregate Contributions \$45.00
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 Kelly	First Brian	MI	Contribution ID # 6887
Residential Street Address 370 Prospect St	City Wethersfield	State CT	Zip Code 06109
Principal Occupation Security Systems Contractor	Name of Employer BK Systems		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 11/04/2022	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 Fahey	First Jeffrey	MI	Contribution ID # 6888
Residential Street Address 51 Circle Dr	City Stonington	State CT	Zip Code 06378
Principal Occupation State Trooper	Name of Employer State of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 11/04/2022	Aggregate Contributions \$200.00
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 Bradley	First Anne	MI	Contribution ID # 6889
Residential Street Address 360 State St	City New Haven	State CT	Zip Code 06510
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 11/04/2022	Aggregate Contributions \$45.00
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 \$40.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Archambeault	First David	MI	Contribution ID # 6890
Residential Street Address 787 Corbin Ave	City New Britain	State CT	Zip Code 06052
Principal Occupation Accountant	Name of Employer David Archambeault - 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 11/04/2022	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name SantaMaria	First Yvonne	MI	Contribution ID # 6841
Residential Street Address 131 Danielle Dr	City Waterbury	State CT	Zip Code 06704
Principal Occupation Administrative Associate I	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 11/05/2022	Aggregate Contributions \$35.00
		Amount of Contribution \$20.00	

Last Name Beudry	First Lindsey	MI	Contribution ID # 6842
Residential Street Address 116 W Shore Rd	City Ellington	State CT	Zip Code 06029
Principal Occupation Aerospace planner	Name of Employer Collins		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/05/2022	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Klink	First Jeannie	MI	Contribution ID # 6843
Residential Street Address 15 Peach Tree Ln	City Milford	State CT	Zip Code 06461
Principal Occupation Homemaker on survivor benefits (widow)	Name of Employer Homemaker on survivor benefits (widow)		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/05/2022	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
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Nocerino	First Sarah	MI	Contribution ID # 6844
Residential Street Address 529 Davis Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/05/2022	Aggregate Contributions \$150.00
			Amount of Contribution \$50.00

Last Name Buzik	First John	MI	Contribution ID # 6845
Residential Street Address 357 Parkway Dr	City Stratford	State CT	Zip Code 06614
Principal Occupation Paralegal	Name of Employer Paralegal		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/05/2022	Aggregate Contributions \$15.00
			Amount of Contribution \$15.00

Last Name Burnes	First Gregory	MI	Contribution ID # 6846
Residential Street Address 65 Bayview Blvd	City Stratford	State CT	Zip Code 06615
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 11/05/2022	Aggregate Contributions \$100.00
			Amount of Contribution \$50.00

Last Name Frank	First Lenore	MI	Contribution ID # 6847
Residential Street Address 2269 Maywood Ave	City San Jose	State CA	Zip Code 95128
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 11/05/2022	Aggregate Contributions \$125.00
			Amount of Contribution \$25.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name LaBanca	First Donald	MI	Contribution ID # 6848
Residential Street Address 346 Reeds Gap Rd	City Northford	State CT	Zip Code 06472
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 11/05/2022	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Klein	First Ann-marie	MI	Contribution ID # 6849
Residential Street Address 15 Bartram Ave	City Bridgeport	State CT	Zip Code 06605
Principal Occupation None	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 11/05/2022	Aggregate Contributions \$75.00
		Amount of Contribution \$50.00	

Last Name Right	First Jenna	MI	Contribution ID # 6850
Residential Street Address 610 Longbrook Ave	City Stratford	State CT	Zip Code 06614
Principal Occupation Research analyst	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 11/05/2022	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name Parker	First Jeffrey	MI	Contribution ID # 6851
Residential Street Address 45 Morning Glory Dr	City Easton	State CT	Zip Code 79623
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 11/05/2022	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
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Gloria	First Americo	MI	Contribution ID # 6852
Residential Street Address 124 Mohegan Rd	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 #	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 11/05/2022	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Amplio	First Anthony	MI	Contribution ID # 6853
Residential Street Address 28 Wheatstone Rd	City Madison	State CT	Zip Code 06443
Principal Occupation Administrator	Name of Employer Yale Hospital		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/05/2022	Aggregate Contributions \$200.00
			Amount of Contribution \$50.00

Last Name Friedler	First Alan	MI	Contribution ID # 6854
Residential Street Address 8 Highview Rd	City Madison	State CT	Zip Code 06443
Principal Occupation Dentist	Name of Employer Alan Friedler DMD		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/05/2022	Aggregate Contributions \$350.00
			Amount of Contribution \$100.00

Last Name Hebert	First Michael	MI	Contribution ID # 6855
Residential Street Address 34 Bonnette Ave	City Thompson	State CT	Zip Code 06277
Principal Occupation PM	Name of Employer AZ 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 type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/05/2022	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
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name White	First Ana	MI	Contribution ID # 6856
Residential Street Address 597 Westport Ave	City Norwalk	State CT	Zip Code 06851
Principal Occupation Speech Pathologist	Name of Employer Whites Plumbing Supplies		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/05/2022	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Crowe	First Dennis	MI	Contribution ID # 6857
Residential Street Address 141 Twilight 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/05/2022	Aggregate Contributions \$250.00
			Amount of Contribution \$25.00

Last Name Paulsen	First James	MI	Contribution ID # 6858
Residential Street Address 16 Carey Ln	City Norwich	State CT	Zip Code 06360
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 11/05/2022	Aggregate Contributions \$170.00
			Amount of Contribution \$10.00

Last Name O'Keefe	First Timothy	MI	Contribution ID # 6829
Residential Street Address 345 Old Gate Ln	City Milford	State CT	Zip Code 06460
Principal Occupation Word Processor	Name of Employer BlueChip Staff 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 11/06/2022	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
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Gulino	First Sofia	MI	Contribution ID # 6830
Residential Street Address 40 Leffert Rd	City Trumbull	State CT	Zip Code 06611
Principal Occupation Police officer	Name of Employer City of Norwalk		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/06/2022	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Ries	First Val	MI	Contribution ID # 6831
Residential Street Address 16 Dialstone Ln	City Greenwich	State CT	Zip Code 06878
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 11/06/2022	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name Scalzo	First Francis-David	MI	Contribution ID # 6832
Residential Street Address 64 Warpas Rd	City Madison	State CT	Zip Code 06443
Principal Occupation F/T PhD. Student; P/T Bookkeeper	Name of Employer Patricia Orris Bookkeeping Services		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/06/2022	Aggregate Contributions \$45.00
		Amount of Contribution \$25.00	

Last Name Scalzo	First Gregory J	MI	Contribution ID # 6833
Residential Street Address 64 Warpas Rd	City Madison	State CT	Zip Code 06443
Principal Occupation Pastor	Name of Employer Shear-Jashub Christian Tabernacle		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/06/2022	Aggregate Contributions \$70.00
		Amount of Contribution \$35.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Cope	First Christopher	MI	Contribution ID # 6834
Residential Street Address 2 Ludlow Ct	City Branford	State CT	Zip Code 06405
Principal Occupation Police Officer	Name of Employer Town of Branford		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/06/2022	Aggregate Contributions \$235.00
			Amount of Contribution \$35.00

Last Name Thalheim	First Peter	MI	Contribution ID # 6835
Residential Street Address 87 Bartina Ln	City Stamford	State CT	Zip Code 06902
Principal Occupation Realtor	Name of Employer Coldwell Banker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/06/2022	Aggregate Contributions \$150.00
			Amount of Contribution \$50.00

Last Name Cope	First Christopher	MI	Contribution ID # 6836
Residential Street Address 2 Ludlow Ct	City Branford	State CT	Zip Code 06405
Principal Occupation Police Officer	Name of Employer Town of Branford		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/06/2022	Aggregate Contributions \$235.00
			Amount of Contribution \$100.00

Last Name Surowiec	First Frank	MI	Contribution ID # 6837
Residential Street Address 163 Ashland Ave	City Newington	State CT	Zip Code 06111
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 11/06/2022	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
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Lynn	First Annamarie	MI	Contribution ID # 6838
Residential Street Address 181 Farnham Rd	City South Windsor	State CT	Zip Code 06074
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 11/06/2022	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Salib	First Kimberly	MI	Contribution ID # 6839
Residential Street Address 118 Taconic Rd	City Greenwich	State CT	Zip Code 06831
Principal Occupation Consultant	Name of Employer Gotham north		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/06/2022	Aggregate Contributions \$285.00
			Amount of Contribution \$35.00

Last Name Visconti	First Andrea	MI	Contribution ID # 6840
Residential Street Address 365 Mather St	City Hamden	State CT	Zip Code 06514
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 11/06/2022	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Habboush	First Kuthair	MI	Contribution ID # 6801
Residential Street Address 123 High Rock Rd	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Software Engineer	Name of Employer Aetna		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/07/2022	Aggregate Contributions \$300.00
			Amount of Contribution \$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Lopez	First Tony	MI	Contribution ID # 6802
Residential Street Address 15 Madison St	City Norwalk	State CT	Zip Code 06854
Principal Occupation Insurance	Name of Employer Liberty Choice 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 11/07/2022	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Cisero	First Diane	MI	Contribution ID # 6803
Residential Street Address 49 Forest Rd	City Monroe	State CT	Zip Code 06468
Principal Occupation Unemployed	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 11/07/2022	Aggregate Contributions \$35.00
			Amount of Contribution \$10.00

