SEEC FORM 30

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised February 2015



Electronic Filing

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Page 1 of 73

COVER PAGE

1.NAME OF COMMITTEE						2. TYI	PE OF COMMITTEE
Markley for LG						x	Candidate Committee Exploratory Committee
3. TREASURER NAME							_
First			MI E	Last Linder			Suffix
Gilbert				Lindei			
4. TREASURER ADDRESS					I	T	
Street Address 200 Nutmeg Pl		City Chesh	niro		State CT		Zip Code 06410
200 Hutilieg F1		Lines.					00413
5. ELECTION DATE	6. OFFICE SOUGHT (Co.	mplete on	ıly if Candidate	Committee)		7. DISTR	ICT NUMBER (if applicable
11/06/2018	Lieutenant Governo	r					
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	ommittee	<u>;)</u>				
First Joseph		١	MI C	Last Markley			Suffix
9. TYPE OF REPORT							
January 10 Filing - Original							
10. PERIOD COVERED							
	Beginning Date			Ending Date			
	10/01/2017	thru	ı	12/31/2017			
11. CERTIFICATION							
I hereby certify and state, on this Itemized Campaig accurate and complete.				l of the information set forth e period covered is true,	ı		
Electronic Filing	Gilbert Linder			01/:	10/2018 1	1:58:00PI	4
SIGNATURE	PRINT NAME OF THE	3 SIGNE	iR	DATE	E CERTIFIED		
A Person who is found to have knowing to \$25,000, unless a fine of a larger a							of up

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	TYPE OF REPORT					
Markley for LG	January 10 Filing - Original						
	COLUMN A	COLUMN B					
	This Period	Aggregate					
12. Balance on hand from day Committee was formed		\$0.00					
13. Balance on hand at the beginning of Reporting Period	\$40,494.07						
14. Contributions received from Individuals (Section A and B)	\$13,630.00	\$77,397.42					
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00					
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00					
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00					
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$13,630.00	\$77,397.42					
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$54,124.07	\$77,397.42					
20. Expenses Paid by Committee (Section N)	\$4,298.85	\$27,572.20					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$49,825.22	\$49,825.22					
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00					
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$1,320.00					
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00					
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00					
26. Beginning Loan Balance	\$0.00						
26a. + Loans Received (Section D)	\$0.00	\$0.00					
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00					
26c Payments on Loan(s)	\$0.00	\$0.00					
26d. Total Outstanding Loan Amount	\$0.00						
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00					
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00					
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$200.00						
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$200.00						

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I. MONETARY RECEIPT	S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Markley for LG			January	/ 10 Filing - Original		
A. Total Contributions from Small Contributors-Received this Period	d Ol	NLY		For Nonpartic	ipating Cand	idates ONLY
B. Itemized Contributions from	n Ind	ividuals				
Last Name	First				MI	Contribution ID #
Dobek		Anton				1066
Residential Street Address	City				State	Zip Code
30 Foretville Ave .	<u> </u>	Plainville			СТ	06062
Principal Occupation		Name of Employer	r			
Mechanic		Tom's	Used Aut	o Parts		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a lo dependent child of		se, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative				x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate	Contributions	1	
an event reported in Section J1? Yes Cash Regresonal Check						
No I Towns enter	10/0	01/2017		\$100.00		\$100.00
If yes, list Event #	Ь					
Last Name	First				MI	Contribution ID #
Hosinski		Peter				1067
Residential Street Address	City				State	Zip Code
3 Sweet Briar Rd .	<u> </u>	Stamford			СТ	06905
Principal Occupation		Name of Employer	r			
Atty		Becker	,Alyan,M	uffly C &H	_	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a lo dependent child of		se, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna of	a loodyist:	x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate	Contributions	1	
an event reported in Section J1? Yes X No Cash Personal Check	10/	01/2017		\$100.00		\$100.00
If yes, list Event #	<u> </u>					
Last Name	First				MI	Contribution ID #
Jacob		Ellen				1068
Residential Street Address	City				State	Zip Code
637 Cedar Rd	<u> </u>	Southport			СТ	06890
Principal Occupation Name of						
Arts Educator		self: A	rts in Edu	ucation	_	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a lo dependent child of		se, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative				x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate	Contributions	1	
an event reported in Section J1?						
X No	10/0	01/2017		\$15.00		\$15.00

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I MONETA DV DE CENTRO (C. C. A. D.								
I. MONETARY RECEIPT	S (Se	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Markley for LG January 10 Filing - Original								
Markley for LG			January 101 lilling - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
McCommas		John			1069			
Residential Street Address	City			State	Zip Code			
29 Kathleen Dr Unit 7A	<u> </u>	Willimantic		СТ	06226			
Principal Occupation		Name of Employe						
Material Handler		Rite A						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child of	obbyist, spouse, or a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			36 -3					
X No Cash Cresonal Check	10/	01/2017	\$45.00		\$25.00			
If yes, list Event # Money Order X Credit/Debit Card			•	<u> </u>	•			
Last Name	First			MI	Contribution ID #			
Torino		Christopher			1070			
Residential Street Address	City			State	Zip Code			
17 Wiltshire Ln		West Hartford	d	СТ	06117			
Principal Occupation		Name of Employ	er					
Sales		Cigna						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Galablasista	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	i a loodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # Money Order X Credit/Debit Card	10/	01/2017	\$100.00		\$50.00			
		-			G . 7			
Last Name Cartier	First	Richard		MI	Contribution ID # 1071			
Residential Street Address	City	Richard		State	Zip Code			
344 S Hoop Pole Rd	City	Guilford		CT	06437			
Principal Occupation		Name of Employe	er	C1	00437			
Business owner		Richae						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	nt of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	10/	02/2017	\$100.00		\$100.00			
injuny order in creations can								
Last Name	First			MI	Contribution ID #			
Chupron Jr.		Leo			1072			
Residential Street Address	City			State	Zip Code			
291 Blue Hills Dr .		Southington		СТ	06489			
Principal Occupation		Name of Employe	er					
Private Detective		T 19 1		 				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	ł				
an event reported in Section J1?	Date		OB-OBARO COMMIDAMONS					
x No Cash x Personal Check	10/	02/2017	\$25.00		\$25.00			
If yes, list Event #	Ι ΄΄	<i>'</i>	, 2.22	1	-			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Markley for LG			January 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Knag		Paul			1073			
Residential Street Address	City	Davis		State	Zip Code			
27 Miller Rd . Principal Occupation		Darien Name of Employ	or	СТ	06820			
self			a Cullins					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Dute	received	riggiogue Controutions					
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	10/	02/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Pearson JR.	11130	Quentin		1411	1074			
Residential Street Address	City			State	Zip Code			
64 Maple Ave .		Greenwich		СТ	06830			
Principal Occupation		Name of Employ	er		•			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			1-88-184-1					
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	10/	02/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Queen		Patricia			1075			
Residential Street Address	City			State	Zip Code			
81 Windward Pl		Southington		СТ	06489			
Principal Occupation		Name of Employ	er					
Freelance Writer /Editor			maker					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 11?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	10/	02/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Quillia		Brian			1076			
Residential Street Address	City			State	Zip Code			
15 Concord Ct .,		Southbury		СТ	06488			
Principal Occupation		Name of Employ	er					
engineer Is contributor a principal of a state contractor or prospective state contractor?		self Is contributor a l	obbyist, spouse, or	Amor	unt of Contribution			
Yes X N	0	dependent child of	Vac	1 111100	an or commount			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 11?								
If yes, list Event # Cash Credit/Debit Card	10/	02/2017	\$10.00		\$10.00			

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I. MONETARY RECEIPTS (Section A-I)								
	5 (56	ection A-I)	I TYPE OF DEPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Markley for LG January 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Reid		Douglas			1077			
Residential Street Address	City			State	Zip Code			
258 Mulberry Hill Rd .		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?			abbyist spaysa or	Amou	ınt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Voc					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash X Personal Check	10/0	02/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Betancourt		Ralph			1078			
Residential Street Address	City	Карп		State	Zip Code			
456 Prospect Rd	City	Waterbury		CT	06706			
Principal Occupation		Waterbury Name of Employ	on.	Ci	00700			
		1 ,						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of								
government the contract is with:								
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	10/0	03/2017	\$35.00		\$35.00			
Last Name	First			MI	Contribution ID #			
Santago		Peter			1079			
Residential Street Address	City			State	Zip Code			
201 Old Cider Mill Rd		Southington		CT	06489			
Principal Occupation		Name of Employ	er	-				
retired		United	d Technologies					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	,	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
X No Cash Personal Check	10/0	03/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
McGuire		John			1080			
Residential Street Address	City	30		State	Zip Code			
561 Gurleyville Rd .	City	Storrs		CT	06268			
Principal Occupation		Name of Employ	ar .	<u> </u>	00200			
Trinopal Occupation		Retire						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution			
)	dependent child of	·					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?			*					
X No Cash X Personal Check	10/	04/2017	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	I - ''	/ 201/	Ψ100.00		T-30.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Markley for LG			January 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Miller		Karen			1081			
Residential Street Address	City			State	Zip Code			
287 Main St N	L	Bethlehem		СТ	06751			
Principal Occupation		Name of Employ						
owner			ed Inspirations obbyist, spouse, or	A	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	dependent child of	37	Amot	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	10/0	04/2017	\$5.00		\$5.00			
I you, is a treat of the control of								
Last Name	First			MI	Contribution ID #			
Riccio		Gail			1082			
Residential Street Address	City			State	Zip Code			
26 Nod Brook Rd . Principal Occupation	Ь,	Wallingford Name of Employ	or .	СТ	06492			
тпісіра Оссираної		Retire						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	10/0	04/2017	\$25.00		\$25.00			
				l	Laurin			
Last Name Lincoln	First	Potty		MI	Contribution ID # 1083			
Residential Street Address	City	Betty		State	Zip Code			
246 Whistletown Rd	City	East Lyme		CT	06333			
Principal Occupation		Name of Employ	er	<u> </u>				
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	or a roodyrst?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution: Yes	Date	Received	Aggregate Contributions					
X No Cash Personal Check	100	25/2017	4400.00		1100.00			
If yes, list Event # No Money Order X Credit/Debit Card	10/0	05/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Kalinowski	1 1150	Robert			1084			
Residential Street Address	City			State	Zip Code			
58 Johnson Rd .		Columbia		СТ	06237			
Principal Occupation		Name of Employ	er		•			
		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		acpendent enila (x No					
government the contract is with: Legislative Legislative	Б.	D						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
x No Cash x Personal Check	10/	06/2017	\$20.00		\$20.00			
If yes, list Event #	I -0/\	00,201,	Ψ20.00	l	4-0.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Markley for LG January 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Curtis		Raeanna			1085			
Residential Street Address	City			State	Zip Code			
1649 Shepard Ave .	<u> </u>	Hamden		СТ	06518			
Principal Occupation		Name of Employ Retire						
Is contributor a principal of a state contractor or prospective state contractor?			11 1 ·	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	10/	08/2017	\$65.00		\$65.00			
	I			I				
Last Name	First	14		MI	Contribution ID #			
Eseppi Residential Street Address	City	Karen		State	1086 Zip Code			
95 Cedar Ln	City	New Hartford	ı	CT	06057			
Principal Occupation		Name of Employ		CI	1 00037			
Phys Therapist			ills VN & Home Care					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	<u></u>					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
x No Cash Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	10/	08/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Alexa	1 1150	Thomas			1087			
Residential Street Address	City			State	Zip Code			
17 Glen Grove Rd .		Deep River		СТ	06417			
Principal Occupation		Name of Employ	er	-	•			
Investment Advisor								
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent cinia (x No					
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	10/	09/2017	\$50.00		\$50.00			
If yes, list Event #		,	·		·			
Last Name	First			MI	Contribution ID #			
Doppstadt		William			1088			
Residential Street Address	City			State	Zip Code			
63 Studio Rd .		Stamford		СТ	06903			
Principal Occupation		Name of Employ						
Sales Mgr.			e's United Eq. Finance	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	an or Conditionion			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Personal Check								
X No	10/	10/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Markley for LG January 10 Filing - Original					
Markley for LG			January 10 1 ming Griginal		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Flynn		Vincent			1089
Residential Street Address	City	6 1 11		State	Zip Code
250 Weatherside Rd .	<u> </u>	Cheshire	on.	СТ	06410
Principal Occupation Atty		Name of Employe State			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Bute	Trecer rea	1.6g. egate contributions		
If yes, list Event # Cash No Cash No Money Order Credit/Debit Card	10/	11/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Orr		Jonathan			1090
Residential Street Address	City			State	Zip Code
17 Ohehyahtah Pl .		Danbury		СТ	06810
Principal Occupation		Name of Employe	er		•
Anesthesiologist		Anest	hesia Assoc. of S. CT		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child o	obbyist, spouse, or Yet a labbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		аеренаені сппа о	x No	,	
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1? X No Cash Personal Check	10/	11/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Augeri		John			1091
Residential Street Address	City			State	Zip Code
162 Powder Hill Rd .		Middlefield		СТ	06455
Principal Occupation		Name of Employe	er		
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or of a lobbyist? Ye	Amou	unt of Contribution
If was indicate which branch or branches of	5	dependent child o		3	
government the contract is with:			x _{No}	<u>, </u>	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	10/	12/2017	\$15.00		\$15.00
Last Name	First	'		MI	Contribution ID #
Bonaccorso	FIISt	Russell		MII	1092
Residential Street Address	City	Russell		State	Zip Code
27 N Maple St	City	East Hampton	n	CT	06424
Principal Occupation		Name of Employe		-!	
Gov't Employee		State	of CT		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child o	obbyist, spouse, or of a lobbyist? Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No	,	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	7	
an event reported in Section 31?					
If yes list Event # Cash Credit/Debit Card	10/	12/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Markley for LG January 10 Filing - Original					
Markley for LG January 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Foster		David			1093
Residential Street Address	City	14 7 11 1		State	Zip Code
50 Old Salt Works Rd .	<u> </u>	Westbrook Name of Employ	ON .	СТ	06498
Principal Occupation Mktg.		Willia			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent ennu e	x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash No Money Order Credit/Debit Card	10/	12/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Netter		Barbara			1094
Residential Street Address	City			State	Zip Code
77 Winding Ln		Greenwich		СТ	06831
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash No Money Order Credit/Debit Card	10/	12/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Drag		Maggie			1095
Residential Street Address	City			State	Zip Code
200 Ellwood Rd .	<u> </u>	Berlin		СТ	06037
Principal Occupation		Name of Employ			
self employed Is contributor a principal of a state contractor or prospective state contractor?			American Home Care obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of		7 tinou	in or contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1? X No			4400.00		
If yes, list Event # No Money Order Credit/Debit Card	10/	13/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Vadney		Frances			1096
Residential Street Address	City			State	Zip Code
516 Halliwell Ave .		Orange		CT	06477
Principal Occupation		Name of Employ Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent ennid (x No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash X Personal Check No Money Order Credit/Debit Card	10/	14/2017	\$100.00		\$100.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Markley for LG January 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Fusco		Angelo			1097				
Residential Street Address	City			State	Zip Code				
8 Treeborough Dr .		West Hartfor		СТ	06117				
Principal Occupation Facilities Mechanic		Name of Employ	^{er} d Technologies						
			obbyist, spouse, or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
X No Cash Personal Check	10/	15/2017	¢100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	10/	15/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Hopko		Robert			1098				
Residential Street Address	City			State	Zip Code				
384 Meriden Ave .		Southington		СТ	06489				
Principal Occupation		Name of Employ	er						
		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes Cash Regresonal Check									
X No	10/	15/2017	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
D'Amelio		Anthony		_	1099				
Residential Street Address	City	Waterbury		State CT	Zip Code 06708				
64 Wellington Ave . Principal Occupation	<u> </u>	Waterbury Name of Employ	er	CI	00708				
Proprietor		Verdi'							
Is contributor a principal of a state contractor or prospective state contractor? Yes No		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	-						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
X No Cash Personal Check	10/	16/2017	\$100.00		\$100.00				
If yes, list Event # Money Order	10/	10/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Harris		Kathleen			1100				
Residential Street Address	City			State	Zip Code				
101 Laurel Trl		Glastonbury		СТ	06033				
Principal Occupation		Name of Employ							
Medical Tech. Is contributor a principal of a state contractor or prospective state contractor?		ECHN Is contributor a l	abbriet enauge or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amou	ant of Conditionion				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes Cash X Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	10/	16/2017	\$100.00		\$100.00				