Last Name Rondini	First Ilona	MI	Contribution ID # 6804
Residential Street Address 18 Stagecoach Run	City Cobalt	State CT	Zip Code 06414
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 11/07/2022	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Jubrey	First Diane	MI	Contribution ID # 6805
Residential Street Address 93 Fox Hollow Dr	City Windsor Locks	State CT	Zip Code 06096
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 11/07/2022	Aggregate Contributions \$35.00
			Amount of Contribution \$10.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Palmer	First Donald	MI	Contribution ID # 6806
Residential Street Address 97 Overlook Dr	City Manchester	State CT	Zip Code 06042
Principal Occupation Engineer	Name of Employer Pratt and Whitney / Raytheon Technologies		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 11/07/2022	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Trimble	First Irene	MI	Contribution ID # 6807
Residential Street Address 3 Heron Rd	City Mystic	State CT	Zip Code 06355
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section 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 11/07/2022	Aggregate Contributions \$80.00
		Amount of Contribution \$20.00	

Last Name Smith	First Ellen	MI	Contribution ID # 6808
Residential Street Address 55 Brook Dr	City Hartland	State CT	Zip Code 06027
Principal Occupation Dump Truck Driver	Name of Employer Semi retired		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 11/07/2022	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Scalzo	First Patricia L	MI	Contribution ID # 6809
Residential Street Address 64 Warpas Rd	City Madison	State CT	Zip Code 06443
Principal Occupation Furniture Artisan and restorer	Name of Employer Greg & Patty Scalzo Company		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 11/07/2022	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
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Martens	First Michelle	MI	Contribution ID # 6810
Residential Street Address 3 Marvin Ridge Pl	City Wilton	State CT	Zip Code 06897
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 11/07/2022	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Sposito	First Joseph	MI	Contribution ID # 6811
Residential Street Address 32 Papermill Rd	City Glastonbury	State CT	Zip Code 06073
Principal Occupation CFO	Name of Employer Fremont Management, 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 11/07/2022	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name siefert	First vincent	MI	Contribution ID # 6812
Residential Street Address 685 King St	City Naugatuck	State CT	Zip Code 06770
Principal Occupation Engineering	Name of Employer Siefert 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 11/07/2022	Aggregate Contributions \$250.00
			Amount of Contribution \$50.00

Last Name Grottole	First John	MI	Contribution ID # 6813
Residential Street Address 12 Kelsey Ct	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 type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/07/2022	Aggregate Contributions \$525.00
			Amount of Contribution \$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Hawke	First Charles	MI	Contribution ID # 6814
Residential Street Address 234 Bishop Rd	City Bozrah	State CT	Zip Code 06334
Principal Occupation Air Conditioning Mechanic	Name of Employer H.V.A.C. REPAIR		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 11/07/2022	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 Kissane	First John	MI	Contribution ID # 6815
Residential Street Address 40 Wyndy Brook Ln	City Madison	State CT	Zip Code 06443
Principal Occupation Insurance	Name of Employer Gallagher		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 11/07/2022	Aggregate Contributions \$1,045.00
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 Urgell	First Nancy	MI	Contribution ID # 6816
Residential Street Address 708 Center St	City Manchester	State CT	Zip Code 06040
Principal Occupation Retired	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 11/07/2022	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 \$25.00	

Last Name THIESING	First MARY	MI	Contribution ID # 6817
Residential Street Address 12 High Meadows Xing	City Somers	State CT	Zip Code 06071
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 11/07/2022	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 \$15.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Berger	First Cece	MI	Contribution ID # 6818
Residential Street Address 48 Bridle Trl	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Teacher	Name of Employer Scarsdale public schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/07/2022	Aggregate Contributions \$35.00
		Amount of Contribution \$10.00	

Last Name Marshall	First Bruce	MI	Contribution ID # 6819
Residential Street Address 62 W Broad St	City Plainville	State CT	Zip Code 06062
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 11/07/2022	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Maloney	First Nora	MI	Contribution ID # 6820
Residential Street Address 201 Cat Rock Rd	City Greenwich	State CT	Zip Code 06807
Principal Occupation Admin Asst	Name of Employer Burnham Sterling		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/07/2022	Aggregate Contributions \$600.00
		Amount of Contribution \$50.00	

Last Name Crowe	First Dennis	MI	Contribution ID # 6821
Residential Street Address 141 Twilight 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/07/2022	Aggregate Contributions \$260.00
		Amount of Contribution \$10.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Reinelt	First Donn	MI	Contribution ID # 6822
Residential Street Address 3 Stormy Circle Dr	City Greenwich	State CT	Zip Code 06830
Principal Occupation Consultant	Name of Employer Adept Advisors 2030		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 11/07/2022	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 Doyen	First Phyllis	MI	Contribution ID # 6823
Residential Street Address 6 Brinsmayd Ave	City Stratford	State CT	Zip Code 06614
Principal Occupation REALTOR	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 11/07/2022	Aggregate Contributions \$35.00
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 \$35.00	

Last Name Egan	First Brian	MI	Contribution ID # 6824
Residential Street Address 230 Main St	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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 11/07/2022	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 O'Sullivan	First Julia	MI	Contribution ID # 6825
Residential Street Address 158 Cherry St Apt 3K	City Milford	State CT	Zip Code 06460
Principal Occupation Executive Director	Name of Employer Benchmark Senior Living		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 11/07/2022	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
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Jones	First darlene	MI	Contribution ID # 6826
Residential Street Address 358 Cold Spring Dr	City Westbrook	State CT	Zip Code 06498
Principal Occupation Auditor	Name of Employer DOL		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/07/2022	Aggregate Contributions \$510.00
			Amount of Contribution \$100.00

Last Name Berk	First Ira	MI	Contribution ID # 6827
Residential Street Address 32 Revonah Cir	City Stamford	State CT	Zip Code 06905
Principal Occupation VP Sales Enablement	Name of Employer SAP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/07/2022	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Miner	First Craig	MI	Contribution ID # 6828
Residential Street Address 230 E Chestnut Hill Rd	City Litchfield	State CT	Zip Code 06759
Principal Occupation Senator	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 11/07/2022	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Bonessi	First Joseph	MI	Contribution ID # 6765
Residential Street Address 65 City Brook 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/07/2022	Aggregate Contributions \$40.00
			Amount of Contribution \$10.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Dyndiuk	First Ann	MI	Contribution ID # 6766
Residential Street Address 15 Nutmeg Ct	City Simsbury	State CT	Zip Code 06070
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 11/07/2022	Aggregate Contributions \$35.00
			Amount of Contribution \$10.00

Last Name Stepanek	First James	MI	Contribution ID # 6767
Residential Street Address 58 Stanward Ave	City Branford	State CT	Zip Code 06405
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 11/07/2022	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Freeman	First Cynthia	MI	Contribution ID # 6768
Residential Street Address 405 Glen Ayre Ave	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/07/2022	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Rogers	First Louis	MI	Contribution ID # 6769
Residential Street Address 78 Browning Rd	City Norwich	State CT	Zip Code 06360
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 checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/07/2022	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
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Mattern	First Susan	MI	Contribution ID # 6770
Residential Street Address 65 Krug Rd	City Preston	State CT	Zip Code 06365
Principal Occupation Land Surveyor	Name of Employer DGT 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/07/2022	Aggregate Contributions \$75.00
		Amount of Contribution \$25.00	

Last Name Poland	First Joseph	MI	Contribution ID # 6771
Residential Street Address 300 Lake Rd	City Andover	State CT	Zip Code 06232
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 11/07/2022	Aggregate Contributions \$125.00
		Amount of Contribution \$50.00	

Last Name Giberson	First Melbourne	MI	Contribution ID # 6772
Residential Street Address 30 Ludwigs Crossing Ln	City Glenmore	State NY	Zip Code 19343
Principal Occupation Engineer	Name of Employer Turbo Research		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported 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 11/07/2022	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Garuti	First James	MI	Contribution ID # 6773
Residential Street Address 56 E Washington Rd	City Terryville	State CT	Zip Code 06786
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 11/07/2022	Aggregate Contributions \$750.00
		Amount of Contribution \$250.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Houghton	First Jeanie	MI	Contribution ID # 6774
Residential Street Address 80 Carol Dr	City Cheshire	State CT	Zip Code 06410
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 11/07/2022	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Hulbert	First Carol	MI	Contribution ID # 6775
Residential Street Address 168 Huligary Rd	City Granby	State CT	Zip Code 06035
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 11/07/2022	Aggregate Contributions \$15.00
			Amount of Contribution \$15.00