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Markley for LG January 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Harris		Harold			1101			
Residential Street Address	City			State	Zip Code			
101 Laurel Trl		Glastonbury		СТ	06033			
Principal Occupation		Name of Employ	er					
Corp. Director		Plasti	cs and Concepts					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
X No	10/	16/2017	\$100.00		\$100.00			
T. av					Laurene			
Last Name	First			MI	Contribution ID #			
Perez Residential Street Address	City	Victor		State	Zip Code			
634 6th Ridge Rd .	City	Wallingford		CT	06492			
Principal Occupation	<u> </u>	Name of Employ	er	CI	00492			
- Imerpar occupanion			· Perez Windows					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyfst?					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	10/	16/2017	\$100.00		\$100.00			
	I .							
Last Name	First			MI	Contribution ID #			
Perez Residential Street Address	City	Katelyn		State	Zip Code			
634 6th Ridge Rd .	City	Wallingford		CT	06492			
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	00132			
Set electrician		IATSE	E Local 52					
Is contributor a principal of a state contractor or prospective state contractor? Yes No		Is contributor a l	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
	0	dependent child of	or a robbyist:					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in section 31:								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	10/	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Starr		Charlene			1104			
Residential Street Address	City			State	Zip Code			
128 Millard St		Torrington		СТ	06790			
Principal Occupation		Name of Employ	er	•	•			
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?			30 .0					
X No	10/	16/2017	\$100.00		\$100.00			

I. MONETARY RECEIPTS (Section A-I)								
	2 (26	ection A-1)	TYPE OF REPORT					
(The state of the								
Markley for LG			January 101 lilling - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Clukey Jr.		Richard			1105			
Residential Street Address	City			State	Zip Code			
261 Sycamore Dr		Torrington		СТ	06790			
Principal Occupation		Name of Employ	er					
Owner		Accu-	Grind Cutter					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	f a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash X Personal Check	10/:	17/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Cote		George			1106			
Residential Street Address	City			State	Zip Code			
131 Charter Rd .	City	Wethersfield		CT	06109			
Principal Occupation		Name of Employ	or	Ci	00109			
типера Оссиранон		Retire						
Is contributor a principal of a state contractor or prospective state contractor?			obbyjet enouge or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Butte	110001704	1.6gregate controllons					
x No Cash x Personal Check	10/	17/2017	¢3E 00		\$25.00			
If yes, list Event # Money Order Credit/Debit Card	10/.	17/2017	\$25.00		\$23.00			
Last Name	First			MI	Contribution ID #			
Drexler Drexler	FIISt	Dovid		IVII				
2.5	G'i	Paul		G	1107			
Residential Street Address	City			State	Zip Code			
213 Flood Rd .		Marlborough		СТ	06447			
Principal Occupation		Name of Employ						
Mfg.			tudios					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of			x No					
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	10/	17/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Escobar		Chon			1108			
Residential Street Address	City			State	Zip Code			
278 Windtree St .		Torrington		СТ	06790			
Principal Occupation		Name of Employ	er					
		self						
Is contributor a principal of a state contractor or prospective state contractor?	,]		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	i a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	10/	17/2017	\$100.00		\$100.00			

I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Markley for LG January 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Grohs		Frederick			1109			
Residential Street Address	City			State	Zip Code			
36 Hilltop Ave .		Thomaston		СТ	06787			
Principal Occupation Sales		Name of Employ Trump						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? X No Cash Personal Check								
If yes, list Event #	10/	17/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Ingriselli		Ralph			1110			
Residential Street Address	City	<u>'</u>		State	Zip Code			
50 River View Ct .		Cheshire		СТ	06410			
Principal Occupation		Name of Employ	er		•			
СРА		self						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent enna e						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	10/	17/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Malley		Mark			1111			
Residential Street Address	City			State	Zip Code			
174 Keegan Rd .		Plymouth		СТ	06782			
Principal Occupation Atty		Name of Employ self	er					
,			obbyist, spouse, or	Amor	ant of Contribution			
Yes 🔼 No	0	dependent child of						
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	10/	17/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Marola	First	Martin		IVII	1112			
Residential Street Address	City	riarcin		State	Zip Code			
57 Davidson Rd .		Goshen		СТ	06756			
Principal Occupation		Name of Employ	er					
Mfg.		Tru-H	itch					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	a loodyist?					
government the contract is with:	D-4	Bassivad						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
x No Cash Personal Check	10/	17/2017	\$100.00		\$100.00			
If yes_list Event # Money Order Credit/Debit Card	1			ı				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Markley for LG	January 10 Filing - Original							
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Oliver		Linda			1113			
Residential Street Address	City			State	Zip Code			
11 Allread Dr .	<u> </u>	Terryville		СТ	06786			
Principal Occupation		Name of Employ Retire						
Is contributor a principal of a state contractor or prospective state contractor?			11 11	Amou	unt of Contribution			
Yes X No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	10/	17/2017	\$100.00		\$100.00			
L AV	F: /			L	Louis B"			
Last Name Reed	First	locoph		MI	Contribution ID #			
Residential Street Address	City	Joseph		State	Zip Code			
250 Old Orchard Rd .		Bristol		СТ	06010			
Principal Occupation		Name of Employ	er					
President		Reed	& Stefanow Mch Tool					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	10/	17/2017	#100.00		±100.00			
If yes, list Event # Money Order Credit/Debit Card	10/	17/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Schleich		Russell			1115			
Residential Street Address	City			State	Zip Code			
87 North Rd .		Harwinton		СТ	06791			
Principal Occupation		Name of Employ	er					
VP			etal Fabrications					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		i	x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event #	10/	17/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Schleich		Eric			1116			
Residential Street Address	City			State	Zip Code			
11 Allread Dr . Principal Occupation	<u> </u>	Terryville Name of Employ	ON.	СТ	06786			
гисіра Оссираної		self	ei					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
Yes X No	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	10/	17/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Markley for LG								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Gallagher		Carol			1117			
Residential Street Address	City			State	Zip Code			
27 L Hermitage Dr .		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
If you indicate which brough as broughes of	0	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	10/	10/2017	¢3E 00		¢3E 00			
If yes, list Event # Money Order Credit/Debit Card	10/	18/2017	\$35.00		\$35.00			
Last Name	First			MI	Contribution ID #			
Giroux		Ethan			1118			
Residential Street Address	City			State	Zip Code			
77 Cannon Ridge Dr .		Watertown		СТ	06795			
Principal Occupation		Name of Employ	er					
		Stude						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes					unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		i	x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			86 -8					
X No Cash X Personal Check	10/	20/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Giroux		Clara			1119			
Residential Street Address	City			State	Zip Code			
77 Cannon Ridge Dr . Principal Occupation	<u> </u>	Watertown Name of Employ	on.	СТ	06795			
гипсіраі Оссираціон		Stude						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution			
Yes A No	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with On except reported in Section 112. Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 11?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	10/	20/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Thomas		William			1120			
Residential Street Address	City			State	Zip Code			
14 Winchester Way		Cromwell		СТ	06416			
Principal Occupation		Name of Employ	er					
owner		Value		1				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No	10/	20/2017	\$100.00		\$100.00			

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5t	ection A-1)	TYPE OF REPORT				
Markley for LG January 10 Filing - Original							
B. Itemized Contributions from Individuals							
B. Itemized Contributions from	_	lividuals			I		
Last Name Pugliese	First	Tina		MI	Contribution ID # 1121		
Residential Street Address	City			State	Zip Code		
36 Buena Vista Dr .		Plantsville		СТ	06479		
Principal Occupation		Name of Employ	er	•			
accountant		Webst	er Bank				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or If a lobbyist? Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section J1?							
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	10/2	22/2017	\$50.00		\$50.00		
				L.,,	[a . a		
Last Name	First	CI I		MI	Contribution ID #		
Chapin Residential Street Address	City	Clark		State	1122		
	City	Now Milford			Zip Code		
105 Chapin Rd		New Milford		СТ	06776		
Principal Occupation		Name of Employ					
Vacation Rental Property Is contributor a principal of a state contractor or prospective state contractor?			y Knoll Cottages obbyist, spouse, or	A mou	nt of Contribution		
is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Voc	Amou	nt of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section J1?	Dute	received	riggiogue contributions				
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	10/2	28/2017	\$100.00		\$100.00		
in yes, his Event ii							
Last Name	First			MI	Contribution ID #		
du Pont		Joan			1123		
Residential Street Address	City			State	Zip Code		
303 Hulls Farm Rd .		Southport		СТ	06890		
Principal Occupation		Name of Employ	er				
		Retire	d				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or fa lobbyist?	Amou	nt of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section J1?							
If yes, list Event # Cash Credit/Debit Card Cash Personal Check Per	10/2	28/2017	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Clephane	riist	Thomas		IVII	1124		
Residential Street Address	City	THOMAS		State	Zip Code		
88 Barnes Rd .	City	Stamford		CT	06902		
Principal Occupation	-	Name of Employ	er	<u> </u>	00302		
		Retire					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No		Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	†			
an event reported in Section J1?			55 -5				
If yes, list Event # Cash X Personal Check Money Order	10/3	30/2017	\$200.00		\$200.00		

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Markley for LG B. Itemized Contributions from Individuals								
Markley for EG								
B. Itemized Contributions from Individuals								
B. Itemized Contributions from Individuals								
Last Name First MI Contribution I) #							
Goossens Robert 1125								
Residential Street Address City State Zip Code								
205 Church St # 73								
Principal Occupation Name of Employer								
Is contributor a principal of a state contractor or prospective state contractor? Yes X No decording this field of a black of a bla	1							
dependent child of a loboyist?								
government the contract is with: Legislative Legislat								
Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Aggregate Contributions								
Cash X Personal Check								
If yes, list Event #								
Last Name First MI Contribution I) #							
Karabin Lucas 1126								
Residential Street Address City State Zip Code								
826 Andrews St Southington CT 06489								
Principal Occupation Name of Employer								
Manufacturing owner Acme Monaco								
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution of Contribution dependent child of a lobbyist?	l							
If yes, indicate which branch or branches of								
government the contract is with: Is this contribution associated with Method of contribution: Date Received Aggregate Contributions								
an event reported in Section J1? Yes Yes Aggregate Contributions								
No Cash Personal Check 10/30/2017 \$100.00 \$100.00								
If yes, list Event # Money Order X Credit/Debit Card 10/30/2017 \$100.00 \$100.00								
Last Name First MI Contribution I) #							
McCommas John 1127								
Residential Street Address City State Zip Code								
29 Kathleen Dr Unit 7A Willimantic CT 06226								
Principal Occupation Name of Employer								
material handler Rite Aid Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Amount of Contribution								
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution of Contribution dependent child of a lobbyist?	1							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative								
Is this contribution associated with Method of contribution: Date Received Aggregate Contributions								
an event reported in Section J1? Cash Personal Check								
If yes, list Event # Cash Personal Check 10/30/2017 \$65.00 \$20.00								
Last Name First MI Contribution I								
Tonon Robert 1128	, #							
Residential Street Address City State Zip Code								
106 Ashwell Dr . Plantsville CT 06479								
Principal Occupation Name of Employer								
electrician self								
Is contributor a principal of a state contractor or prospective state contractor?	1							
I Voc IXI No I I Voc								
Yes No dependent child of a lobbyist? Yes If yes, indicate which branch or branches of Security Secur								
If yes, indicate which branch or branches of government the contract is with: Yes No dependent child of a lobbyist? Executive Legislative X No								
Yes No dependent child of a lobbyist? Yes If yes, indicate which branch or branches of Security Secur								