Last Name Chiappetta	First Kathlene	MI	Contribution ID # 6776
Residential Street Address 15 Bayberry Trl	City South Windsor	State CT	Zip Code 06074
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 11/07/2022	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Dyrea	First Albert	MI	Contribution ID # 6777
Residential Street Address 12 Pequot Dr	City Norwalk	State CT	Zip Code 06855
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 11/07/2022	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
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Bouffard	First Richard	MI	Contribution ID # 6778
Residential Street Address 290 Beach St	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported 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 11/07/2022	Aggregate Contributions \$1,100.00
			Amount of Contribution \$1,000.00

Last Name Camarro	First Georgette	MI	Contribution ID # 6779
Residential Street Address 319 Valley Rd	City Cheshire	State CT	Zip Code 06410
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 11/07/2022	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Irish	First Christine	MI	Contribution ID # 6780
Residential Street Address 60 West St	City Bolton	State CT	Zip Code 06043
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 11/07/2022	Aggregate Contributions \$45.00
			Amount of Contribution \$20.00

Last Name Martin	First Ralph	MI	Contribution ID # 6781
Residential Street Address 18 Old Barge Rd	City Simsbury	State CT	Zip Code 06070
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 11/07/2022	Aggregate Contributions \$400.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Hamar	First Richard	MI	Contribution ID # 6782
Residential Street Address PO Box 1105	City Norwich	State CT	Zip Code 06360
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 11/07/2022	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Salce	First James	MI	Contribution ID # 6783
Residential Street Address 300 Berkeley Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported 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 11/07/2022	Aggregate Contributions \$30.00
			Amount of Contribution \$30.00

Last Name Regner	First Edward	MI	Contribution ID # 6784
Residential Street Address 403 South Rd	City New Hartford	State CT	Zip Code 06057
Principal Occupation Retail	Name of Employer Larsons Garden Center		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/07/2022	Aggregate Contributions \$85.00
			Amount of Contribution \$50.00

Last Name Nicola	First Diane	MI	Contribution ID # 6785
Residential Street Address 480 Rock Horse Rd	City Easton	State CT	Zip Code 06612
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 11/07/2022	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
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Massaro	First Carl	MI	Contribution ID # 6786
Residential Street Address 61 Wedgewood Rd	City Trumbull	State CT	Zip Code 06611
Principal Occupation attorney	Name of Employer Carl Massarro - 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 11/08/2022	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Borba	First Esther	MI	Contribution ID # 6787
Residential Street Address 28 Garden Dr	City Manchester	State CT	Zip Code 06040
Principal Occupation Turning point usa	Name of Employer Turning point usa		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/08/2022	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Alfonso	First Genesis	MI	Contribution ID # 6788
Residential Street Address 304 Lovley 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/08/2022	Aggregate Contributions \$30.00
		Amount of Contribution \$5.00	

Last Name Urbano	First Jim	MI	Contribution ID # 6789
Residential Street Address 52 N Pease Rd	City Woodbridge	State CT	Zip Code 06525
Principal Occupation Builder/Developer	Name of Employer F. & J. Urbano Co. Inc., Bldrs		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/08/2022	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
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Cassidy	First Lynne	MI	Contribution ID # 6790
Residential Street Address 181 Campbell Rd	City Griswold	State CT	Zip Code 06351
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 11/08/2022	Aggregate Contributions \$85.00
			Amount of Contribution \$15.00

Last Name Schaller	First Todd	MI	Contribution ID # 6791
Residential Street Address 117 Highfield Dr	City Torrington	State CT	Zip Code 06790
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 11/08/2022	Aggregate Contributions \$70.00
			Amount of Contribution \$5.00

Last Name DiMartino	First Daniel	MI	Contribution ID # 6792
Residential Street Address 32 Somerset St	City Wethersfield	State CT	Zip Code 06109
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 11/08/2022	Aggregate Contributions \$35.00
			Amount of Contribution \$10.00

Last Name Pagnotta	First Allan	MI	Contribution ID # 6793
Residential Street Address 12 N Ridge Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Banking Executive	Name of Employer Webster 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/08/2022	Aggregate Contributions \$300.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Kerr	First Lyle	MI	Contribution ID # 6794
Residential Street Address 74 Woodbridge St	City Manchester	State CT	Zip Code 06042
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 11/08/2022
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name KONSPORE	First JEFFREY	MI	Contribution ID # 6795
Residential Street Address 33 Fox Run Rd	City Norwalk	State CT	Zip Code 06850
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 11/08/2022
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name Alvord	First Tom	MI	Contribution ID # 6796
Residential Street Address 83 Queen St	City New Britain	State CT	Zip Code 06053
Principal Occupation entertainer	Name of Employer Tom Alvord		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/08/2022
		Aggregate Contributions \$20.00	Amount of Contribution \$10.00

Last Name Erickson	First Kristine	MI	Contribution ID # 6797
Residential Street Address 266 Route 87	City Columbia	State CT	Zip Code 06237
Principal Occupation Consultant	Name of Employer Roemega Health 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 11/08/2022
		Aggregate Contributions \$170.00	Amount of Contribution \$10.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Paulsen	First James	MI	Contribution ID # 6798
Residential Street Address 16 Carey Ln	City Norwich	State CT	Zip Code 06360
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 11/08/2022	Aggregate Contributions \$175.00
			Amount of Contribution \$5.00

Last Name M Gagnon	First Lynn	MI	Contribution ID # 6799
Residential Street Address 234 East St Apt 24 ,	City Plainville	State CT	Zip Code 06062
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 11/08/2022	Aggregate Contributions \$30.00
			Amount of Contribution \$5.00

Last Name Kluiko	First Craig	MI	Contribution ID # 6800
Residential Street Address 15 Burke Rd	City Vernon	State CT	Zip Code 06066
Principal Occupation IT	Name of Employer IT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 11/08/2022	Aggregate Contributions \$75.00
			Amount of Contribution \$15.00

<b>Total of Section B</b>			<b>\$16,392.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>			<b>\$16,392.00</b>

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**C1. Contributions from Other Committees**

Name of Committee Durham Republican Town Committee			Name of Treasurer Lindsay E Dahlheimer		
Address PO Box 75		Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
		If yes, list Event #			
City Durham	State CT	Zip Code 06422	Date Received 11/07/2022	Aggregate Contributions \$1,250.00	\$1,250.00

**Total of Section C1****\$1,250.00****I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

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

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

**Total of Section C2**

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

NAME OF COMMITTEE	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### D. Loans Received this Period

Name of Lender Robert Stefanowski		Source of Loan: <input type="checkbox"/> Bank <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other			Date of Receipt 11/02/2022
Street Address 1046 Boston Post Rd	City Madison	State CT	Zip Code 06443	Is there a cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Cosigner/Guarantor (if applicable)				<b>Amount Received</b>  \$400,000.00	
Street Address	City	State	Zip Code		

Name of Lender Robert Stefanowski		Source of Loan: <input type="checkbox"/> Bank <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other			Date of Receipt 11/04/2022
Street Address 1046 Boston Post Rd	City Madison	State CT	Zip Code 06443	Is there a cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Cosigner/Guarantor (if applicable)				<b>Amount Received</b>  \$350,000.00	
Street Address	City	State	Zip Code		

Name of Lender Robert Stefanowski		Source of Loan: <input type="checkbox"/> Bank <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other			Date of Receipt 12/15/2022
Street Address 1046 Boston Post Rd	City Madison	State CT	Zip Code 06443	Is there a cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Cosigner/Guarantor (if applicable)				<b>Amount Received</b>  \$25,000.00	
Street Address	City	State	Zip Code		

Name of Lender Robert Stefanowski		Source of Loan: <input type="checkbox"/> Bank <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other			Date of Receipt 12/28/2022
Street Address 1046 Boston Post Rd	City Madison	State CT	Zip Code 06443	Is there a cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Cosigner/Guarantor (if applicable)				<b>Amount Received</b>  \$125,500.00	
Street Address	City	State	Zip Code		

**Total of Section D**

**\$900,500.00**

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

NAME OF COMMITTEE	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)**

Date of Receipt	Method of Payment			Amount
	Cash	Personal Check	Credit/Debit Card	
<b>Total of Section E</b>				

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

NAME OF COMMITTEE	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**G. Interest from Deposits in Authorized Accounts**

Name of Institution	Date Received	Amount
Street Address	City	State
	Zip Code	
<b>Total of Section G</b>		

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

NAME OF COMMITTEE	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**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		
<b>Total of Section H</b>			

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

NAME OF COMMITTEE	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

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

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**J1. Event Information**

Event # Date of Event	Letter	Description	Was this a fundraising event? Yes      No	
Location: Street Address		City	State	Zip Code
Was this event hosted at a personal residence?	Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
	No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
	No			
<b>Subpart 1:</b>				
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
Bob for Governor	January 10 Filing - Original

**J3. In-Kind Donations Not Considered Contributions**

Name of the Donor

Street Address	City	State	Zip Code
----------------	------	-------	----------

Donation Given by: Individual Business Entity Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	Date Received	Event #	Aggregate value for this event	

**Total of Section J3**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

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

Name of Host	Is this event supporting more than one candidate? Yes      No      If yes, complete Itemization in Addendum J4
--------------	---

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
Bob for Governor	January 10 Filing - Original

**K. In-Kind Contributions**

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

**Total of Section K**

**III. Non Monetary Receipts (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**L. Refundable Deposit to Telephone Company**

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

**Total of Section L**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### N. Expenses Paid By Committee

Name of Payee National Media		Date of Payment 10/31/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 817 Slaters Ln		City Alexandria		State VA
				Zip Code 22314
Purpose of Expend A-OTH	Description Mix of A-TV/A-RAD/A-WEB/CNSLT			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$881,842.45
Name of Payee RUMBLE UP		Date of Payment 10/31/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2101 L St NW		City Washington		State DC
				Zip Code
Purpose of Expend A-ATM	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$15,000.00
Name of Payee Jamestown Associates		Date of Payment 11/01/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 421 Chestnut St		City Philadelphia		State PA
				Zip Code 19106
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$59,104.60



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee RCR Enterprises Inc		Date of Payment 11/01/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1126</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 787 Nut Plains Rd		City Guilford	State CT	Zip Code 06437
Purpose of Expend OVHD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3,200.00

Name of Payee Google LLC		Date of Payment 11/02/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State CA	Zip Code 94043
Purpose of Expend A-WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$55,870.75

Name of Payee Checkmate Strategies LLC		Date of Payment 11/02/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5 Banyan Ct		City Jackson	State NJ	Zip Code 08527
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$10,000.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Lauren Casper	Date of Payment 11/02/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1600 Union Meeting Rd Apt 226	City Blue Bell	State PA	Zip Code 19422
Purpose of Expend CNSLT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$4,000.00

Name of Payee PFW Industries Corp	Date of Payment 11/02/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 38 Glazier St	City Boylston	State MA	Zip Code 01505
Purpose of Expend CNSLT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$3,500.00

Name of Payee PFW Industries Corp	Date of Payment 11/02/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 38 Glazier St	City Boylston	State MA	Zip Code 01505
Purpose of Expend CNSLT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$7,000.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Jamestown Associates		Date of Payment 11/02/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 421 Chestnut St		City Philadelphia	State PA	Zip Code 19106
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$89,798.77

Name of Payee Google LLC		Date of Payment 11/02/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State CA	Zip Code 94043
Purpose of Expend A-WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$12,643.51

Name of Payee MCLAUGHLIN & ASSOCIATES		Date of Payment 11/03/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 566 S Route 303		City Blauvelt	State NY	Zip Code
Purpose of Expend POLLS	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$31,395.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee PrimePay		Date of Payment 11/03/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5 Commerce Dr		City Cromwell	State CT	Zip Code 06416
Purpose of Expend WAGE	Description			Amount  \$31,978.46
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee National Media		Date of Payment 11/04/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 817 Slaters Ln		City Alexandria	State VA	Zip Code 22314
Purpose of Expend A-OTH	Description Mix of A-TV/A-RAD/A-WEB/CNSLT			Amount  \$350,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Connell Donatelli Inc		Date of Payment 11/04/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 117 N Saint Asaph St		City Alexandria	State VA	Zip Code 22314
Purpose of Expend CNSLT	Description			Amount  \$2,826.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee FLS CONNECT		Date of Payment 11/04/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 7300 Hudson Blvd N Ste 270		City Oakdale	State MN	Zip Code 55128
Purpose of Expend A-ATM	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$4,126.00

Name of Payee PrimePay		Date of Payment 11/04/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5 Commerce Dr		City Cromwell	State CT	Zip Code 06416
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$12,261.02

Name of Payee FLS CONNECT		Date of Payment 11/07/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 7300 Hudson Blvd N Ste 270		City Oakdale	State MN	Zip Code 55128
Purpose of Expend A-ATM	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$24,768.20

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Connell Donatelli Inc	Date of Payment 11/07/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 117 N Saint Asaph St	City Alexandria	State VA	Zip Code 22314
Purpose of Expend CNSLT	Description	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$125.00

Name of Payee Campaign Sololutions	Date of Payment 11/07/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 117 N Saint Asaph St	City Alexandria	State VA	Zip Code 22314
Purpose of Expend CNSLT	Description	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$3,848.55

Name of Payee AWARE	Date of Payment 11/07/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 24 Woodward Ave Apt 23	City New Haven	State CT	Zip Code 06412
Purpose of Expend CNSLT	Description	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$3,250.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee AWARE		Date of Payment 11/07/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 24 Woodward Ave Apt 23		City New Haven	State CT	Zip Code 06412
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$5,400.00

Name of Payee Sheryl's Cleaning Service		Date of Payment 11/07/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1131</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 11 S Dale St		City East Haven	State CT	Zip Code 06513
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$600.00

Name of Payee Campaign Sololutions		Date of Payment 11/09/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 117 N Saint Asaph St		City Alexandria	State VA	Zip Code 22314
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,275.72

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee PrimePay		Date of Payment 11/10/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5 Commerce Dr		City Cromwell	State CT	Zip Code 06416
Purpose of Expend WAGE	Description			Amount  \$296.86
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee AWARE		Date of Payment 11/15/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1132</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Woodward Ave Apt 23		City New Haven	State CT	Zip Code 06412
Purpose of Expend CNSLT	Description			Amount  \$857.14
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee AWARE		Date of Payment 11/15/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1133</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Woodward Ave Apt 23		City New Haven	State CT	Zip Code 06412
Purpose of Expend CNSLT	Description			Amount  \$3,060.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Southern Connecticut Gas Co		Date of Payment 11/18/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 60 Marsh Hill Rd		City Orange	State CT	Zip Code 06477
Purpose of Expend OVHD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$220.86

Name of Payee PrimePay		Date of Payment 11/18/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5 Commerce Dr		City Cromwell	State CT	Zip Code 06416
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$33,341.01

Name of Payee EVERSOURCE		Date of Payment 11/21/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 107 Selden St		City Berlin	State CT	Zip Code
Purpose of Expend OVHD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$360.72

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### N. Expenses Paid By Committee

Name of Payee EVERSOURCE		Date of Payment 11/21/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 107 Selden St		City Berlin	State CT	Zip Code
Purpose of Expend OVHD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$991.65
Name of Payee PrimePay		Date of Payment 11/21/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5 Commerce Dr		City Cromwell	State CT	Zip Code 06416
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$11,903.57
Name of Payee American Express		Date of Payment 11/21/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 200 Vesey St		City New York	State NY	Zip Code 10285
Purpose of Expend CCP	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$150,292.56

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee PrimePay		Date of Payment 12/06/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5 Commerce Dr		City Cromwell	State CT	Zip Code 06416
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$55,987.16

Name of Payee PrimePay		Date of Payment 12/07/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5 Commerce Dr		City Cromwell	State CT	Zip Code 06416
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$32,352.48

Name of Payee M&T Bank		Date of Payment 12/08/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 850 Main St		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend BNK	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$60.09

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### N. Expenses Paid By Committee

Name of Payee PrimePay		Date of Payment 12/12/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5 Commerce Dr		City Cromwell	State CT	Zip Code 06416
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$397.28
Name of Payee American Express		Date of Payment 12/20/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 200 Vesey St		City New York	State NY	Zip Code 10285
Purpose of Expend CCP	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$211,015.15
Name of Payee Norman Byron Makup Artist		Date of Payment 12/22/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1135</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 17 Palmer St Apt 3		City Cos Cob	State CT	Zip Code 06807
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,150.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee PrimePay		Date of Payment 12/29/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5 Commerce Dr		City Cromwell	State CT	Zip Code 06416
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 #
				\$18,541.65

Name of Payee PrimePay		Date of Payment 12/29/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5 Commerce Dr		City Cromwell	State CT	Zip Code 06416
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 #
				\$30,940.90

Name of Payee Checkmate Strategies LLC		Date of Payment 12/29/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5 Banyan Ct		City Jackson	State NJ	Zip Code 08527
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$3,052.88

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Hinckley, Allen & Snyder LLP		Date of Payment 12/29/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 20 Church St		City Hartford	State CT	Zip Code 06103
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$462.00

Name of Payee Google LLC		Date of Payment 12/29/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State CA	Zip Code 94043
Purpose of Expend A-WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$63,267.43

Name of Payee PrimePay		Date of Payment 12/30/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5 Commerce Dr		City Cromwell	State CT	Zip Code 06416
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$18,350.77

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot	Date of Payment 12/31/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Poydras St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description card fees	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #  \$603.53
<b>Total of Section N</b>			<b>\$2,251,319.72</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT		
	January 10 Filing - Original		
<b>O. Expenses Paid By Candidate</b>			
Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed? Yes      No	
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	
<b>Total of Section O</b>			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other
---	---

Name of Vendor EXXONMOBIL	Date of Transaction 10/31/2022
------------------------------	-----------------------------------

Street Address 5959 Las Colinas Blvd	City Irving	State TX	Zip Code 77389
---	----------------	-------------	-------------------

Purpose of Expenditure (by code)	Description	Expenditure # (if applicable)	Event #	Amount
TRVL				\$36.59
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, assign an Expenditure # and complete Itemization in Addendum				

Name of Issuing Institution American Express	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other
---	---

Name of Vendor FACEBOOK	Date of Transaction 10/31/2022
----------------------------	-----------------------------------