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Markley for LG	January 10 Filing - Original							
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Bauchiero		Piertalo			1129			
Residential Street Address	City			State	Zip Code			
361 Allen Rd .		Torrington		СТ	06790			
Principal Occupation Mechanic		Name of Employ	^{er} gton Diesel Corp					
			obbyist, spouse, or	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	<u> </u>					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	11/	01/2017	±100.00		±100.00			
If yes, list Event # Money Order Credit/Debit Card	11/	01/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Robey		Stephen			1130			
Residential Street Address	City			State	Zip Code			
150 Cook Hill Rd # 1111		Cheshire		СТ	06410			
Principal Occupation		Name of Employ	er					
		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash X Personal Check Money Order	11/	04/2017	\$75.00		\$75.00			
I yes, as Even a								
Last Name	First			MI	Contribution ID #			
Gale Residential Street Address	City	Barbara		State	1131			
139 Hart St	City	Berlin		CT	Zip Code 06037			
Principal Occupation	<u> </u>	Name of Employ	er	CI	1 00037			
retired		retire	d					
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	11/	08/2017	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card	/	00,201,	Ψ30.00					
Last Name	First			MI	Contribution ID #			
McNally		Arthur			1132			
Residential Street Address	City			State	Zip Code			
56 Orchard Ave		Woodbury		СТ	06798			
Principal Occupation		Name of Employ						
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	-11	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amot	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	11/	10/2017	\$25.00		\$25.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	, ()	ation /t-i)	TYPE OF REPORT					
Markley for LG January 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Bojka		Shqipe			1133			
Residential Street Address	City			State	Zip Code			
7 Ivy Ter .		Prospect		СТ	06712			
Principal Occupation		Name of Employ	er	-	•			
Nurse		St. Ma	ary's Hosp	_				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of GOVERNMENT the contract is with: Executive Legislative		dependent cinia c	x No					
government the contract is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash Personal Check	11/	11/2017	\$100.00		\$100.00			
If yes, list Event # 11112017A			4					
Last Name	First			MI	Contribution ID #			
Bojka		Fanol			1134			
Residential Street Address	City			State	Zip Code			
7 Ivy Ter .		Prospect		СТ	06712			
Principal Occupation		Name of Employ	er					
Atty		Bojka	Law Offices					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	_	dependent child of	of a fobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
Cach X Parcanal Chack								
If yes, list Event # 11112017A No Money Order Credit/Debit Card	11/	11/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Casalino	FIISt	Ronald		IVII	1135			
Residential Street Address	City	Konaid		State	Zip Code			
20 Manila St .	City	Oakville		CT	06779			
Principal Occupation		Name of Employ	er					
		Praxa	ir					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution			
)	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with A yes Yes Yes	Date	Received	Aggregate Contributions					
an event reported in section 31?								
If yes, list Event # 11112017A	11/	11/2017	\$100.00		\$100.00			
	г			MI	G (3 (B)			
Last Name Castacal	First	Massimo		IVII	Contribution ID # 1136			
Residential Street Address	City	1405511110		State	Zip Code			
86 Carolina Rd .	City	Bristol		CT	06010			
Principal Occupation		Name of Employ	er	<u> </u>	00010			
Engineer			s Medical					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyfst?					
government the contract is with: Executive Legislative			x _{No}]				
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
The section of the se								
If yes, list Event # 11112017A No Sash Personal Check Money Order Credit/Debit Card	11/	11/2017	\$40.00		\$40.00			

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	. Д.	ation /t-i)	TYPE OF REPORT					
Markley for LG January 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Cavallo		Victoria			1137			
Residential Street Address	City			State	Zip Code			
97 Joshua Town Rd .		Watertown		СТ	06795			
Principal Occupation		Name of Employ	er	•	•			
desk		The H	artford					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No					
government the conduct is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Sash Personal Check	11/	11/2017	\$10.00		\$10.00			
If yes, list Event# 11112017A			7					
Last Name	First			MI	Contribution ID #			
Cavallo		Vito			1138			
Residential Street Address	City			State	Zip Code			
94 Old Farm Rd .		Watertown		СТ	06795			
Principal Occupation		Name of Employ	er					
driver		Gina I	Maril Bakery					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
X Cash Barsanal Chack								
If yes, list Event # 11112017A	11/	11/2017	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Cidels	1 1100	William			1139			
Residential Street Address	City			State	Zip Code			
12 Glrae Rd .	,	Wolcott		СТ	06716			
Principal Occupation		Name of Employ	er					
engineer		GE						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	a loodyist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 11112017A	11/	11/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Gentile	THSt	Daniel		1411	1140			
Residential Street Address	City	Damer		State	Zip Code			
269 Mt Tobe Rd .		Plymouth		CT	06782			
Principal Occupation		Name of Employ	er					
Sales		Torrco						
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions					
— X P 1611								
If yes, list Event # 11112017A Cash Credit/Debit Card	11/	11/2017	\$100.00		\$100.00			

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Markley for LG	January 10 Filing - Original							
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Giam		Maria			1141			
Residential Street Address	City			State	Zip Code			
Ero Dr.	L	Torrington		СТ	06790			
Principal Occupation		Name of Employ Retire						
Is contributor a principal of a state contractor or prospective state contractor?			11.14	Amor	unt of Contribution			
Yes X No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # 11112017A No Money Order Credit/Debit Card	11/	11/2017	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Kolo	1 1130	William		IVII	1142			
Residential Street Address	City			State	Zip Code			
177 Rosengarten Dr .		Waterbury		СТ	06704			
Principal Occupation	•	Name of Employ	er		•			
		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes					unt of Contribution			
If yes, indicate which branch or branches of		dependent enna (
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	11/:	11/2017	\$50.00		\$30.00			
If yes, list Event # 11112017A		, -	1					
Last Name	First			MI	Contribution ID #			
Kolo		Karen			1143			
Residential Street Address	City			State	Zip Code			
61 Grassy Hill Rd .	<u> </u>	Waterbury		СТ	06704			
Principal Occupation		Name of Employ	^{er} er Services Group					
Subrogation specialist Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution			
Yes A No	0	dependent child of						
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
If yes, list Event # 11112017A	11/	11/2017	\$50.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Mancini		Mario			1144			
Residential Street Address	City			State	Zip Code			
517 Cherry Ave .		Watertown		СТ	06795			
Principal Occupation		Name of Employ	er					
contractor			ni Bros. Construction					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?			30 0					
If yes, list Event # 11112017A No Cash X Personal Check Money Order Credit/Debit Card	11/	11/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	, ()	A.HOII / X-1 /	TYPE OF REPORT					
Markley for LG			January 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Mancini		Aldo			1145			
Residential Street Address	City			State	Zip Code			
44 Hedgerow Dr .		Watertown		СТ	06795			
Principal Occupation		Name of Employ	er	•	•			
		unem	ployed					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or General Advanced Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	a loobyist?					
government the contract is with: Executive Legislative			x _{No}	l				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	11/	11/2017	# F0.00		* F0.00			
If yes, list Event # 11112017A No Money Order Credit/Debit Card	11/	11/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Mancini	1 1130	Antonia			1146			
Residential Street Address	City	7 ti icoma		State	Zip Code			
90 Forest View Dr .		Wolcott		СТ	06716			
Principal Occupation		Name of Employ	er					
		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 11112017A No Money Order Credit/Debit Card	11/	11/2017	\$25.00		\$25.00			
					i			
Last Name	First			MI	Contribution ID #			
Mancini	O.	Nicola		G: ·	1147			
Residential Street Address	City	Walaatt		State CT	Zip Code 06716			
90 Forest View Dr . Principal Occupation		Wolcott Name of Employ	or .	CI	06/16			
Timepai occupation		Retire						
Is contributor a principal of a state contractor or prospective state contractor?			obbvist, spouse, or	Amou	int of Contribution			
)	dependent child of						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 11112017A	11/	11/2017	\$25.00		\$25.00			
injunition of the control of the con								
Last Name	First			MI	Contribution ID #			
Martere		Joe			1148			
Residential Street Address	City			State	Zip Code			
148 Northwest Dr .		Watertown		СТ	06795			
Principal Occupation		Name of Employ						
VP Is contributor a principal of a state contractor or prospective state contractor?		Dixie Is contributor a l	obbyict chause or	Amou	ant of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	and of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # 11112017A	11/	11/2017	\$10.00		\$10.00			
I yes, list Event # 11112017A				1				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Markley for LG								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Petroniro		Denise			1149			
Residential Street Address	City			State	Zip Code			
114 Harrison Dr .		Wolcott		СТ	06716			
Principal Occupation		Name of Employ						
Secretary Is contributor a principal of a state contractor or prospective state contractor?			o Fuel & Propane obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with an executed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1? Cash Personal Check								
If yes, list Event # 11112017A No Money Order Credit/Debit Card	11/	11/2017	\$100.00		\$100.00			
	l			I				
Last Name	First			MI	Contribution ID #			
Petroniro Residential Street Address	City	Randy		State	Zip Code			
114 Harrison Dr .	City	Wolcott		CT	06716			
Principal Occupation		Name of Employ	er	Ci	00710			
self			Fuel & Propane					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
)	dependent child of						
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # 11112017A No Money Order Credit/Debit Card	11/	11/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Pope	1 1130	David		IVII	1151			
Residential Street Address	City			State	Zip Code			
85 Northwest Dr .		Watertown		СТ	06795			
Principal Occupation		Name of Employ	er		•			
Estimator		Cocch	niola Paving					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent cinia c	x No					
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash Y Personal Check	11/:	11/2017	\$100.00		\$100.00			
If yes, list Event # 11112017A								
Last Name	First			MI	Contribution ID #			
Rodriguez		Edwin			1152			
Residential Street Address	City			State	Zip Code			
3 Ridgecrest Dr .	ļ.,,	Wolcott		СТ	06716			
Principal Occupation		Name of Employ						
Administrative Is contributor a principal of a state contractor or prospective state contractor?			Mission of Wtby obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of		Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with an event reported in Section 112 X Yes Wethod of contribution:	Date	Received	Aggregate Contributions					
all event reported in Section 71?								
If yes, list Event # 11112017A No Cash X Personal Check Money Order Credit/Debit Card	11/	11/2017	\$75.00		\$25.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Markley for LG			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Rodriguez		Migdalia			1153				
Residential Street Address	City			State	Zip Code				
3 Ridgecrest Dr .	Ļ.,	Wolcott		СТ	06716				
Principal Occupation		Name of Employ	^{er} er Comm						
Is contributor a principal of a state contractor or prospective state contractor?			11 1 ·	Amou	ant of Contribution				
Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check									
If yes, list Event # 11112017A No Money Order Credit/Debit Card	11/	11/2017	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Rosa	1 1130	Josephine		IVII	1154				
Residential Street Address	City			State	Zip Code				
29 Lake Winnemaug Rd .		Watertown		СТ	06795				
Principal Occupation		Name of Employ	er		•				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent enna (
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	11/:	11/2017	\$20.00		\$20.00				
If yes, list Event # 11112017A			·						
Last Name	First			MI	Contribution ID #				
Tearman		Scott			1155				
Residential Street Address	City			State	Zip Code				
15 Falls Ave	<u> </u>	Oakville		СТ	06779				
Principal Occupation roof expert		Name of Employ	^{er} r Shield Exteriors						
Is contributor a principal of a state contractor or proceeding state contractor?			obbvist, spouse, or	Amou	unt of Contribution				
Yes A No	o	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an agent reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 71:									
If yes, list Event # 11112017A No Money Order Credit/Debit Card	11/:	11/2017	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Chen	1 1150	Hang			1156				
Residential Street Address	City			State	Zip Code				
111 Spring Water Ln		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er	-	-				
Paralegal			blum Newfield						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		· F · · · · · · · · · · · · · · · · · ·	x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			55 -5						
If yes, list Event #	11/	12/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT						
Markley for LG			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Cheng		Shen			1157				
Residential Street Address	City			State	Zip Code				
25 Forest St Apt 5D		Stamford		СТ	06901				
Principal Occupation		Name of Employ							
Principal			c Commercial Funding						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	11/	12/2017	\$100.00		\$100.00				
				l					
Last Name	First			MI	Contribution ID #				
Elsaghir	C'i	Celeste		Gr. r	Zip Code				
Residential Street Address 447 North St	City	Dlymouth		State CT	2ip Code 06782				
Principal Occupation	<u> </u>	Plymouth Name of Employ	er	CI	00762				
Sr. Insurance consultant			artford						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ınt of Contribution				
Yes X No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 11?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	11/	12/2017	\$100.00		\$100.00				
	I			l	I a				
Last Name	First	1		MI	Contribution ID #				
Nandou Residential Street Address	City	Lu		State	1159 Zip Code				
17 Woodside Dr	City	Woodbridge		CT	06525				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	00323				
scientist		Unile							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	3	dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	l								
If yes, list Event # No Money Order Credit/Debit Card	11/	12/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Sheng Fan		Zhou			1160				
Residential Street Address	City			State	Zip Code				
550 Prospect St		New Haven		СТ	06511				
Principal Occupation		Name of Employ	er	-	•				
Research scientist		Yale U	Jniv.						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		,	x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	11/	12/2017	\$100.00		\$100.00				
If yes, list Event #	1			I					