Street Address 1 Hacker Way	City Menlo Park	State CA	Zip Code 94025
--------------------------------	--------------------	-------------	-------------------

Purpose of Expenditure (by code)	Description	Expenditure # (if applicable)	Event #	Amount
A-WEB				\$2,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, assign an Expenditure # and complete Itemization in Addendum				



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FACEBOOK		Date of Transaction 10/31/2022	
Street Address 1 Hacker Way		City Menlo Park	State    Zip Code CA    94025
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$2,000.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor GREENWICH PIZZERIA		Date of Transaction 10/31/2022	
Street Address 1072 E Putnam Ave		City Riverside	State    Zip Code CT    06878
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$27.86

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**P. Expenses Incurred on Committee Credit Card**

Name of Issuing Institution American Express	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other
---	---

Name of Vendor I360 LLC	Date of Transaction 10/31/2022
----------------------------	-----------------------------------

Street Address 2300 Clarendon Blvd Ste 800	City Arlington	State VA	Zip Code 22201
---	-------------------	-------------	-------------------

Purpose of Expenditure (by code) Misc *	Description SOFTWARE	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum	Expenditure # (if applicable)	Event #
		\$1,173.61

Name of Issuing Institution American Express	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other
---	---

Name of Vendor CUTTING EDGE SIGNS	Date of Transaction 10/31/2022
--------------------------------------	-----------------------------------

Street Address 21A Gramar Ave	City Prospect	State CT	Zip Code 06712
----------------------------------	------------------	-------------	-------------------

Purpose of Expenditure (by code) A-SIGN	Description	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum	Expenditure # (if applicable)	Event #
		\$5,530.20

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**P. Expenses Incurred on Committee Credit Card**

Name of Issuing Institution American Express	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other
---	---

Name of Vendor PIZZA HEAVEN	Date of Transaction 10/31/2022
--------------------------------	-----------------------------------

Street Address 3851 Main St	City Bridgeport	State CT	Zip Code 06606
--------------------------------	--------------------	-------------	-------------------

Purpose of Expenditure (by code)	Description	Amount
FOOD		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		
		\$40.94

Name of Issuing Institution American Express	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other
---	---

Name of Vendor USPS	Date of Transaction 10/31/2022
------------------------	-----------------------------------

Street Address 35 Park Pl	City Branford	State CT	Zip Code 06405
------------------------------	------------------	-------------	-------------------

Purpose of Expenditure (by code)	Description	Amount
POST		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		
		\$17.60

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor SHOPRITE		Date of Transaction 11/01/2022	
Street Address 1990 W Main St		City Stamford	State      Zip Code CT          06902
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #   \$87.20

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor LUNA PIZZA		Date of Transaction 11/01/2022	
Street Address 530 Bushy Hill Rd Ste 24		City Simsbury	State      Zip Code CT          06070
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #   \$112.72

## IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

## P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other		
Name of Vendor MOS WINES & SPIRITS	Date of Transaction 11/01/2022		
Street Address 953 Post Rd	City Fairfield	State CT	Zip Code 06824
Purpose of Expenditure (by code) FOOD	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 #
			\$27.14

Name of Issuing Institution American Express	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other		
Name of Vendor GREENWICH PIZZERIA	Date of Transaction 11/01/2022		
Street Address 1072 E Putnam Ave	City Riverside	State CT	Zip Code 06878
Purpose of Expenditure (by code) FOOD	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 #
			\$19.27

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor GREENWICH PIZZERIA		Date of Transaction 11/01/2022	
Street Address 1072 E Putnam Ave		City Riverside	State    Zip Code CT    06878
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$57.81

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor GOOGLE		Date of Transaction 11/01/2022	
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State    Zip Code CA    94043
Purpose of Expenditure (by code) WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$421.15

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor GOOGLE		Date of Transaction 11/01/2022	
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State    Zip Code CA    94043
Purpose of Expenditure (by code) WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$19.14

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor GREENWICH FREE PRES		Date of Transaction 11/01/2022	
Street Address 21 Lincoln Ave		City Greenwich	State    Zip Code CT    06830
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$125.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FACEBOOK		Date of Transaction 11/01/2022	
Street Address 1 Hacker Way		City Menlo Park	State    Zip Code CA    94025
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$2,000.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor BENNY J'S PIZZA		Date of Transaction 11/01/2022	
Street Address 1195 Main St		City Branford	State    Zip Code CT    06405
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$63.95



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other
---	---

Name of Vendor CAPTAIN 5 PIZZA LLC	Date of Transaction 11/01/2022
---------------------------------------	-----------------------------------

Street Address 59 Sanford St	City Fairfield	State CT	Zip Code 06824
---------------------------------	-------------------	-------------	-------------------

Purpose of Expenditure (by code)	Description			Amount
FOOD				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$97.00

Name of Issuing Institution American Express	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other
---	---

Name of Vendor CITGO OIL CO	Date of Transaction 11/01/2022
--------------------------------	-----------------------------------

Street Address 6100 S Yale Ave Ste 600	City Tulsa	State OK	Zip Code 74136
---	---------------	-------------	-------------------

Purpose of Expenditure (by code)	Description			Amount
TRVL				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.12

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor CANVA		Date of Transaction 11/02/2022	
Street Address 2140 S Dupont Hwy		City Camden	State    Zip Code DE    19934
Purpose of Expenditure (by code) WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$12.99

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor CAPTAIN 5 PIZZA LLC		Date of Transaction 11/02/2022	
Street Address 59 Sanford St		City Fairfield	State    Zip Code CT    06824
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$87.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other
---	---

Name of Vendor AMAZON WEB SERVICES	Date of Transaction 11/02/2022
---------------------------------------	-----------------------------------

Street Address 1512 2nd Ave	City Seattle	State WA	Zip Code 98101
--------------------------------	-----------------	-------------	-------------------

Purpose of Expenditure (by code)	Description	Expenditure # (if applicable)	Event #	Amount
WEB				\$212.97
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, assign an Expenditure # and complete Itemization in Addendum				

Name of Issuing Institution American Express	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other
---	---

Name of Vendor FACEBOOK	Date of Transaction 11/02/2022
----------------------------	-----------------------------------

Street Address 1 Hacker Way	City Menlo Park	State CA	Zip Code 94025
--------------------------------	--------------------	-------------	-------------------

Purpose of Expenditure (by code)	Description	Expenditure # (if applicable)	Event #	Amount
A-WEB				\$900.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, assign an Expenditure # and complete Itemization in Addendum				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="checked" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FACEBOOK		Date of Transaction 11/02/2022	
Street Address 1 Hacker Way		City Menlo Park	State      Zip Code CA              94025
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum			\$2,000.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="checked" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FACEBOOK		Date of Transaction 11/02/2022	
Street Address 1 Hacker Way		City Menlo Park	State      Zip Code CA              94025
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum			\$2,000.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor HOLTZMAN VOGEL		Date of Transaction 11/02/2022	
Street Address 45 N HI Dr Ste 100		City Warrenton	State    Zip Code VA    20186
Purpose of Expenditure (by code) CNSLT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$30,000.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor I360 LLC		Date of Transaction 11/02/2022	
Street Address 2300 Clarendon Blvd Ste 800		City Arlington	State    Zip Code VA    22201
Purpose of Expenditure (by code) A-PH-BNK	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$6.17

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor RUMBLEUP		Date of Transaction 11/02/2022	
Street Address 2101 L St NW		City Washington	State    Zip Code DC    20037
Purpose of Expenditure (by code) A-ATM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$4,857.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor SUBWAY		Date of Transaction 11/02/2022	
Street Address 1996 W Main St Ste 304		City Stamford	State    Zip Code CT    06902
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$35.18

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor HOLE IN THE WALL		Date of Transaction 11/02/2022	
Street Address 653 Post Rd Ste A		City Fairfield	State    Zip Code CT    06824
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$10.51

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor USPS		Date of Transaction 11/03/2022	
Street Address 35 Park Pl		City Branford	State    Zip Code CT    06405
Purpose of Expenditure (by code) POST	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$158.40

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor RVSHARE		Date of Transaction 11/03/2022	
Street Address 155 Montrose West Ave Ste 200		City Akron	State    Zip Code OH    44321
Purpose of Expenditure (by code) TRVL	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$352.11

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor STOP & SHOP		Date of Transaction 11/03/2022	
Street Address 1160 Kings Highway Cutoff		City Fairfield	State    Zip Code CT    06824
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$19.49



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**P. Expenses Incurred on Committee Credit Card**

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other		
Name of Vendor STOP N SHOP FUEL 68		Date of Transaction 11/03/2022		
Street Address 22 Leetes Island Rd Ste 4		City Branford	State CT	Zip Code 06405
Purpose of Expenditure (by code) FOOD	Description		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	<b>\$43.76</b>

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other		
Name of Vendor RUMBLEUP		Date of Transaction 11/03/2022		
Street Address 2101 L St NW		City Washington	State DC	Zip Code 20037
Purpose of Expenditure (by code) A-ATM	Description		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	<b>\$10.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor RUMBLEUP		Date of Transaction 11/03/2022	
Street Address 2101 L St NW		City Washington	State    Zip Code DC    20037
Purpose of Expenditure (by code) A-ATM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$1,402.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor RUMBLEUP		Date of Transaction 11/03/2022	
Street Address 2101 L St NW		City Washington	State    Zip Code DC    20037
Purpose of Expenditure (by code) A-ATM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$4,309.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**P. Expenses Incurred on Committee Credit Card**

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other			
Name of Vendor GREENWICH PIZZERIA			Date of Transaction 11/03/2022		
Street Address 1072 E Putnam Ave		City Riverside		State CT	Zip Code 06878
Purpose of Expenditure (by code) FOOD	Description			Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure # (if applicable)		Event #	
<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, assign an Expenditure # and complete Itemization in Addendum				\$14.92	

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other			
Name of Vendor LUNA PIZZA			Date of Transaction 11/03/2022		
Street Address 530 Bushy Hill Rd Ste 24		City Simsbury		State CT	Zip Code 06070
Purpose of Expenditure (by code) FOOD	Description			Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure # (if applicable)		Event #	
<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, assign an Expenditure # and complete Itemization in Addendum				\$142.78	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FACEBOOK		Date of Transaction 11/03/2022	
Street Address 1 Hacker Way		City Menlo Park	State    Zip Code CA    94025
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$900.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FACEBOOK		Date of Transaction 11/03/2022	
Street Address 1 Hacker Way		City Menlo Park	State    Zip Code CA    94025
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$2,000.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other
---	---

Name of Vendor CUMBERLAND FARMS	Date of Transaction 11/03/2022
------------------------------------	-----------------------------------

Street Address 906 N Colony Rd	City Wallingford	State CT	Zip Code 06492
-----------------------------------	---------------------	-------------	-------------------

Purpose of Expenditure (by code)	Description	Expenditure # (if applicable)	Event #	Amount
TRVL				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum				\$46.88

Name of Issuing Institution American Express	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other
---	---

Name of Vendor FACEBOOK	Date of Transaction 11/04/2022
----------------------------	-----------------------------------

Street Address 1 Hacker Way	City Menlo Park	State CA	Zip Code 94025
--------------------------------	--------------------	-------------	-------------------

Purpose of Expenditure (by code)	Description	Expenditure # (if applicable)	Event #	Amount
A-WEB				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum				\$2,000.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FLS CONNECT		Date of Transaction 11/04/2022	
Street Address 7300 Hudson Blvd N Ste 270		City Oakdale	State    Zip Code MN    55128
Purpose of Expenditure (by code) A-ATM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$975.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FLS CONNECT		Date of Transaction 11/04/2022	
Street Address 7300 Hudson Blvd N Ste 270		City Oakdale	State    Zip Code MN    55128
Purpose of Expenditure (by code) A-ATM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$2,032.60

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FACEBOOK		Date of Transaction 11/04/2022	
Street Address 1 Hacker Way		City Menlo Park	State    Zip Code CA    94025
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$2,000.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FACEBOOK		Date of Transaction 11/04/2022	
Street Address 1 Hacker Way		City Menlo Park	State    Zip Code CA    94025
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$900.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor GREENWICH PIZZERIA		Date of Transaction 11/04/2022	
Street Address 1072 E Putnam Ave		City Riverside	State    Zip Code CT    06878
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$59.90

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor STAPLES		Date of Transaction 11/04/2022	
Street Address 1297 E Putnam Ave		City Riverside	State    Zip Code CT    06878
Purpose of Expenditure (by code) Misc *	Description SUPPLIES		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$18.61



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other			
Name of Vendor STAPLES			Date of Transaction 11/04/2022		
Street Address 85 N Main St		City Branford		State CT	Zip Code 06405
Purpose of Expenditure (by code) Misc *	Description SUPPLIES			Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$58.07	
If yes, assign an Expenditure # and complete Itemization in Addendum					

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other			
Name of Vendor STAPLES			Date of Transaction 11/04/2022		
Street Address 85 N Main St		City Branford		State CT	Zip Code 06405
Purpose of Expenditure (by code) Misc *	Description SUPPLIES			Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$74.37	
If yes, assign an Expenditure # and complete Itemization in Addendum					

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**P. Expenses Incurred on Committee Credit Card**

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor STAPLES.COM			Date of Transaction 11/04/2022
Street Address 500 Staples Dr		City Framingham	State MA
			Zip Code 01702
Purpose of Expenditure (by code) Misc *	Description SUPPLIES		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure # (if applicable)	Event #
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, assign an Expenditure # and complete Itemization in Addendum			\$10.04

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor STAPLES.COM			Date of Transaction 11/04/2022
Street Address 500 Staples Dr		City Framingham	State MA
			Zip Code 01702
Purpose of Expenditure (by code) Misc *	Description SUPPLIES		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure # (if applicable)	Event #
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, assign an Expenditure # and complete Itemization in Addendum			\$33.50

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor RUMBLEUP		Date of Transaction 11/04/2022	
Street Address 2101 L St NW		City Washington	State    Zip Code DC    20037
Purpose of Expenditure (by code) A-ATM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$1,804.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor RITE AID		Date of Transaction 11/04/2022	
Street Address 1619 Post Rd		City Fairfield	State    Zip Code CT    06824
Purpose of Expenditure (by code) Misc *	Description SUPPLIES		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$7.97

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor WRYM-VIVA RADIO		Date of Transaction 11/04/2022	
Street Address 1056 Willard Ave		City Newington	State    Zip Code CT    06111
Purpose of Expenditure (by code) A-RAD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$200.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor SUBWAY		Date of Transaction 11/04/2022	
Street Address 1996 W Main St Ste 304		City Stamford	State    Zip Code CT    06902
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$25.95

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other
---	---

Name of Vendor THE HOME DEPOT #624	Date of Transaction 11/04/2022
---------------------------------------	-----------------------------------

Street Address 1925 W Main St	City Stamford	State CT	Zip Code 06902
----------------------------------	------------------	-------------	-------------------

Purpose of Expenditure (by code) Misc *	Description SUPPLIES	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		\$177.15
	Expenditure # (if applicable)	Event #

Name of Issuing Institution American Express	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other
---	---

Name of Vendor THE HOME DEPOT #624	Date of Transaction 11/05/2022
---------------------------------------	-----------------------------------

Street Address 1925 W Main St	City Stamford	State CT	Zip Code 06902
----------------------------------	------------------	-------------	-------------------

Purpose of Expenditure (by code) Misc *	Description SUPPLIES	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		\$74.25
	Expenditure # (if applicable)	Event #

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor RUMBLEUP		Date of Transaction 11/05/2022	
Street Address 2101 L St NW		City Washington	State    Zip Code DC    20037
Purpose of Expenditure (by code) A-ATM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$100.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor RUMBLEUP		Date of Transaction 11/05/2022	
Street Address 2101 L St NW		City Washington	State    Zip Code DC    20037
Purpose of Expenditure (by code) A-ATM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$271.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor RUMBLEUP		Date of Transaction 11/05/2022	
Street Address 2101 L St NW		City Washington	State    Zip Code DC    20037
Purpose of Expenditure (by code) A-ATM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$292.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor RUMBLEUP		Date of Transaction 11/05/2022	
Street Address 2101 L St NW		City Washington	State    Zip Code DC    20037
Purpose of Expenditure (by code) A-ATM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$329.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor RUMBLEUP		Date of Transaction 11/05/2022	
Street Address 2101 L St NW		City Washington	State    Zip Code DC    20037
Purpose of Expenditure (by code) A-ATM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$521.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor RUMBLEUP		Date of Transaction 11/05/2022	
Street Address 2101 L St NW		City Washington	State    Zip Code DC    20037
Purpose of Expenditure (by code) A-ATM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$552.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor RUMBLEUP		Date of Transaction 11/05/2022	
Street Address 2101 L St NW		City Washington	State    Zip Code DC    20037
Purpose of Expenditure (by code) A-ATM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$592.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor SUBWAY		Date of Transaction 11/05/2022	
Street Address 1996 W Main St Ste 304		City Stamford	State    Zip Code CT    06902
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$34.32

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor THE CHELSEA 0217700		Date of Transaction 11/05/2022	
Street Address 12 Unquowa Pl		City Fairfield	State    Zip Code CT    06824
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$16.05

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor GREENWICH PIZZERIA		Date of Transaction 11/05/2022	
Street Address 1072 E Putnam Ave		City Riverside	State    Zip Code CT    06878
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$23.51

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor GREENWICH PIZZERIA		Date of Transaction 11/05/2022	
Street Address 1072 E Putnam Ave		City Riverside	State    Zip Code CT    06878
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$26.73

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor GOOGLE		Date of Transaction 11/05/2022	
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State    Zip Code CA    94043
Purpose of Expenditure (by code) WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$10.62

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor MARRIOTT TRUMBULL		Date of Transaction 11/05/2022	
Street Address 180 Hawley Ln	City Trumbull	State CT	Zip Code 06611
Purpose of Expenditure (by code) TRVL	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum			\$5,583.47