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`		TYPE OF REPORT						
Markley for LG			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Xia		Zehua			1161				
Residential Street Address	City			State	Zip Code				
847 Bayberry Ln		Orange		СТ	06477				
Principal Occupation		Name of Employ	er Bowes						
Analyst Is contributor a principal of a state contractor or prospective state contractor?			44 ta	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	11/	12/2017	\$100.00		\$100.00				
T. ar	F: .			L	I c , i , i , m "				
Last Name	First	Во		MI	Contribution ID # 1162				
Yang Residential Street Address	City	ВО		State	Zip Code				
109 Brookside Dr .	City	Fairfield		CT	06824				
Principal Occupation		Name of Employ	er						
Info. Technology		SSQC	Technologies						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	J	dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Personal Check		12/2017	±100.00		±100.00				
If yes, list Event # Money Order Credit/Debit Card	11/	12/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Zhang		Myra Haoxiai	ı		1163				
Residential Street Address	City			State	Zip Code				
6 Birch Rd		Woodbridge		СТ	06525				
Principal Occupation		Name of Employ	er						
Scientist		Unile							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		i	x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	11/	12/2017	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Bingham		Richard			1164				
Residential Street Address	City			State	Zip Code				
348 Beach Rd . Principal Occupation	<u> </u>	Wolcott Name of Employ	on.	СТ	06716				
Тіпісіраї Оссирації		Retire							
Is contributor a principal of a state contractor or prospective state contractor?			-11	Amou	unt of Contribution				
Yes X N	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 71?									
If yes, list Event # 11132017A No Sash Credit/Debit Card	11/	13/2017	\$210.00		\$10.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT						
Markley for LG			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Faryniarz		Darlene			1165				
Residential Street Address	City			State	Zip Code				
27 Colonial Dr .		Prospect		СТ	06712				
Principal Occupation		Name of Employ State							
Secretary Is contributor a principal of a state contractor or prospective state contractor?			11 1 ·	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac	7 timot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 11132017A No Money Order Credit/Debit Card	11/	13/2017	\$5.00		\$5.00				
L AV	F: .			L	I c , i , i , m "				
Last Name Goodin	First	Patricia		MI	Contribution ID #				
Residential Street Address	City	Patricia		State	Zip Code				
214 Scott Rd .		Waterbury		СТ	06705				
Principal Occupation		Name of Employ	er						
Accountant		City o	f Wtby						
Is contributor a principal of a state contractor or prospective state contractor?									
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No No Personal Check	11/	12/2017	* FF 00		±20.00				
If yes, list Event # 11132017A	11/	13/2017	\$55.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Lee		Youlan			1167				
Residential Street Address	City			State	Zip Code				
4 Towne House Rd .		Hamden		СТ	06514				
Principal Occupation		Name of Employ	er						
Retired		Retire	-						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No	11/	13/2017	\$50.00		\$50.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Mancini		Tina			1168				
Residential Street Address 27 Colonial Dr .	City	Drocpost		State CT	Zip Code 06712				
Principal Occupation	<u> </u>	Prospect Name of Employ	er	CI	00712				
Project consultant			on Wireless						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
	0	dependent child of	or a robbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?		40/00:-			45.00				
If yes, list Event # 11132017A Solution In the Cash Cash Cash Personal Check Money Order Credit/Debit Card	11/	13/2017	\$5.00		\$5.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Markley for LG			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Martin		Michael			1169				
Residential Street Address	City			State	Zip Code				
114 Worthington Point Rd .		Berlin		СТ	06037				
Principal Occupation Director of Analytics		Name of Employ	^{er} mith Agency						
			11.14	Amor	unt of Contribution				
Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
x Cash Personal Check									
If yes, list Event # 11132017A No Money Order Credit/Debit Card	11/	13/2017	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Noujaim	1 1130	Nazih		IVII	1170				
Residential Street Address	City			State	Zip Code				
53 Heritage Dr .		Prospect		СТ	06712				
Principal Occupation		Name of Employ	er	•	•				
Software engr.		3m							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent enna (
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	11/:	13/2017	\$20.00		\$20.00				
If yes, list Event # 11132017A				<u> </u>					
Last Name	First			MI	Contribution ID #				
Sundermeyer		Frank			1171				
Residential Street Address	City			State	Zip Code				
392 Matthew St Principal Occupation		Prospect Name of Employ	or .	СТ	06712				
engr.			lectronic Products						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amor	ant of Contribution				
Yes A No)	dependent child of	·						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? No Cash Personal Check			450.00		\F0.00				
If yes, list Event # 11132017A No Money Order Credit/Debit Card	11/.	13/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Bonadies		Toni			1172				
Residential Street Address	City			State	Zip Code				
145 N Timber Ln		Cheshire		СТ	06410				
Principal Occupation		Name of Employ	er						
			at home						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?			30 0						
X No	11/	14/2017	\$50.00		\$50.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Markley for LG			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Brazee		Nancy			1173				
Residential Street Address	City			State	Zip Code				
485 Walnut Hill Rd .	L .	Thomaston		СТ	06787				
Principal Occupation		Name of Employ Retire							
Is contributor a principal of a state contractor or prospective state contractor?			11 11	Amou	ant of Contribution				
Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	11/	14/2017	\$150.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Brazee	FIISt	Nancy		IVII	1174				
Residential Street Address	City	ivancy		State	Zip Code				
485 Walnut Hill Rd .		Thomaston		СТ	06787				
Principal Occupation		Name of Employ	er		•				
		Retire	d						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of							
government the contract is with: Legislative Legislative	Dete	D							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	11/	14/2017	\$150.00		\$50.00				
If yes, list Event #	/	,	Ψ130.00						
Last Name	First			MI	Contribution ID #				
Pelletier		David			1175				
Residential Street Address	City			State	Zip Code				
132 Country Club Rd .	L.,	Cheshire		СТ	06410				
Principal Occupation		Name of Employ							
CPA Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of		Aillot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	11/	14/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Stanley	FIISt	William		IVII	1176				
Residential Street Address	City	William		State	Zip Code				
445 Wild Flower Pl		Cheshire		СТ	06410				
Principal Occupation	•	Name of Employ	er						
Home inspector		Stanc	o Inc						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			35-5 304413413113						
X No	11/	14/2017	\$100.00		\$100.00				

I MONETA DV DECEMBER (C. P. A. D.									
I. MONETARY RECEIPT	S (Se	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Markley for LG			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Wonneberger		Laura			1177				
Residential Street Address	City			State	Zip Code				
310 Village Dr		Cheshire		СТ	06410				
Principal Occupation		Name of Employe	er						
Customer Service			aste Inc.						
			obbyiet enouse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child o	Vac	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
In this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
Cash X Personal Check		4.4/2047	+400.00		+400.00				
If yes, list Event # Money Order Credit/Debit Card	11/	14/2017	\$100.00		\$100.00				
\									
Last Name	First			MI	Contribution ID #				
Wonneberger		John			1178				
Residential Street Address	City			State	Zip Code				
310 Village Dr		Cheshire		CT	06410				
Principal Occupation		Name of Employe	er						
CPA		Wonn	eberger Bus. Solutions						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	f a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
x No Cash x Personal Check	11/	14/2017	\$100.00		\$100.00				
If yes, list Event #	11/	14,2017	Ψ100.00		φ100.00				
Last Name	First			MI	Contribution ID #				
	FIISt	Carral		IVII					
De Pietroi	a:	Carol		a	1179				
Residential Street Address	City			State	Zip Code				
60 New St .		Fairfield		СТ	06825				
Principal Occupation		Name of Employ	er						
RE agent		Wm. I	Pitt Sotheby's Realty						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	i a lobbyist:						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
M No The case of	11/	15/2017	\$100.00		\$100.00				
If yes, list Event#									
Last Name	First			MI	Contribution ID #				
DePietro		Carol			1180				
Residential Street Address	City			State	Zip Code				
60 New St .		Fairfield		СТ	06825				
Principal Occupation		Name of Employe	or	<u> </u>	00023				
Agent			ກ Pitt Sotheby's						
			obbyjet enouge or	A	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	Vac	Amou	н от Сопиточноп				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative	لـــا								
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	11/	15/2017	\$100.00		\$100.00				

I. MONETARY RECEIPTS (Section A-I)									
	S (S	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Markley for LG January 10 Filing - Original									
Markley for LG									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Harkness		Thomas			1181				
Residential Street Address	City			State	Zip Code				
1218 Tanglewood Ave .		High Point		NC	27265				
Principal Occupation		Name of Employ	er						
		Retire	d						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Grantsharing Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	if a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	11/	17/2017	\$100.00		\$100.00				
3.9									
Last Name	First			MI	Contribution ID #				
Pappalardo		Ellen			1182				
Residential Street Address	City			State	Zip Code				
70 Linden St		New Britain		СТ	06051				
Principal Occupation		Name of Employ	er						
RN		Bristo	l Hospital						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	i a loodyist?						
government the contract is with:			x No						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	11/	17/2017	\$100.00		\$100.00				
3.9									
Last Name	First			MI	Contribution ID #				
Rusgrove		Donna			1183				
Residential Street Address	City			State	Zip Code				
15 Polly Dan Rd		Burlington		СТ	06013				
Principal Occupation		Name of Employ	er						
Registrar of Voters		Town	of Burlington Ct						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child c	i a loodyist:						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
_									
If yes, list Event # Cash Credit/Debit Card	11/	17/2017	\$35.00		\$35.00				
Last Name	First			MI	Contribution ID #				
Stotz		Rodger			1184				
Residential Street Address	City			State	Zip Code				
145 Victoria Dr		Cheshire		СТ	06410				
Principal Occupation		Name of Employ							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		acpendent ennu (
government the contract is with:	_		X No						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
_									
If yes, list Event # Cash Credit/Debit Card	11/	17/2017	\$35.00		\$35.00				

L MONETARY RECEIPT	S (S	ection A-I)	TYPE OF PEROPT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Markley for LG January 10 Filing - Original					
·					
B. Itemized Contributions from	_			,	1
Last Name Grandahl	First	Jeffrey		MI	Contribution ID # 1185
Residential Street Address	City			State	Zip Code
151 Bushy Hill Rd		Simsbury		СТ	06070
Principal Occupation Retired		Name of Employ Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Yes X No Cash Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	11/	18/2017	\$105.00		\$35.00
Last Name	First			MI	Contribution ID #
Dworak		Dolores			1186
Residential Street Address	City			State	Zip Code
329 Pleasant Valley Rd .		Rocky Hill		СТ	06067
Principal Occupation		Name of Employ Home	^{er} emaker		
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna c	x No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Yes X No Cash Personal Check	11/	20/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name Dworak	First	Frank		MI	Contribution ID #
Residential Street Address	City	TIGHK		State	Zip Code
329 Pleasant Valley Rd .		Rocky Hill		СТ	06067
Principal Occupation		Name of Employ	er		
Engineer		Hobso	on & Motz		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	11/	20/2017	\$100.00		\$100.00
Last Name Esposito	First	Anthony		MI	Contribution ID # 1188
Residential Street Address	City	Anthony		State	Zip Code
1742 Whitney Ave .		Hamden		СТ	06517
Principal Occupation		Name of Employ			•
Is contributor a principal of a state contractor or prospective state contractor? Yes N		Retire Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child of	or a robbyist?		
government the contract is with:	Dot-	Received			
an event reported in Section J1?	Date	NECEIVEU	Aggregate Contributions		
If yes, list Event # Cash No Cash No Credit/Debit Card	11/	20/2017	\$50.00		\$50.00

I. MONETARY RECEIPTS (Section A-I)									
	5 (56	ection A-I)	TYPE OF PEROPE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Markley for LG January 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Esposito		Christine			1189				
Residential Street Address	City			State	Zip Code				
1742 Whitney Ave .		Hamden		СТ	06517				
Principal Occupation		Name of Employ	er						
		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?			obbyict chause or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash X Personal Check	11/2	20/2017	\$50.00		\$50.00				
If yes, list Event #		•							
Last Name	First			MI	Contribution ID #				
Rodowicz		Curtis			1190				
Residential Street Address	City	Curtis		State	Zip Code				
	City	Foot Hoddow			06423				
318 E Hadamcolchstr Tpke		East Haddam		СТ	06423				
Principal Occupation		Name of Employ							
Administration			ial Health/Rehab Center						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna (<u> </u>						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Anney Order Credit/Debit Card	11/2	20/2017	\$100.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Soucey		Debra			1191				
Residential Street Address	City			State	Zip Code				
84 Burnham Rd .		Avon		СТ	06001				
Principal Occupation		Name of Employ	er						
SR. Exec. Officer		Athen	a Health Care Systems						
Is contributor a principal of a state contractor or prospective state contractor?			obbvist, spouse, or	Amou	nt of Contribution				
Yes X No)	dependent child of							
If yes, indicate which branch or branches of Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			1.00.10						
X No Cash X Personal Check	11/	20/2017	\$100.00		\$100.00				
If yes, list Event #	11/	20,2017	Ψ100.00		ψ100.00				
Land Name	First			MI	Contribution ID#				
Last Name	FIISt	Di-d		IVII	Contribution ID #				
Gessert	a:	David		a	1192				
Residential Street Address	City			State	Zip Code				
43 Grand View Ave .		Wallingford		СТ	06492				
Principal Occupation		Name of Employ							
		Retire							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	11/2	21/2017	\$25.00		\$25.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Markley for LG			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Malone		Frank			1193				
Residential Street Address	City			State	Zip Code				
105 Middle River Rd .		Danbury		СТ	06811				
Principal Occupation owner		Name of Employ	er Nursing Care						
			11.14	Amou	ant of Contribution				
Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	11/	21/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Talamona	11130	Raymond		IVII	1194				
Residential Street Address	City	,		State	Zip Code				
5 Windy Knoll Dr .		Berlin		СТ	06037				
Principal Occupation		Name of Employ	er		•				
Administration		Gene	sis Healthcare						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	11/	21/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Lavezzoli		Robert			1195				
Residential Street Address	City			State	Zip Code				
38 Parker Hill Rd	<u> </u>	Killingworth		СТ	06419				
Principal Occupation Retired		Name of Employ Retire							
			obbvist, spouse, or	Amou	unt of Contribution				
Yes A No	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with On except reported in Section 112. Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	11/	22/2017	\$35.00		\$35.00				
Last Name	First			MI	Contribution ID #				
Achlioptas	1 1150	Elaine			1196				
Residential Street Address	City			State	Zip Code				
125 Harbor Pkwy		Clinton		СТ	06413				
Principal Occupation		Name of Employ	er	-	-				
Office Mgr.			actor Products						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?			55 · 5 · · · · · · · · · · · · · · · ·						
If yes, list Event #	11/	23/2017	\$10.00		\$10.00				

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I. MONETARY RECEIPTS (Section A-I)									
	5 (56	ection A-1)	TWDE OF DEDODIT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Markley for L G January 10 Filing - Original									
Markley for LG									
B. Itemized Contributions from	n Ind	ividuals							
Last Name	First			MI	Contribution ID #				
Achlioptas		Michael			1197				
Residential Street Address	City			State	Zip Code				
125 Harbor Pkwy		Clinton		СТ	06413				
Principal Occupation		Name of Employ	er	•					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes		nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash Personal Check	11/	23/2017	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Achlioptas	1 1150	Alex			1198				
Residential Street Address	City	Alex		State	Zip Code				
	City	Clinton			06413				
125 Harbor Pkwy	_	Clinton Name of Employ		СТ	06413				
Principal Occupation		1 ,							
		Stude							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes		nt of Contribution				
If yes, indicate which branch or branches of		dependent enna e							
government the contract is with:			x _{No}	_					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	11/2	23/2017	\$5.00		\$5.00				
,									
Last Name	First			MI	Contribution ID #				
Cappvedetti		Ronald			1199				
Residential Street Address	City			State	Zip Code				
3 White Croft Ln		Waterbury		СТ	06705				
Principal Occupation		Name of Employ	er	_					
worker		United	d Concrete						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
	,	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
X No Zash Personal Check	11/2	23/2017	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Косо		Stephanie			1200				
Residential Street Address	City			State	Zip Code				
105 Hickory Rd .		Wolcott		СТ	06716				
Principal Occupation		Name of Employ	or	1 01	00710				
Sales rep			ព Pharma						
			abbreigt anguag or	Amor	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc	Amot	in or Contribution				
If yes, indicate which branch or branches of Executive Legislative		-	x No						
government the contract is with:	D.	D		-					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
X No Personal Check		22/2017	,		+5.00				
If yes, list Event # Money Order Credit/Debit Card	11/2	23/2017	\$5.00		\$5.00				

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I MONETA DV DECEMBER (C. P. A. D.								
I. MONETARY RECEIPTS	S (Se	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Markley for LG January 10 Filing - Original								
Markley for LG								
B. Itemized Contributions from	n Ind	ividuals						
Last Name	First			MI	Contribution ID #			
Косо		Petrika			1201			
Residential Street Address	City			State	Zip Code			
105 Hickory Rd .		Wolcott		CT	06716			
Principal Occupation		Name of Employ						
		Stude						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna e						
government the contract is with: Legislative Legislative	Dete	D						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
x No Cash Personal Check	11/	23/2017	¢Ε.00		\$5.00			
If yes, list Event #	11/.	23/201/	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Lanza	riist	Mellissa		IVII	1202			
Residential Street Address	City	Mellissa		State	Zip Code			
8 Colman Dr .	City	Wolcott		CT	06716			
Principal Occupation		Name of Employ	or	CI	00710			
Nurse			ncents Medical Center					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	7 tinou	nt of Controution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
x No Cash Personal Check	11/	23/2017	\$10.00		\$10.00			
If yes, list Event #	11/.	23/2017	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Lanza	1 1150	Robert			1203			
Residential Street Address	City	ROBERT		State	Zip Code			
8 Colman Dr .		Wolcott		CT	06716			
Principal Occupation		Name of Employ	er	<u> </u>	007.10			
Detective			ord Police Dept					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	Voc					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
x No Cash Personal Check	11/2	23/2017	\$10.00		\$10.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Lanza Jr.		Charles			1204			
Residential Street Address	City			State	Zip Code			
20 Sylvia Ln		Wolcott		СТ	06705			
Principal Occupation		Name of Employ	er					
Paramedic		Danbı	ıry Hosp.					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or So Johnwigt? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	a lobbyist?					
government the contract is with:			x No					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event #	11/2	23/2017	\$10.00		\$10.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Markley for LG January 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Paternostro		Nicole			1205			
Residential Street Address	City			State	Zip Code			
40 Ridgeland Dr .		Waterbury		CT	06708			
Principal Occupation		Name of Employ						
Banquet Captain			edding Group					
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	lo	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # X Cash Personal Check Money Order Credit/Debit Card	11/	23/2017	\$5.00		\$5.00			
If yes, list Event # I wonley Order I Cledio Deort Cald								
Last Name	First			MI	Contribution ID #			
Rudzinski		Lauren			1206			
Residential Street Address	City			State	Zip Code			
20 Sylvia Ln	<u> </u>	Wolcott		СТ	06705			
Principal Occupation		Name of Employ						
Public Safety dispatcher Is contributor a principal of a state contractor or prospective state contractor?	Town of West Hartford Is contributor a lobbyist, spouse, or			Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?	lo	dependent child of	Vac	Alliou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			86 8					
X No Personal Check	11/	23/2017	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Lanza		Colleen			1207			
Residential Street Address	City			State	Zip Code			
113 Bailey Rd .	<u> </u>	North Haven		СТ	06473			
Principal Occupation		Name of Employ						
Sales		Cumo						
Is contributor a principal of a state contractor or prospective state contractor?	lo	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		i	x _{No}					
Is this contribution associated with Mathed of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			86 8					
X No Star Personal Check	11/	24/2017	\$10.00		\$10.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Lanza		Charles			1208			
Residential Street Address	City			State	Zip Code			
27 Homewood Pl	<u> </u>	Wolcott		СТ	06716			
Principal Occupation		Name of Employ						
Owner			vood Lanes	A	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?	lo	dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? X Cash Personal Check								
If yes, list Event # X Cash Personal Check Personal Check Money Order Credit/Debit Card	11/	24/2017	\$10.00		\$10.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Markley for LG January 10 Filing - Original								
Walkley for Ed								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Lanza		Chelsea			1209			
Residential Street Address	City	Wolcott		State	Zip Code			
27 Homewood Pl Principal Occupation		Wolcott Name of Employ	er	СТ	06716			
Sales trainer		Vivia						
Is contributor a principal of a state contractor or prospective state contractor?	lo	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # X Cash Personal Check Money Order Credit/Debit Card	11/	24/2017	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Mastrofrancesco	11130	Danielle		IVII	1210			
Residential Street Address	City	Damene		State	Zip Code			
3 White Croft Ln		Waterbury		СТ	06705			
Principal Occupation		Name of Employ	er		•			
Waitress		Bin 30	00					
contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes				Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child o	at a lobbyist?					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # X Cash Personal Check Money Order Credit/Debit Card	11/	24/2017	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Pacelli Pacelli	FIISI	Rocco		MII	1211			
Residential Street Address	City			State	Zip Code			
113 Bailey Rd .		North Haven		СТ	06473			
Principal Occupation		Name of Employ	er					
Boss/Mgr			nassett Const.					
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	lo	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Variable Variable	11/	24/2017	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Paternostro		Mario			1212			
Residential Street Address	City			State	Zip Code			
40 Ridgeland Dr .		Waterbury		СТ	06708			
Principal Occupation		Name of Employ	er					
Embalmer			Pkwy Memorial					
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	lo	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1? X Cash Personal Check								
If yes, list Event # X Cash	11/	24/2017	\$5.00		\$5.00			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Markley for LG
Last Name Salamone First Mil Contribution D # 1213 24 Code CT 06410
Last Name Salamone First Nicole 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3 1.21.3
Residential Street Address 659 Cornwall Ave Cheshire CT 06410 Principal Occupation Is contributed a principal of a state contractor or prospective state contractor? If yes, indicate which branch or brunches of contributions associated with an event reported in Section 31? It yes, indicate which branch or brunches of Contributions Last Name Legislative Legislative Legislative Date Received Aggregate Contributions Rebecca Aggregate Contributions Amount of Contribution ID # 1214 City Cheshire CT 06410 State 2p Code Principal Occupation If yes, indicate which branch or brunches of Contribution of Contributions Residential Street Address City Cheshire CT 06410 Amount of Contribution ID # 1214 Cheshire CT 06410 State 2p Code Aggregate Contributions Amount of Contribution ID # 1214 Amount of Contribution ID # 1214 Cheshire CT 06410 State 2p Code Principal Occupation Student Student If yes, indicate which branch or brunches of Contribution and Principal Occupation Student
Residential Street Address 659 Cornwall Ave 659 Cornwall Ave City
Frincipal Occupation Secontributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist? spouse, or dependent child of a lobbyist? Yes No If yes, indicate which branch or branches of Executive Legislative Legislative No Date Received Aggregate Contributions Aggregate Contributions Student No Studen
Principal Occupation Name of Employer Student Stude
Student Student Student Student Student Student Stombibutor a principal of a state contractor or prospective state contractor?
Executive Legislative Legislative Legislative Salamone
If yes, indicate which branch or branches of soevernment the contract is with: Is this contribution associated with an event reported in Section J1? If yes, indicate which branch or branches of soevernment the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Method of contribution: A cash
Severament the contract is with:
an event reported in Section J1? If yes, list Event # Salamone
Last Name
Last Name Salamone Residential Street Address 659 Cornwall Ave Principal Occupation If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Watcaro Last Name Last Name First Rebecca City Cheshire Student Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution Amount of Contribution associated with an event reported in Section J1? Yes No Method of contribution: If yes, list Event # Whency Order Credit/Debit Card Aggregate Contributions Shound Contribution ID # 1215 Residential Street Address City Glastonbury Credit/Debit Card Amount of Contribution ID # 1215 Residential Street Address City Glastonbury Credit/Debit Card Aggregate Contributions Amount of Contribution ID # 1215 Contributor a principal of a state contractor or prospective state contractor? Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card
Rebecca 1214 Residential Street Address City Cheshire CT 06410 Principal Occupation Name of Employer Student Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Is this contributor associated with an event reported in Section J1? Yes No Money Order Credit/Debit Card Personal Check I1/25/2017 \$100.00 \$100.00 Last Name Vaccaro First Donald I215 Residential Street Address City Glastonbury CEO State Contractor or prospective state contractor? Name of Employer Ticket Network Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or Amount of Contribution State Contractor or prospective state contractor? Name of Employer Ticket Network Is contributor a principal of a state contractor or prospective state contractor? Name of Employer Ticket Network Is contributor a lobbyist, spouse, or Amount of Contribution of
Rebecca 1214 Residential Street Address City Cheshire CT 06410 Principal Occupation Name of Employer Student Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Is this contributor associated with an event reported in Section J1? Yes No Money Order Credit/Debit Card Personal Check I1/25/2017 \$100.00 \$100.00 Last Name Vaccaro First Donald I215 Residential Street Address City Glastonbury CEO State Contractor or prospective state contractor? Name of Employer Ticket Network Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or Amount of Contribution State Contractor or prospective state contractor? Name of Employer Ticket Network Is contributor a principal of a state contractor or prospective state contractor? Name of Employer Ticket Network Is contributor a lobbyist, spouse, or Amount of Contribution of
Residential Street Address 659 Cornwall Ave City Cheshire CT 06410 Name of Employer student Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Legislative Date Received Aggregate Contributions First Donald Last Name First Donald Credit/Debit Card First Donald Contribution ID # 1215 Residential Street Address City Glastonbury CEO Is contributor a principal of a state contractor or prospective state contractor? State CT 06410 Amount of Contribution Contribution Amount of Contribution Amount of Contribution State CT 06410 Amount of Contribution Amount of Contribution State CT 06410 State CT 06411
Principal Occupation Name of Employer student
Student
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Last Name Last Name Vaccaro Residential Street Address 325 Clark Hill Rd . Principal Occupation CEO Resontributor a principal of a state contractor or prospective state contractor? Yes X No dependent child of a lobbyist? Yes X No Date Received Aggregate Contributions First Donald First Donald Contribution ID # 1215 City State Zip Code Glastonbury CT 06073 Principal Occupation Name of Employer Ticket Network Is contributor a principal of a state contractor or prospective state contractor?
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Legislative Date Received Aggregate Contributions \$\frac{1}{2} \text{No} \text{0.00} \text{\$\frac{1}{2}}
Secontribution associated with an event reported in Section J1? Yes X Cash Personal Check If yes, list Event # No Money Order Credit/Debit Card 11/25/2017 \$100.00 \$100.00 Last Name First MI Contribution ID # Vaccaro Donald 1215 Residential Street Address City State Zip Code 325 Clark Hill Rd CEO Ticket Network Scontributor a principal of a state contractor or prospective state contractor? Name of Employer Scontributor a lobbyist, spouse, or Namount of Contribution Na
an event reported in Section J1? If yes, list Event # Vacaro
If yes, list Event #
If yes, list Event #
Vaccaro Residential Street Address City State Zip Code Glastonbury CT 06073 Principal Occupation CEO Name of Employer Ticket Network Is contributor a principal of a state contractor or prospective state contractor? To Amount of Contribution
Residential Street Address 325 Clark Hill Rd . City Glastonbury CT 06073 Principal Occupation CEO Ticket Network Is contributor a principal of a state contractor or prospective state contractor? To principal Occupation State Zip Code CT 06073 Name of Employer Ticket Network Is contributor a lobbyist, spouse, or Amount of Contribution
325 Clark Hill Rd . Glastonbury CT 06073 Principal Occupation Name of Employer CEO Ticket Network Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or No Amount of Contribution
Principal Occupation CEO Name of Employer Ticket Network Is contributor a principal of a state contractor or prospective state contractor? Ticket Network Is contributor a lobbyist, spouse, or Amount of Contribution
CEO Ticket Network Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Amount of Contribution
Is contributor a principal of a state contractor or prospective state contractor?
If yes, indicate which branch or branches of government the contract is with: Executive Legislative
Is this contribution associated with Method of contribution: Date Received Aggregate Contributions
an event reported in Section J1? Cash Personal Check
If yes, list Event # Personal Check 11/29/2017 \$100.00 \$100.00
Last Name First MI Contribution ID # Sherman Robert 1216
Residential Street Address City State Zip Code
21 Summit Farms Rd . Southington CT 06489
Principal Occupation Name of Employer
Registrar of voters Town of Southington
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution
If yes, indicate which branch or branches of
government the contract is with: Is this contribution associated with Method of contribution: Date Received Aggregate Contributions
an event reported in Section J1?
If yes, list Event #

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT January 10 Filing - Original					
Markley for LG			January 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Thurston		Marisa			1217			
Residential Street Address	City			State	Zip Code			
6 Waterside Ln	L	Essex		СТ	06426			
Principal Occupation grandmother		Name of Employ	^{er} mother					
				Amou	unt of Contribution			
Yes X N	О	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Cash Personal Check Money Order X Credit/Debit Card	12/	01/2017	\$100.00		\$100.00			
				l				
Last Name	First			MI	Contribution ID #			
Li Residential Street Address	City	Larry		State	Zip Code			
50 Sunrise Dr .	City	Avon		CT	06001			
Principal Occupation		Name of Employ	er	Ci	00001			
Engineer		Evers						
Is contributor a principal of a state contractor or prospective state contractor?								
Yes X N If yes, indicate which branch or branches of	o	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? S No	l							
If yes, list Event # No Money Order X Credit/Debit Card	12/	03/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Fitzgerald	l list	Jon		1411	1219			
Residential Street Address	City			State	Zip Code			
99 Gregory Rd .		Bristol		СТ	60190			
Principal Occupation		Name of Employ	er		•			
ATTY		Law o	ffices Jon P. Fitzgerald					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes indicate which branch or branches of		dependent enna e	I a loooyist:					
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	12/	04/2017	\$25.00		\$25.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
HU		Jing			1220			
Residential Street Address	City			State	Zip Code			
14 L Hermitage Dr .		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Sr. Scientist Is contributor a principal of a state contractor or prospective state contractor?		Unile\	obbriet enouge or	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	Vac	Amot	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash X Personal Check No Money Order Credit/Debit Card	12/	04/2017	\$100.00		\$100.00			