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FACEBOOK		Date of Transaction 11/05/2022	
Street Address 1 Hacker Way	City Menlo Park	State CA	Zip Code 94025
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum			\$2,000.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FACEBOOK		Date of Transaction 11/05/2022	
Street Address 1 Hacker Way		City Menlo Park	State    Zip Code CA    94025
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$2,000.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FACEBOOK		Date of Transaction 11/05/2022	
Street Address 1 Hacker Way		City Menlo Park	State    Zip Code CA    94025
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$900.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor AMAZON		Date of Transaction 11/05/2022	
Street Address 410 Terry Ave N		City Seattle	State    Zip Code WA    98109
Purpose of Expenditure (by code) Misc *	Description SUPPLIES	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$35.08

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor AMAZON		Date of Transaction 11/06/2022	
Street Address 410 Terry Ave N		City Seattle	State    Zip Code WA    98109
Purpose of Expenditure (by code) Misc *	Description SUPPLIES	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$8.99

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**P. Expenses Incurred on Committee Credit Card**

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor DUNKIN		Date of Transaction 11/06/2022	
Street Address 2000 W Main St		City Stamford	State      Zip Code CT      06902
Purpose of Expenditure (by code) FOOD	Description	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum			\$15.16

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor CAPTAIN 5 PIZZA LLC		Date of Transaction 11/06/2022	
Street Address 59 Sanford St		City Fairfield	State      Zip Code CT      06824
Purpose of Expenditure (by code) FOOD	Description	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum			\$30.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor CFCF - RIVERSIDE		Date of Transaction 11/06/2022	
Street Address 1162 E Putnam Ave		City Greenwich	State    Zip Code CT    06878
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$3.81

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FACEBOOK		Date of Transaction 11/06/2022	
Street Address 1 Hacker Way		City Menlo Park	State    Zip Code CA    94025
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$2,000.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FACEBOOK		Date of Transaction 11/06/2022	
Street Address 1 Hacker Way		City Menlo Park	State    Zip Code CA    94025
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$2,000.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FACEBOOK		Date of Transaction 11/06/2022	
Street Address 1 Hacker Way		City Menlo Park	State    Zip Code CA    94025
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$900.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor GARDEN CATERING 650		Date of Transaction 11/06/2022	
Street Address 185 1 2 Sound Beach Ave		City Old Greenwich	State    Zip Code CT    06870
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$71.86

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FACEBOOK		Date of Transaction 11/06/2022	
Street Address 1 Hacker Way		City Menlo Park	State    Zip Code CA    94025
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$2,000.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor RUMBLEUP		Date of Transaction 11/06/2022	
Street Address 2101 L St NW		City Washington	State    Zip Code DC    20037
Purpose of Expenditure (by code) A-ATM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$11,073.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor RUMBLEUP		Date of Transaction 11/06/2022	
Street Address 2101 L St NW		City Washington	State    Zip Code DC    20037
Purpose of Expenditure (by code) A-ATM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$18,715.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other			
Name of Vendor RITE AID			Date of Transaction 11/06/2022		
Street Address 1619 Post Rd		City Fairfield		State CT	Zip Code 06824
Purpose of Expenditure (by code) Misc *	Description SUPPLIES			Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #		\$42.49
If yes, assign an Expenditure # and complete Itemization in Addendum					

  

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other			
Name of Vendor RUMBLEUP			Date of Transaction 11/07/2022		
Street Address 2101 L St NW		City Washington		State DC	Zip Code 20037
Purpose of Expenditure (by code) A-ATM	Description			Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #		\$7,542.00
If yes, assign an Expenditure # and complete Itemization in Addendum					

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor SUBWAY		Date of Transaction 11/07/2022	
Street Address 1996 W Main St Ste 304		City Stamford	State    Zip Code CT    06902
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$35.50

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor KFC		Date of Transaction 11/07/2022	
Street Address 650 Main St		City East Haven	State    Zip Code CT    06512
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$62.83

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**P. Expenses Incurred on Committee Credit Card**

Name of Issuing Institution American Express	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other
---	---

Name of Vendor FLS CONNECT	Date of Transaction 11/07/2022
-------------------------------	-----------------------------------

Street Address 7300 Hudson Blvd N Ste 270	City Oakdale	State MN	Zip Code 55128
--	-----------------	-------------	-------------------

Purpose of Expenditure (by code)	Description	Amount
A-ATM		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		
Expenditure # (if applicable)   Event #		\$463.05

Name of Issuing Institution American Express	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other
---	---

Name of Vendor FLS CONNECT	Date of Transaction 11/07/2022
-------------------------------	-----------------------------------

Street Address 7300 Hudson Blvd N Ste 270	City Oakdale	State MN	Zip Code 55128
--	-----------------	-------------	-------------------

Purpose of Expenditure (by code)	Description	Amount
A-ATM		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		
Expenditure # (if applicable)   Event #		\$1,130.91

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FLS CONNECT		Date of Transaction 11/07/2022	
Street Address 7300 Hudson Blvd N Ste 270		City Oakdale	State    Zip Code MN    55128
Purpose of Expenditure (by code) A-ATM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$1,227.60

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor GREENWICH PIZZERIA		Date of Transaction 11/07/2022	
Street Address 1072 E Putnam Ave		City Riverside	State    Zip Code CT    06878
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$50.29

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**P. Expenses Incurred on Committee Credit Card**

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other		
Name of Vendor FACEBOOK			Date of Transaction 11/07/2022	
Street Address 1 Hacker Way		City Menlo Park		State CA
				Zip Code 94025
Purpose of Expenditure (by code) A-WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	\$900.00
If yes, assign an Expenditure # and complete Itemization in Addendum				

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other		
Name of Vendor FACEBOOK			Date of Transaction 11/07/2022	
Street Address 1 Hacker Way		City Menlo Park		State CA
				Zip Code 94025
Purpose of Expenditure (by code) A-WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	\$2,000.00
If yes, assign an Expenditure # and complete Itemization in Addendum				



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FACEBOOK		Date of Transaction 11/07/2022	
Street Address 1 Hacker Way		City Menlo Park	State    Zip Code CA    94025
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$2,000.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FACEBOOK		Date of Transaction 11/07/2022	
Street Address 1 Hacker Way		City Menlo Park	State    Zip Code CA    94025
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$2,000.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor DUNKIN		Date of Transaction 11/07/2022	
Street Address 284 Farmington Ave		City Plainville	State    Zip Code CT    06062
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$6.84

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor EXXONMOBIL		Date of Transaction 11/07/2022	
Street Address 5959 Las Colinas Blvd		City Irving	State    Zip Code TX    77389
Purpose of Expenditure (by code) TRVL	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$44.62

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor CONSTANT CONTACT		Date of Transaction 11/07/2022	
Street Address 1601 Trapelo Rd Ste 329		City Waltham	State    Zip Code MA    02451
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$392.43

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor ADOBE		Date of Transaction 11/07/2022	
Street Address 801 N 34th St		City San Jose	State    Zip Code CA    98103
Purpose of Expenditure (by code) WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$56.35

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor ATHENA II DINER		Date of Transaction 11/07/2022	
Street Address 320 Washington Ave		City North Haven	State    Zip Code CT    06473
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #  \$88.61

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor BEST BUY		Date of Transaction 11/07/2022	
Street Address 53 Boston Post Rd Ste 1234		City Orange	State    Zip Code CT    06477
Purpose of Expenditure (by code) Misc *	Description ELECTRONICS		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #  \$276.49

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor BEST BUY		Date of Transaction 11/07/2022	
Street Address 53 Boston Post Rd Ste 1234		City Orange	State    Zip Code CT    06477
Purpose of Expenditure (by code) Misc *	Description ELECTRONICS	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$276.49

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor THE HOME DEPOT #624		Date of Transaction 11/07/2022	
Street Address 1925 W Main St		City Stamford	State    Zip Code CT    06902
Purpose of Expenditure (by code) Misc *	Description SUPPLIES	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$57.24

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor HORNETS NEST D		Date of Transaction 11/08/2022	
Street Address 269 E Main St		City Branford	State    Zip Code CT    06405
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$75.15

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor ADOBE		Date of Transaction 11/08/2022	
Street Address 801 N 34th St		City San Jose	State    Zip Code CA    98103
Purpose of Expenditure (by code) WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$87.73

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor CHIPOTLE ONLINE		Date of Transaction 11/08/2022	
Street Address 1401 Wynkoop St		City Newport Beach	State    Zip Code CA    80202
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$98.65

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor CFCF - RIVERSIDE		Date of Transaction 11/08/2022	
Street Address 1162 E Putnam Ave		City Greenwich	State    Zip Code CT    06878
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$21.09

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor CFCF - RIVERSIDE		Date of Transaction 11/08/2022	
Street Address 1162 E Putnam Ave		City Greenwich	State    Zip Code CT    06878
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$32.10

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FACEBOOK		Date of Transaction 11/08/2022	
Street Address 1 Hacker Way		City Menlo Park	State    Zip Code CA    94025
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$2,000.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FACEBOOK		Date of Transaction 11/08/2022	
Street Address 1 Hacker Way		City Menlo Park	State    Zip Code CA    94025
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$2,000.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FACEBOOK		Date of Transaction 11/08/2022	
Street Address 1 Hacker Way		City Menlo Park	State    Zip Code CA    94025
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$899.96