L MONETA DV DE CENTRO (C C A. D.								
L MONETARY RECEIPT	S (S	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Markley for LG January 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Gao		Jinghong			1221			
Residential Street Address	City			State	Zip Code			
68 Michelle Ln .		Guilford		СТ	06437			
Principal Occupation		Name of Employ	er					
Program analyst		YNH/\	Yale					
		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
X No Zash Personal Check	12/	06/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Heckman		James			1222			
Residential Street Address	City	5411.65		State	Zip Code			
42 Forest St		Unionville		CT	06085			
Principal Occupation		Name of Employ	or	<u> </u>	00003			
General Counsel			ealtors					
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Alliou	int of Contribution			
If yes, indicate which branch or branches of		1						
government the contract is with: Executive Legislative	-							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Credit/Debit Card	12/	06/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Anderson		Mark			1223			
Residential Street Address	City			State	Zip Code			
49 Hunt Glen Dr		Granby		СТ	06035			
Principal Occupation		Name of Employ	er					
Student		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
	,	dependent child of	n a lobbyist:					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
If yes list Event # Cash Personal Check Money Order X Credit/Debit Card	12/	07/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Tanojo		Irwan			1224			
Residential Street Address	City			State	Zip Code			
14 L Hermitage Dr .		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er		00101			
Trader		Self						
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Dete	Received	Aggregate Contributions	ŀ				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	13.	07/2017	#100.00		¢100.00			
If yes, list Event # Money Order Credit/Debit Card	12/	07/2017	\$100.00	1	\$100.00			

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT January 10 Filing - Original					
Markley for LG			January 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Xiang		Jin			1225			
Residential Street Address	City			State	Zip Code			
25 Mountaincrest Dr		Cheshire		СТ	06410			
Principal Occupation Marketing Mgr.		Name of Employ New 1	^{er} Horizon School					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:		dependent ennu (x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	12/	07/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Cammarano		Philip			1226			
Residential Street Address	City			State	Zip Code			
12 Timber Springs Rd .		New Fairfield		СТ	06812			
Principal Occupation		Name of Employ	er	•	•			
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna (x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1? Yes Cash Personal Check If yes. list Event # No Money Order Cativ Debit Card	12/	10/2017	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Chiero		Nancy			1227			
Residential Street Address	City			State	Zip Code			
330 Annelise Ave		Southington		СТ	06489			
Principal Occupation Retired		Name of Employ Retire						
				Amou	unt of Contribution			
Yes 🔼 N	0	dependent child of		7 111100	an or commount			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? X No			405.00		105.00			
If yes, list Event # No Money Order X Credit/Debit Card	12/	10/2017	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Daly		Thomas			1228			
Residential Street Address	City			State	Zip Code			
35 Appletree Ln		North Haven		СТ	06473			
Principal Occupation		Name of Employ	er					
Consultant		None						
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	dependent child of	obbyist, spouse, or Of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?			55 0					
If yes, list Event # Cash Personal Check No	12/	10/2017	\$35.00		\$35.00			

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Markley for LG January 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Famiglietti		Jeffrey			1229			
Residential Street Address	City			State	Zip Code			
12 Edgewood Cir		Southington		СТ	06489			
Principal Occupation		Name of Employ						
Aviation Is contributor a principal of a state contractor or prospective state contractor?		Cigna Is contributor a l	11 1 ·	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	12/	10/2017	\$100.00		\$100.00			
				I				
Last Name	First			MI	Contribution ID #			
Hajedemos Residential Street Address	City	Harry		State	Zip Code			
3 Roberts St	City	West Haven		CT	06516			
Principal Occupation		Name of Employ	er	CI	1 00310			
Radiologist			ate Radiology Assoc					
Is contributor a principal of a state contractor or prospective state contractor?					unt of Contribution			
Yes X No dependent child of a lobbyist?								
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? X No								
If yes, list Event # No Money Order X Credit/Debit Card	12/	10/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
McGurgan	1 1100	Christine			1231			
Residential Street Address	City			State	Zip Code			
47 S Plains Rd		Southington		СТ	06489			
Principal Occupation		Name of Employ	er	-	•			
LMT		The R	ight Touch					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent cinia c	x No					
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	12/	10/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		,			·			
Last Name	First			MI	Contribution ID #			
Picone		Dr. Joseph			1232			
Residential Street Address	City			State	Zip Code			
36 E Ridge Ct		Cheshire		СТ	06410			
Principal Occupation		Name of Employ						
Dentist Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of		Amot	an or Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No	12/	10/2017	\$100.00		\$100.00			

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I MONETA DV DECEMBER (C. P. A. D.								
I. MONETARY RECEIPT	S (Se	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Markley for LG January 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Reddy		Walter			1233			
Residential Street Address	City			State	Zip Code			
16 Briar Oak Dr		Weston		СТ	06883			
Principal Occupation		Name of Employ	er					
Artist		Walte	r Reddy Artisans LLC					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If ves. list Event #	12/	10/2017	\$15.00		\$15.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Adamowicz		William			1234			
Residential Street Address	City			State	Zip Code			
30 Hickory HI		Southington		СТ	06489			
Principal Occupation		Name of Employ	er					
Sales Manager			hil, Inc.					
		-	obbyjet enouge or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?	Dute	received	Aggregate Contributions					
X No Cash Personal Check	12/	11/2017	¢3E 00		\$35.00			
If yes, list Event # Money Order X Credit/Debit Card	12/.	11/2017	\$35.00		\$33.00			
LadVana	First			Lva	Contribution ID#			
Last Name	First			MI	Contribution ID #			
Beidler	a:	John		a	1235			
Residential Street Address	City	6		State	Zip Code			
130 Rolling Hill Ln		Southington		СТ	06489			
Principal Occupation		Name of Employ						
Driver			rd Chevrolet					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with:								
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
X No Cash Personal Check								
If yes, list Event # Money Order X Credit/Debit Card	12/	11/2017	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
DeLuzio		Diane			1236			
Residential Street Address	City			State	Zip Code			
20978 W Colina Ct		Buckeye		AZ	85396			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		aspendent child (x No					
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	12/	11/2017	\$100.00		\$100.00			

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I MONIETA DV DECEIDTS (C2 A. D.								
I. MONETARY RECEIPT	5 (50	ection A-I)	I TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Markley for LG January 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Devino		Michael			1237			
Residential Street Address	City			State	Zip Code			
364 Georgetown Dr ,		Watertown		СТ	06795			
Principal Occupation		Name of Employ	er		!			
BUSINESS OWNER		MERC	URY FUEL					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	12/	11/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card			7					
Last Name	First			MI	Contribution ID #			
Groth	1 1150	Ed		.,,,	1238			
	G'i	Eu		G				
Residential Street Address	City			State	Zip Code			
13 Laurel Rdg		Beacon Falls		СТ	06403			
Principal Occupation		Name of Employ						
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order Cash Personal Check Credit/Debit Card Cash Personal Check Credit/Debit Card Cash Personal Check Personal	12/	11/2017	\$35.00		\$35.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Kowalski		Linda			1239			
Residential Street Address	City			State	Zip Code			
23 Sybil Creek Pl	City	Branford		CT	06405			
Principal Occupation		Name of Employ	ar .	<u> </u>	00403			
Government Relations								
			owalski Group, LLC	1				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	V	Amou	int of Contribution			
If yes, indicate which branch or branches of			X No					
government the contract is with:								
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
_								
If yes, list Event # Cash Credit/Debit Card	12/	11/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Bowman		Melissa			1240			
Residential Street Address	City			State	Zip Code			
22 Middlefield Dr .		West Hartfor	d	СТ	06107			
Principal Occupation		Name of Employ	er	•	•			
none		none						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution			
)	dependent child of	of a fobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
x No Personal Check	12/	12/2017	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	14/	12/201/	\$100.00		φ100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Markley for LG January 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Brink		Phillip			1241			
Residential Street Address	City			State	Zip Code			
47 Smallwood Rd .		West Hartfor		СТ	06107			
Principal Occupation Pilot		Name of Employ	er Ican Airlines					
			11 1 ·	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	7 tinou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	12/	12/2017	\$40.00		\$40.00			
	I							
Last Name	First			MI	Contribution ID #			
Corey Residential Street Address	City	Matthew		State	Zip Code			
181 Center St	City	Manchester		CT	06040			
Principal Occupation		Name of Employ	er	CI	1 00040			
self employeed			nons LLC					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check No								
If yes, list Event # No Money Order X Credit/Debit Card	12/	12/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Engel	1 1100	Johanna			1243			
Residential Street Address	City			State	Zip Code			
9 Ciriklewood Rd		Redding		СТ	06896			
Principal Occupation		Name of Employ	er	=	•			
Retired		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent cinia (x No					
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	12/	12/2017	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card		•	·		·			
Last Name	First			MI	Contribution ID #			
Ezzell		Jennifer			1244			
Residential Street Address	City			State	Zip Code			
92 Sullivan Rd .	<u> </u>	Lisbon		СТ	06351			
Principal Occupation		Name of Employ	er emaker					
Is contributor a principal of a state contractor or prospective state contractor?			.1.1	Amou	unt of Contribution			
Yes X No	0	dependent child of	Vac	1 111100				
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash X Personal Check								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	12/	12/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT January 10 Filing - Original					
Markley for LG	January 10 Filing - Original							
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Linder		Ethan			1245			
Residential Street Address	City			State	Zip Code			
7 4th St # K4		Stamford		СТ	06903			
Principal Occupation Sr. Analyst		Name of Employ IPSOS						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Dute	Received	riggiogue Controutions					
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	12/	12/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Meccariello	1 1130	Gennaro		1411	1246			
Residential Street Address	City			State	Zip Code			
33 Hazelwood Dr .		Southington		СТ	06489			
Principal Occupation		Name of Employ	er					
		retire	d	_				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child c						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event #	12/	12/2017	\$100.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Noble	FIISt	Laura		IVII	1247			
Residential Street Address	City			State	Zip Code			
26 Ridgewood Rd .		West Hartfor	d	СТ	06107			
Principal Occupation	•	Name of Employ	er					
Re agent		Coldw	rell Banker					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:		acpendent enna e	x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Money Order Credit/Debit Card	12/	12/2017	\$60.00		\$20.00			
Last Name	First			MI	Contribution ID #			
O'Brien		Christopher			1248			
Residential Street Address	City			State	Zip Code			
W6796 Rubidell Rd .		Watertown		WI	53094			
Principal Occupation		Name of Employ						
Paramedic			Brothers Ambulance					
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			•					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	12/	12/2017	\$100.00		\$100.00			

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A MONERA BY DECEME	0 (0	A T)			
I. MONETARY RECEIPT	5 (56	ection A-I)	I TUDE OF DEDORE		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Markley for LG			January 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Paganini		Linda			1249
Residential Street Address	City			State	Zip Code
74 Caulfield Rd		Torrington		СТ	06790
Principal Occupation		Name of Employ	er		
Unemployed			ployed		
			abbyist spays or	Amou	ınt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	711100	an or commount
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash Personal Check	12/	12/2017	\$35.00		\$35.00
If yes, list Event # Money Order X Credit/Debit Card	12/	12,2017	433.00		455.00
Last Name	First			MI	Contribution ID #
	1 1150	Androw		.,,,	1250
Sylvain Residential Street Address	City	Andrew		State	
	City				Zip Code
973 Spindle Hill Rd .		Wolcott		СТ	06016
Principal Occupation		Name of Employ			
sales		Pratt			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child (<u> </u>		
government the contract is with:			x No		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	12/	12/2017	\$30.00		\$30.00
in yes, list Event #					
Last Name	First			MI	Contribution ID #
Weiss		Jeffrey			1251
Residential Street Address	City			State	Zip Code
1423 Quinnipiac Ave # 116		New Haven		СТ	06513
Principal Occupation		Name of Employ	er	•	
sales		self			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Zash Personal Check	12/	12/2017	\$50.00		\$50.00
If yes, list Event #			4*****		
Last Name	First			MI	Contribution ID #
Chunis	1 1150	John			1252
Residential Street Address	City	301111		State	Zip Code
40 Deerfield Run	City	Booley Hill		CT	06067
		Rocky Hill		CI	00007
Principal Occupation		Name of Employ			
Retired		retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of			x No		
government the contract is with: Executive Legislative					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?	1				
If yes, list Event # Cash Credit/Debit Card	12/	13/2017	\$100.00		\$100.00

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L MONETARY RECEIPT	S (Se	ection A-I)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT					
Markley for LG			January 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Monin		Kevin			1253			
Residential Street Address	City			State	Zip Code			
57 Manor Ave		Waterbury		СТ	06705			
Principal Occupation Technician		Name of Employ State						
			11 1 ·	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	12/	13/2017	\$5.00		\$5.00			
	I			I				
Last Name	First	6 .		MI	Contribution ID #			
Baker Residential Street Address	City	Craig		State	1254 Zip Code			
380 Hitchcock Rd # 162	City	Waterbury		CT	06705			
Principal Occupation		Name of Employ	er	CI	1 00703			
Sales consultant		Aetna						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of								
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section J1?	Yes Method of contribution: Date Received Aggregate Contributions							
x No Cash Personal Check								
If yes, list Event #	12/	14/2017	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Natelli	1 1150	Albert			1255			
Residential Street Address	City			State	Zip Code			
145 Meriden Ave .		Southington		СТ	06489			
Principal Occupation		•						
Dentist		Midwe	est Dental					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent ennu (x No					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	12/	14/2017	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Natelli		Carmel			1256			
Residential Street Address	City			State	Zip Code			
145 Meriden Ave .		Southington		СТ	06489			
Principal Occupation		Name of Employ						
Nurse Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
Yes X N	0	dependent child of		1				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	12/	14/2017	\$50.00		\$50.00			

I, MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT							
Markley for LG			January 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals								
Last Name	First			MI	Contribution ID #					
Adams		Kevin			1257					
Residential Street Address	City			State	Zip Code					
108 Walkers Xing	L	Southington		СТ	06489					
Principal Occupation Underwriter		Name of Employ Cigna								
				Amou	ant of Contribution					
Yes X No	0	dependent child of	Vac							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No							
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions							
an event reported in Section 31?										
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	12/	15/2017	\$15.00		\$15.00					
Last Name	First			MI	Contribution ID #					
Canning	FIISt	Susan		IVII	1258					
Residential Street Address	City	Susuri		State	Zip Code					
186 Parker Ave .		Meriden		СТ	06450					
Principal Occupation	•	Name of Employ	er		•					
		Retired								
Is contributor a principal of a state contractor or prospective state contractor?	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution							
If yes, indicate which branch or branches of										
government the contract is with: Executive Legislative Legislative										
an event reported in Section J1?	contribution associated with									
X No Cash X Personal Check	12/	15/2017	\$100.00		\$100.00					
If yes, list Event #		10, 201,	Ψ100.00							
Last Name	First			MI	Contribution ID #					
Harris		Kathleen			1259					
Residential Street Address	City			State	Zip Code					
101 Laurel Trl	<u> </u>	Glastonbury		СТ	06033					
Principal Occupation	Name of Employer									
Med Tech Is contributor a principal of a state contractor or prospective state contractor?		ECHN Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution					
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of		Aillot	ant of Contribution					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}							
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions							
an event reported in Section 11?										
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	12/	15/2017	\$200.00		\$100.00					
Last Name	First			MI	Contribution ID #					
Mastrofrancesco	FIISt	Angelo		IVII	1260					
Residential Street Address	City	7 ligelo		State	Zip Code					
216 Spindle Hill Rd .		Wolcott		СТ	06716					
Principal Occupation	•	Name of Employ	er		•					
Sales Mgr		Bende	er Plumbing							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution					
If yes, indicate which branch or branches of Executive Legislative Legislative										
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions							
an event reported in Section J1?			55 -5							
If yes, list Event #	12/	15/2017	\$10.00		\$10.00					

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Markley for LG			TYPE OF REPORT January 10 Filing - Original							
•										
B. Itemized Contributions from				,						
Last Name Paskus	First	Cathy		MI	Contribution ID # 1261					
Residential Street Address	City			State	Zip Code					
4 Arrow Dr		Terryville		СТ	06786					
Principal Occupation Retired		Name of Employ Retire								
Is contributor a principal of a state contractor or prospective state contractor?	0	1	obbyist, spouse, or Yes	Amou	ant of Contribution					
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No							
Is this contribution associated with Voc. Method of contribution:	Date	Received	Aggregate Contributions							
an event reported in Section 31? Cash Personal Check	12/	18/2017	¢100.00		¢100.00					
If yes, list Event # Money Order X Credit/Debit Card	12/	18/2017	\$100.00		\$100.00					
Last Name	First			MI	Contribution ID #					
Santilli		Lawrence			1262					
Residential Street Address	City			State	Zip Code					
31 Brunswick Ave .		West Hartfor Name of Employ		СТ	06107					
Principal Occupation										
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution					
If yes, indicate which branch or branches of Executive Legislative		перенаен сина с	x No							
Is this contribution associated with Method of contribution:	Aggregate Contributions									
an event reported in Section J1? Yes X No Cash Personal Check	12/18/2017 \$100.00				\$100.00					
If yes, list Event #	12,	10,2017	Ψ100.00		4100.00					
Last Name	First			MI	Contribution ID #					
Vargas		Alberto			1263					
Residential Street Address 4302 Sheffield Dr	City	Provo		State UT	Zip Code 84604					
Principal Occupation		Name of Employ	er	01	84004					
self-employed			Seasons Travel							
Is contributor a principal of a state contractor or prospective state contractor?	o o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution					
If yes, indicate which branch or branches of		dependent chird (x No							
government the contract is with: Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions							
an event reported in section 31?										
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	12/	18/2017	\$35.00		\$35.00					
Last Name	First			MI	Contribution ID #					
Beaumont		Noma			1264					
Residential Street Address 25 Maplewood Ave .	City	Wallingford		State CT	Zip Code 06492					
Principal Occupation	<u> </u>	Wallingford Name of Employ	er	Ci	00492					
The state of the s		Retire								
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}							
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions	7						
an event reported in Section 31?										
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	12/	19/2017	\$40.00		\$40.00					

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L MONETARY RECEIPT	S (Se	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT				
Markley for LG			January 10 Filing - Original				
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Veleber		David			1265		
Residential Street Address	City			State	Zip Code		
402 Hayledge Ct	<u> </u>	Cheshire		СТ	06410		
Principal Occupation Attorney		Name of Employ CATIO					
			obbyist, spouse, or	Amou	ant of Contribution		
	0	dependent child of					
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions				
x No Cash Personal Check	42/	40/2047	+400.00		+100.00		
If yes, list Event # Money Order X Credit/Debit Card	12/	19/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Caban		Dia			1266		
Residential Street Address	City			State	Zip Code		
21 Calo St .		Waterbury		СТ	06708		
Principal Occupation		Name of Employ	er				
		J and					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with: this contribution associated with Method of contribution: Date Received Aggregate Contributions							
an event reported in Section J1?			86 .8				
X No Personal Check	12/	27/2017	\$5.00		\$5.00		
If yes, list Event #				<u> </u>			
Last Name	First			MI	Contribution ID #		
Mastrofrancesco		Gale			1267		
Residential Street Address	City			State	Zip Code		
216 Spindle Hill Rd . Principal Occupation	<u> </u>	Wolcott Name of Employ	or	CT 06716			
Dir. Community Relations		1 ,	nmark Sr. Living				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution		
	0	dependent child of	-				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions				
an event reported in Section J1? X No		/	4400.00		.50.00		
If yes, list Event # No Money Order Credit/Debit Card	12/.	27/2017	\$100.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Mastrofrancesco		Michael			1268		
Residential Street Address	City			State	Zip Code		
216 Spindle Hill Rd .		Wolcott		СТ	06716		
Principal Occupation		Name of Employ					
		Stude					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
If yes, list Event #	12/	27/2017	\$10.00		\$10.00		

I. MONETARY RECEIPT	S (Se	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT January 10 Filing - Original			
Markley for LG			January 10 Filling - Original			
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Ge		Ping			1270	
Residential Street Address	City			State	Zip Code	
39 Turkey Hill Rd .	ļ.,	Durham Name of Employ	ON .	СТ	06422	
Principal Occupation Chemist		None None	ei			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		acpendent enna e	x No			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1? Yes Cash Personal Check						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	12/	28/2017	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Sun		Pie			1271	
Residential Street Address	City			State	Zip Code	
39 Turkey Hill Rd .		Durham		СТ	06422	
Principal Occupation	Name of Employ	er	-	•		
Internal medicine		self		-		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amount of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna c	x No			
Is this contribution associated with Method of contribution:						
an event reported in Section J1? Yes X No Cash Personal Check					+100.00	
If yes, list Event # No Money Order Credit/Debit Card	12/.	28/2017	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Noble		Danielle			1269	
Residential Street Address	City			State	Zip Code	
27 Bayberry Dr	<u> </u>	Prospect		СТ	06712	
Principal Occupation		Name of Employ				
Treasurer/Secretary		-	ndable Energy, Inc.	A		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Атои	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:			x _{No}			
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
Cash Personal Check	12/	29/2017	\$100.00		\$100.00	
If yes, list Event # Money Order X Credit/Debit Card	12/.	29/2017	\$100.00		————	
Last Name	First			MI	Contribution ID #	
Noad		Cindy			1272	
Residential Street Address	City			State	Zip Code	
81 51 2 Mile Rd .		Goshen		СТ	06756	
Principal Occupation		Name of Employ R,V.N	er oad Construction			
Is contributor a principal of a state contractor or prospective state contractor?						
If yes, indicate which branch or branches of						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?			30 -0			
X No Cash X Personal Check If yes list Event # Card Order Credit/Debit Card	12/	31/2017	\$100.00		\$100.00	

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								Page 55 01 /5	
I. N	MONE	TARY RECEIP	TS (S	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as I				,	TYPE O	F REPORT			
Markley for LG					January 10 Fili	ng - Original			
В. І	temized	Contributions fr	om Inc	lividuals					
Last Name			First				MI	Contribution ID #	
McCourt				Thomas				1273	
Residential Street Address			City				State	Zip Code	
185 Leete St .				West Haven		СТ	06516		
Principal Occupation			•	Name of Employ	er		-		
manager				Tomki	in's Home Impro	vement			
Is contributor a principal of a state contractor or prospective state contractor	?	Yes x	No		obbyist, spouse, or	Yes	An	nount of Contribution	
If yes, indicate which branch or branches of			110	dependent child of	of a lobbyist?				
government the contract is with:	Ш	Legislative	_			x No			
Vac	contribution	n:	Date	Received	Aggregate Contribu	utions			
an event reported in Section J1?		Personal Check							
Ĭ No I□	y Order	Credit/Debit Card	12/	31/2017	\$:	100.00		\$100.00	
I you, not 2 forth	., 0140.	create Been card					<u> </u>		
						Total of	Section B	\$13,630.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)									
TOTAL OF ALL CONTRIBUTIONS FROM INDIVID	UALS	(Sections A	T + D)	(10tat on Line .	14, Column A of S	ummury 1 uge)		\$13,630.00	
T	MONE	TARY RECEIF) TC (S	location A. I)					
1,	MONE	TAKI KECEH	15 (8	ection A-1)		1			
NAME OF COMMITTEE (Provide Complete Name as R	Registered	with Commission)				TYP	E OF RE	REPORT	
Malla Calif						January 10	Filing - Orig	ninal	
Markley for LG						oundary ro	g - C	ga.	
C1. Cc	ontribut	ions from Other (Comm	ittees					
Name of Committee				Name of Treasur	108				
Name of Committee				Name of Treasur	rer				
Address		1		1					
				ribution associated v	with an	Yes	No	Amount of Contribution	
		e	vent repor	ted in Section J1?					
		<u> </u>		If yes, list Event	#				
City	State	Zip Code	Date F	teceived	Aggregate Cont	ributions			
						Total of Sec	tion C1		

								Page 56 of 73
	I. MONETA	ARY RECE	IPTS (S	ection A	A- I)			
NAME OF COMMITTEE						TY	PE OF REPORT	,
Markley for LG						January 10	Filing - Original	
C	2. Reimbursements or S	Surplus Disti	ributions	from of	her Committees	•		
Name of Committee					Name of Treasurer			
								,
Address						Date Received		Amount of Receipt
								_
City								
Reimbursement for sl Surplus distribution f							committee	
Expenditure #	Description	<u> </u>			<u> </u>			
								T .
						Tota	al of Section C2	
	I. MON	NETARY R	ECEIPT	ΓS (Sec	tion A-I)			
NAME OF COMMITTEE						TYPE (OF REPORT	
Markley for LG						January 10 F	iling - Original	
	D. Loa	ns Received	this Peri	od				
Name of Lender				Source o	f Loan:			Date of Receipt
				Ban	k Candidate	Individua	Other	
Street Address			City			State	Zip Code	Is there a cosigner or Guarantor of this loan?
								Yes No
Name of Cosigner/Guarantor (if applicable)								

City

Zip Code

Total of Section D

State

Street Address

	I. Mo	ONETARY RECE	IPTS (Section A-I)						
NAME OF COMMITTEE						TYPE OF R	EPOF	RT	
Markley for LG						January 10 Filing -	Origin	al	
E. Personal I	Funds of the Candidate	Received this Perio	d (Candidate Commi	ttees ONI	LY)				
Date of Receipt	Method of Payment						A	mount	
	Cash	Personal C	heck Credit/	Debit Card					
					To	otal of Section E			
I. Monetary Receipts (Section A-I)									
NAME OF COMMITTEE						TYPE OF RE	PORT	Γ	
Markley for LG January 10 Filing - Original									
G. Interest from Deposits in Authorized Accounts									
Name of Institution Date						eived		Amount	
Street Address		City		State		Zip Code			
						Total of Section	ı G		
	I. MO	NETARY RECEI	PTS (Section A-I)						
NAME OF COMMITTEE						TYPE OF REPO	ORT		
Markley for LG					Jar	nuary 10 Filing - Orig	inal		
	H. Public Grant F	funds Received from	the Citizens' Election	n Fund					
Purpose of Grant:		Grant Cycle:				Date Received		Amount	
Initial	Grant Adjustment	Primary	General Election	Special Ele	ection				
Supplemental/	Post Election Deficit		General Election	Special Die					
						Total of Section I	I		

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE				TYPE OF REPORT					
Markley for LG			Janua	ry 10 Filing - Original					
I. Miscellaneous Monetary Receipts not Considered Contributions									
Name			Date o	f Transaction	Amount Received				
Street Address	City	State		Zip Code					
Description									
				Total of Section I					

II. EVENT ACTIVITY (Sections J1 - J4)											
NAME OF COMMITTEE (Provide Con	nplete Name as Registered with Com	mission	1)			ТҮРЕ С	OF RE	PORT			
Markley for LG						January 10 Filing	- Origir	nal			
	J1. Event Inform	nation									
Event # Date of Event	Description Home Fundraiser						Was t	his a fundrai	sing event?		
Location: Street Address 97 Joshua Town Rd .			City State Watertown CT						Zip Code		
Was this event hosted at a personal residence?	X	Yes No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.								
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 No	If yes, to to Section J3 In-I complete required informa		ons not Considered (Contribu	utions and			
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	X	Yes No	(If yes, enter Total Receipt	ots here.)				\$0.00		
Event # Date of Event	Description Meet and Greet Event						Was ti	his a fundrai	sing event?		
Location: Street Address 105 Waterbury Rd .					city Prospect			State CT	Zip Code		
Was this event hosted at a personal residence?		X	Yes No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.							
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 No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.							
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	X	Yes No	(If yes, enter Total Receipt	ots here.)				\$0.00		
					Tot	al of Section J1			\$0.00		

	II.EV	ENT ACTIVITY (Sections	J1 - J4	4)						
NAME OF COMMITTEE (Provide	Complete Name as Reg	gistered with Commission)			TYPE OF REPORT					
Markley for LG					January 10 Filing - Original					
	J3. In-Kind Donat	ions Not Considered Contribu	utions							
Name of the Donor										
Street Address	Street Address City							State	Zip Code	
Donation Given by: Individual									farket Value of Donation	
Business Entity Sole Proprietorship										
Total of Section J3										
10tai of Section 33										
	II	EVENT ACTIVITY (Secti	ions J1	- J4)						
NAME OF COMMITTEE (Provide	Complete Name as Reg	gistered with Commission)				TYPE OF RE	PO	PORT		
Markley for LG						January 10 Filing - C	Origir	nal		
J4. In-K	ind Donations Not Co	onsidered Contributions Asso	ciated v	vith a House I	Part	у				
Name of Host				Is this	event	supporting more than on	e can	didate?		
					Yes	No If yes Adde			mization in	
Street Address			City	•				State	Zip Code	
Description of Donation									arket 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 w	ith (Commiss	ion)		TYF	E OF REF	PORT	
Markley for LG					January 10 Filin	g - Original		
K. In-Kind	Cor	ntributi	ons					
Name								
Street Address City State Zip Co						Zip Code		
Is this contribution associated with an event reported in Section J1? Description of In-Kind Contribution Description of In-Kind Contribution								
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Is Contributor a principal of a state contractor or prospective state of a lobbyist? Is contributor a principal of a state contractor or prospective state of the contractor of the contractor of prospective state of the contractor of th								
Type of Contributor:	Date Received Aggregate contributions							
Individual Committee Sole Prop	rietor	ship						
					Total of S	ection K		
III. Non Mone	etar	y Recei	ipts (Sections K -	L)				
NAME OF COMMITTEE (Provide Complete Name as Registered w	ith (Commiss	ion)		TYPE	OF REPO	ORT	
Markley for LG					January 10 Filin	ng - Original		
L. Refundable Deposit to	Tel	ephone	Company					
Last Name of Individual		First Nar	ne		MI	Date De	posit Made	
Residential Street Address	Ci	ty		State	Zip Code			mount of Deposit
Name of Telephone company								
Street Address City State Zip Code								
					Total of Se	ection L		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commissio	n)		ТҮРЕ О	F REPORT			
Markley for LG				January 10 Filin	iling - Original			
	N. Expenses Paid By Co	mmittee						
Name of Payee Joe Pugliese			Date of Pays 10/10/20		1 =	neck # 1032 ebit Card		
Street Address 36 Buena Vista Dr .								
Purpose of Expend REF	Description	·				Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # Expenditure # Event # (if applicable)								
Name of Payee CompuMail Corp	Method of Payment Check # Debit Card X EFT							
Street Address 298 Capt Lewis Dr .		City Southington			State CT	Zip Code 06489		
Purpose of Expend PRNT	Description					Amount		
Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure		Expenditure # (if applicable)	Event #	ŧ		\$609.65		
Name of Payee CompuMail Corp			Date of Pays 10/11/20		I =	neck # ebit Card		
Street Address 298 Capt Lewis Dr .		City Southington			State CT	Zip Code 06489		
Purpose of Expend PRNT	Description					Amount		
Is this expenditure coordinate which reimbursement is soughtful tyes, assign an Expenditure		Expenditure # (if applicable)	Event #			\$888.46		

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission	on)		ТҮРЕ О	F REPORT		
Markley for LG				January 10 Filin	y 10 Filing - Original		
	N. Expenses Paid By Co	mmittee					
Name of Payee MICHAEL BURR			Date of Payr		1 =	eck # 1033	
Street Address City 33 Valley View Rd Thomaston						Zip Code	
Purpose of Expend REF	Description					Amount	
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		\$100.00					
Name of Payee Christopher Drummond	Method of Payment X Check # 1034 Debit Card EFT						
Street Address 21 Hillbrook Rd .		City Wilton			State CT	Zip Code	
Purpose of Expend REF	Description					Amount	
Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure		Expenditure # (if applicable)	Event #	ŧ		\$50.00	
Name of Payee Pamela Salamone			Date of Pays 10/23/20		. =	eck #	
Street Address Cornwall Ave.		City Cheshire			State CT	Zip Code 06410	
Purpose of Expend RMB	Description Five Guys FR					Amount	
Is this expenditure coordinate which reimbursement is soughtfyes, assign an Expenditure		Expenditure # (if applicable)	Event #	ŧ		\$110.39	

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			TYPE O	E OF REPORT			
Markley for LG			Jar	nuary 10 Filing	g - Original			
	N. Expenses Paid By Comn	nittee						
Name of Payee Pamela Salamone			Date of Paymer 10/23/2017		ı =	eck # bit Card		
Street Address Cornwall Ave.		City Cheshire	•		State CT	Zip Code 06410		
Purpose of Expend RMB	Description Office Supplies and postage					Amount		
Is this expenditure coordinate which reimbursement is soughtful tyes, assign an Expenditure	\$195.63							
Name of Payee Liberty Strategies	Method of Payment Check # Debit Card X EFT							
Street Address PO Box 5106		City Milford			State CT	Zip Code 06460		
Purpose of Expend CNSLT	Description					Amount		
Is this expenditure coordinate which reimbursement is soughtful types, assign an Expenditure	— I	enditure # oplicable)	Event #			\$1,500.00		
Name of Payee Thomas Clephane	nt 7	ı =	eck # bit Card					
Street Address 88 Barnes Rd .		City Stamford			State CT	Zip Code		
Purpose of Expend REF	Description					Amount		
Is this expenditure coordinated with another candidate for								

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission	n)		ТҮРЕ О	TYPE OF REPORT			
Markley for LG				January 10 Filin	g - Original			
	N. Expenses Paid By Co	mmittee						
Name of Payee Linda Kowalski			Date of Pays 12/28/20		1 =	eck # bit Card		
Street Address 23 Sybil Creek Pl								
Purpose of Expend Description REF								
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Yes Expenditure # (if applicable) Event # (if applicable) \$1								
Name of Payee Julie Cammarata	Method of Payment Check # Debit Card X EFT							
Street Address 899 Ocean Ave		City New London			State CT	Zip Code		
Purpose of Expend REF	Description					Amount		
Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure	I	Expenditure # (if applicable)	Event #	ŧ		\$100.00		
Name of Payee James Heckman			Date of Pays 12/28/20		1 =	eck # bit Card		
Street Address 42 Forest St		City Unionville			State CT	Zip Code		
Purpose of Expend REF	Description					Amount		
Is this expenditure coordinate which reimbursement is soughtfyes, assign an Expenditure	— — — — — — — — — — — — — — — — — — —	Expenditure # (if applicable)	Event #	ŧ		\$100.00		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission	on)		ТҮРЕ О	YPE OF REPORT			
Markley for LG				January 10 Filin	Filing - Original			
	N. Expenses Paid By Co	ommittee						
Name of Payee Danny Carrier			Date of Payr 12/28/20		. =	eck# bit Card		
Street Address 270 Camp St								
Purpose of Expend REF								
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Yes Expenditure # (if applicable) Event # (if applicable) \$100.								
Name of Payee Kevin Carrier	Method of Payment Check # Debit Card X EFT							
Street Address 4 Spruce Dr		City Unionville			State CT	Zip Code		
Purpose of Expend REF	Description					Amount		
Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure		Expenditure # (if applicable)	Event #	ŧ		\$40.00		
Name of Payee Patrick Carrier		,	Date of Pays 12/28/20		I =	eck# bit Card		
Street Address 19 Taine Mount Rd		City Unionville			State CT	Zip Code		
Purpose of Expend REF	Description					Amount		
Is this expenditure coordinate which reimbursement is soughtfyes, assign an Expenditure	— — — — — — — — — — — — — — — — — — —	Expenditure # (if applicable)	Event #	ŧ		\$100.00		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commissio	n)		ТҮРЕ О	PE OF REPORT			
Markley for LG				January 10 Filin	g - Original			
	N. Expenses Paid By Co	mmittee						
Name of Payee Richard Bingham			Date of Pays		1 =	eck # bit Card		
Street Address 348 Beach Rd						Zip Code		
Purpose of Expend REF		Amount						
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum								
Name of Payee Nancy Brazee	Method of Payment Check # Debit Card X EFT							
Street Address 485 Walnut Hill Rd .		City Thomaston			State CT	Zip Code		
Purpose of Expend REF	Description					Amount		
Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure		Expenditure # (if applicable)	Event #	ŧ		\$50.00		
Name of Payee Johanna Engel			Date of Pays		1 =	eck # bit Card		
Street Address 9 Cricklewood Rd		City Redding			State CT	Zip Code		
Purpose of Expend REF	Description					Amount		
Is this expenditure coordinate which reimbursement is soughtfyes, assign an Expenditure		Expenditure # (if applicable)	Event #	ŧ		\$35.00		

	IV. EXPENDITURES	(Sections N - S	5)					
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)		TYPE OF 1	PE OF REPORT			
Markley for LG				January 10 Filing -	0 Filing - Original			
	N. Expenses Paid By Con	nmittee						
Name of Payee Jeffrey Grandahl			Date of Pays 12/28/20			ayment Check # Debit Card EFT		
Street Address 151 Bushy Hill Rd								
Purpose of Expend REF	Description					Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	ŧ	\$5.00						
Name of Payee Gilbert Linder			Date of Pay.			ayment Check # Debit Card EFT		
Street Address 200 Nutmeg Pl		City Cheshire	•	St	tate T	Zip Code 06410		
Purpose of Expend RMB	Description office supplies					Amount		
which reimbursement is sough		spenditure # Capplicable)	Event #	Ė		\$54.72		
				Total of Sec	ction N	\$4,298.85		

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE	(Provide Complete Name as Ro	egistered with Commission)				TYP	E OF REPOR	Γ	
						January 10 Fili	ng - Original		
	O. Expe	enses Paid By Candidate							
Name of Payee (Name of vendor wh	no candidate paid directly)			I	Date of Payn	nent		Reimbursement Claimed?	
Street Address	City State Zi				Zip Co	ode		Amount	
Purpose of Expenditure (by code) Description Event #									
						Total	of Section O		
							•		
	IV. EXP	ENDITURES (Sections N	- S)						
NAME OF COMMITTEE	(Provide Complete Name as Re	egistered with Commission)					OF REPORT		
Markley for LG						January 10 Filing	- Original		
	P. Expenses	Incurred on Committee Cre	edit Card						
Name of Issuing Institution			Type of Co	sa	d: Master	Card Di	scover	American Express	
Name of Vendor			•				Date of Tra	nsaction	
Street Address			City				State	Zip Code	
Purpose of Expenditure (by code)	Description		•					Amount	
Is this expenditure coordinated which reimbursement is sought		Yes No	Expenditure (if applicable		Even	nt #			
If yes, assign an Expenditure #	and complete Itemization in Adden	dum							
						Total of Secti	on P		

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTE	EE (Provide Complete Name as Registered with Commissio	n)		TYPE O	YPE OF REPORT				
Markley for LG				January 10 Filing -	Original				
	Q. Expenses Incurred By Committee but Not Paid During this Period								
Name of Creditor Kathleen Harris					Date Incurred 12/29/2017				
Street Address 101 Laurel Trl City Glastonbury						Zip Code			
Purpose of Expenditure (by code)		unt Incurred ate or Actual)							
REF									
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes Expenditure # (if applicable) X No									
If yes, assign an Expenditure #	and completes Itemization in Addendum Q					\$100.00			
Name of Creditor John Sima III					Date Incurred 12/29/2017				
Street Address 547 Shuttle Meadow Rd	ı.	City Southington			State CT	Zip Code			
Purpose of Expenditure (by code)	Description	I				unt Incurred ate or Actual)			
Is this expenditure coordinated reimbursement is sought?	with another candidate for which Yes X No	Expenditure # (if applicable)	Event #						
If yes, assign an Expenditure #	If yes, assign an Expenditure # and completes Itemization in Addendum Q \$100.00								
			Tota	l of Section O		\$200.00			

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (Provide Complete	e Name as Register	ed with Comr	mission)				ΓΥΡΕ OF RE	PORT		
Markley for LG					,	January 10 Filing - Original				
R. Itemiza	tion of Reimbur	sements and	l Secondary Pa	iyees						
Last Name of Worker/Consultant	First			MI	Date	of Payme	nt to Vendor	-	rment to Reimburse Committee rker/Consultant as reported in stion N:	
								Check #		k #
									Debit EFT	Card
Name of Vendor Paid by Committee Worker/Consultant										
			1					-		
Street Address of Vendor	reet Address of Vendor City							Stat	te	Zip Code
Purpose of Expenditure (by code) Description										
Is this expenditure coordinated with another candidate for Yes Expenditure # Event # (if applicable)						Amount				
If yes, assign an Expenditure # and completes Itemization i	n Addendum R	No								
						Total of	Section R			
	IV. EXPI	ENDITUR	ES (Sectuibs	N - S)						
NAME OF COMMITTEE (Provide Comple	e Name as Register	red with Com	mission)				TYPE OF RE			
Markley for LG						January	10 Filing - Origin	al		
	S. Surplus Distri	bution of E	quipment and l	Furniture	•					
Name of Recipient										
Street Address		City			State	,	Zip Code			Original Purchase Amount of Item
Description of Item									1	
Total of Section S										

Section J4. ADDEND	UM		
NAME OF COMMITTEE			TYPE OF REPORT
J4. In - Kind Donations Not Considered Contribu	tion Associ	ated with a Hous	se Party - Addendum
Event #			
Name of Candidate			
Section N. ADDENDUM	М		
NAME OF COMMITTEE			TYPE OF REPORT
N. Expenses Paid By Comm	nittee - Add	endum	
Expenditure #		1	Amount of Expenditure
Name of Candidate		Office	e Sought
Section P. ADDENDUM	М		
NAME OF COMMITTEE			TYPE OF REPORT
P. Expenses Incurred on Com	mittee Cred	lit Card - Adden	dum
Expenditure #			Amount of Expenditure
Name of Candidate			Office Sought

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

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