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FACEBOOK		Date of Transaction 11/08/2022	
Street Address 1 Hacker Way		City Menlo Park	State    Zip Code CA    94025
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$2,000.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FACEBOOK		Date of Transaction 11/08/2022	
Street Address 1 Hacker Way		City Menlo Park	State    Zip Code CA    94025
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$2,000.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FLIPSIDE BURGERS		Date of Transaction 11/08/2022	
Street Address 1125 Post Rd	City Fairfield	State CT	Zip Code 06824
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$56.94

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor LAS VETAS		Date of Transaction 11/08/2022	
Street Address 27 Unquowa Rd	City Fairfield	State CT	Zip Code 06824
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$4.60



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor NORTH END VARIETY		Date of Transaction 11/08/2022	
Street Address 1482 Reservoir Ave		City Bridgeport	State    Zip Code CT    06606
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$11.02

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor POPEYES		Date of Transaction 11/08/2022	
Street Address 2201 Fairfield Ave		City Bridgeport	State    Zip Code CT    06605
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$13.74

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor RUMBLEUP		Date of Transaction 11/08/2022	
Street Address 2101 L St NW		City Washington	State    Zip Code DC    20037
Purpose of Expenditure (by code) A-ATM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$307.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor RUMBLEUP		Date of Transaction 11/08/2022	
Street Address 2101 L St NW		City Washington	State    Zip Code DC    20037
Purpose of Expenditure (by code) A-ATM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$8,608.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor RUMBLEUP		Date of Transaction 11/08/2022	
Street Address 2101 L St NW		City Washington	State    Zip Code DC    20037
Purpose of Expenditure (by code) A-ATM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$8,938.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor RUMBLEUP		Date of Transaction 11/08/2022	
Street Address 2101 L St NW		City Washington	State    Zip Code DC    20037
Purpose of Expenditure (by code) A-ATM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$9,348.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor RUMBLEUP		Date of Transaction 11/08/2022	
Street Address 2101 L St NW		City Washington	State    Zip Code DC    20037
Purpose of Expenditure (by code) A-ATM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$9,952.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FACEBOOK		Date of Transaction 11/09/2022	
Street Address 1 Hacker Way		City Menlo Park	State    Zip Code CA    94025
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$2,000.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FACEBOOK		Date of Transaction 11/10/2022	
Street Address 1 Hacker Way	City Menlo Park	State CA	Zip Code 94025
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$485.79

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor OFFICE OF SECRETARY		Date of Transaction 11/10/2022	
Street Address 165 Capitol Ave Ste 1000	City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) Misc *	Description DATA		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$300.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor MARRIOTT TRUMBULL			Date of Transaction 11/10/2022
Street Address 180 Hawley Ln		City Trumbull	State      Zip Code CT          06611
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum			\$19.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor MARRIOTT TRUMBULL			Date of Transaction 11/11/2022
Street Address 180 Hawley Ln		City Trumbull	State      Zip Code CT          06611
Purpose of Expenditure (by code) TRVL	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum			\$148.37

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor ADOBE		Date of Transaction 11/12/2022	
Street Address 801 N 34th St		City San Jose	State    Zip Code CA    98103
Purpose of Expenditure (by code) WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$53.16

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor MILE IQ		Date of Transaction 11/13/2022	
Street Address 548 Market St # 37418		City San Francisco	State    Zip Code CA    94104
Purpose of Expenditure (by code) Misc *	Description SOFTWARE		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$136.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor ONE STOP BUSINESS		Date of Transaction 11/14/2022	
Street Address 35B Cabot Rd		City Woburn	State    Zip Code MA    01801
Purpose of Expenditure (by code) OVHD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$170.16

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor ARISTOTLE		Date of Transaction 11/15/2022	
Street Address 205 Pennsylvania Ave SE		City Washington	State    Zip Code DC    20003
Purpose of Expenditure (by code) Misc *	Description SOFTWARE		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$375.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor DROPBOX		Date of Transaction 11/15/2022	
Street Address 333 Brannan St		City San Francisco	State    Zip Code CA    94107
Purpose of Expenditure (by code) WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$12.75

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor ADOBE		Date of Transaction 11/16/2022	
Street Address 801 N 34th St		City San Jose	State    Zip Code CA    98103
Purpose of Expenditure (by code) WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$159.49

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor ADOBE		Date of Transaction 11/17/2022	
Street Address 801 N 34th St		City San Jose	State      Zip Code CA          98103
Purpose of Expenditure (by code) WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum			\$112.71

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor AMAZON		Date of Transaction 11/17/2022	
Street Address 410 Terry Ave N		City Seattle	State      Zip Code WA          98109
Purpose of Expenditure (by code) Misc *	Description SUPPLIES		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum			\$10.65

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor COMCAST		Date of Transaction 11/17/2022	
Street Address 676 Island Pond Rd		City Manchester	State    Zip Code NH    03109
Purpose of Expenditure (by code) OVHD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$422.42

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor CANVA		Date of Transaction 11/24/2022	
Street Address 2140 S Dupont Hwy		City Camden	State    Zip Code DE    19934
Purpose of Expenditure (by code) WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$12.99

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor DROPBOX		Date of Transaction 11/25/2022	
Street Address 333 Brannan St		City San Francisco	State    Zip Code CA    94107
Purpose of Expenditure (by code) WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$12.75

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor ADOBE		Date of Transaction 11/27/2022	
Street Address 801 N 34th St		City San Jose	State    Zip Code CA    98103
Purpose of Expenditure (by code) WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$74.43



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor GOOGLE		Date of Transaction 12/01/2022	
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State    Zip Code CA    94043
Purpose of Expenditure (by code) WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$421.15

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor GOOGLE		Date of Transaction 12/01/2022	
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State    Zip Code CA    94043
Purpose of Expenditure (by code) WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$19.14

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**P. Expenses Incurred on Committee Credit Card**

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other		
Name of Vendor AMAZON WEB SERVICES			Date of Transaction 12/02/2022	
Street Address 1512 2nd Ave		City Seattle	State WA	Zip Code 98101
Purpose of Expenditure (by code) WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	\$209.85
If yes, assign an Expenditure # and complete Itemization in Addendum				

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other		
Name of Vendor RUMBLEUP			Date of Transaction 12/03/2022	
Street Address 2101 L St NW		City Washington	State DC	Zip Code 20037
Purpose of Expenditure (by code) A-ATM	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	\$10.00
If yes, assign an Expenditure # and complete Itemization in Addendum				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor CONSTANT CONTACT		Date of Transaction 12/07/2022	
Street Address 1601 Trapelo Rd Ste 329		City Waltham	State    Zip Code MA    02451
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$392.43

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor FACEBOOK		Date of Transaction 12/09/2022	
Street Address 1 Hacker Way		City Menlo Park	State    Zip Code CA    94025
Purpose of Expenditure (by code) A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$462.42

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**P. Expenses Incurred on Committee Credit Card**

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor MILE IQ		Date of Transaction 12/13/2022	
Street Address 548 Market St # 37418		City San Francisco	State    Zip Code CA    94104
Purpose of Expenditure (by code) Misc *	Description SOFTWARE	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #  \$136.00

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor ONE STOP BUSINESS		Date of Transaction 12/14/2022	
Street Address 35B Cabot Rd		City Woburn	State    Zip Code MA    01801
Purpose of Expenditure (by code) OVHD	Description	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #  \$42.36

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor THE FARMS COUNTRY CLUB			Date of Transaction 12/16/2022
Street Address 180 Cheshire Rd		City Wallingford	State      Zip Code CT      06492
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event # 09152022A  \$1,411.58

Name of Issuing Institution American Express		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor USPS			Date of Transaction 12/22/2022
Street Address 402 Pequot Ave		City Southport	State      Zip Code CT      06890
Purpose of Expenditure (by code) POST	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #  \$55.80

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

**P. Expenses Incurred on Committee Credit Card**

Name of Issuing Institution American Express	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Other
---	---

Name of Vendor DROPBOX	Date of Transaction 12/25/2022
---------------------------	-----------------------------------

Street Address 333 Brannan St	City San Francisco	State CA	Zip Code 94107
----------------------------------	-----------------------	-------------	-------------------

Purpose of Expenditure (by code) WEB	Description	Amount
---	-------------	--------

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	\$12.75
If yes, assign an Expenditure # and complete Itemization in Addendum				

**Total of Section P****\$197,359.77**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

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

Name of Creditor Spark Strategies LLC			Date Incurred 12/31/2022		
Street Address 857 Post Rd Ste 355		City Fairfield		State CT	Zip Code 06824
Purpose of Expenditure (by code)  CNSLT	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		<input type="checkbox"/> Yes  <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	\$32,000.00
Name of Creditor Holtzman Vogel PLLC			Date Incurred 12/31/2022		
Street Address 1010 Wisconsin Ave NW # 530		City Washington		State DC	Zip Code 20007
Purpose of Expenditure (by code)  CNSLT	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		<input type="checkbox"/> Yes  <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	\$5,000.00
<b>Total of Section Q</b>				<b>\$37,000.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

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

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bob for Governor	January 10 Filing - Original

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

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



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

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

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

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

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