



COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE			
Gresko 2018				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
First Alexander		MI J	Last Florek			Suffix	
4. TREASURER ADDRESS							
Street Address 264 Victoria Lawn			City Stratford		State CT	Zip Code 06615	
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)				7. DISTRICT NUMBER (if applicable)	
11/06/2018		State Representative				R121	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)							
First Joseph		MI P	Last Gresko			Suffix	
9. TYPE OF REPORT							
January 10 Filing - Amendment							
10. PERIOD COVERED							
		Beginning Date		Ending Date			
		10/01/2017		thru 12/31/2017			
11. CERTIFICATION							
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.							
Electronic Filing		Alexander Florek			06/06/2018 6:26:27PM		
SIGNATURE		PRINT NAME OF THE SIGNER			DATE CERTIFIED		
<p>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</p>							

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Gresko 2018	January 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$775.00	
14. Contributions received from Individuals (Section A and B)	\$1,070.00	\$1,845.00
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)	\$1,070.00	\$1,845.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$1,845.00	\$1,845.00
20. Expenses Paid by Committee (Section N)	\$0.00	\$0.00
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$1,845.00	\$1,845.00
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Gresko 2018		January 10 Filing - Amendment	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
		\$0.00	
B. Itemized Contributions from Individuals			

Last Name Scala		First Judy		MI A	Contribution ID # 0021
Residential Street Address 435 Warner Hill Rd		City Stratford		State CT	Zip Code 06614
Principal Occupation Assistant to Registrar			Name of Employer Town of Stratford		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this contribution associated with an event reported in Section J1? If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 10/03/2017 Aggregate Contributions \$5.00	

Last Name Turco		First Gary		MI A	Contribution ID # 0022
Residential Street Address 12920 Runway Rd Unit 151		City Playa Vista		State CA	Zip Code 90094
Principal Occupation Business Development			Name of Employer Media 122		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this contribution associated with an event reported in Section J1? If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 10/04/2017 Aggregate Contributions \$25.00	

Last Name Agnes		First Martin		MI CT	Contribution ID # 0023
Residential Street Address 32 Matteson St		City Waterbury		State CT	Zip Code 06705
Principal Occupation			Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this contribution associated with an event reported in Section J1? If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 10/06/2017 Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2018	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Feinmark	First Russell	MI A	Contribution ID # 0026
Residential Street Address 167 Beach Ave	City Milford	State CT	Zip Code 06460
Principal Occupation Database Manager	Name of Employer CT General Assembly		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/11/2017	Aggregate Contributions \$20.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$20.00	

Last Name Scala	First Michael	MI L	Contribution ID # 0028
Residential Street Address 435 Warner Hill Rd	City Stratford	State CT	Zip Code 06614
Principal Occupation Sanitation - Man	Name of Employer Town of Stratford		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/12/2017	Aggregate Contributions \$20.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$20.00	

Last Name Knight	First Jason	MI S	Contribution ID # 0025
Residential Street Address 169 Vernon Ave Apt 129	City Vernon	State CT	Zip Code 06066
Principal Occupation Outreach Coordinator	Name of Employer State of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/13/2017	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Imetovski	First Zani	MI	Contribution ID # 0029
Residential Street Address 14 Heritage Dr	City Seymour	State CT	Zip Code 06483
Principal Occupation Outreach Coordinator	Name of Employer Connecticut General Assembly		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/20/2017	Aggregate Contributions \$30.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$30.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2018	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Carbone	First Dino	MI M	Contribution ID # 0027
Residential Street Address 2 Coppel Ln	City Shelton	State CT	Zip Code 06484
Principal Occupation Operating Engineer	Name of Employer Day & Zimmerman		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/20/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Paeletto	First Anthony	MI	Contribution ID # 0024
Residential Street Address 321 Lynne Pl	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Security	Name of Employer St. Vincents		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/21/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Uhlinger	First Daniel	MI	Contribution ID # 0030
Residential Street Address 168 Gerald Dr	City Manchester	State CT	Zip Code 06040
Principal Occupation Press Sect.	Name of Employer CT General Assembly		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/31/2017	Aggregate Contributions \$20.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$20.00	

Last Name Heimlich	First Barbara	MI A	Contribution ID # 0031
Residential Street Address 1 College St	City Stratford	State CT	Zip Code 06614
Principal Occupation N/B N/P Consulting	Name of Employer Parayon Development		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 11/07/2017	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2018	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Putrimas	First Donald	MI J	Contribution ID # 0032
Residential Street Address 95 Torsey St	City Stratford	State CT	Zip Code 06614
Principal Occupation Retired	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/01/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Elias	First Diane	MI J	Contribution ID # 0033
Residential Street Address 95 Torsey St	City Stratford	State CT	Zip Code 06614
Principal Occupation Retired	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/01/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Krause	First Jeffrey	MI E	Contribution ID # 0034
Residential Street Address 160 Spring St	City Stratford	State CT	Zip Code 06614
Principal Occupation	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/21/2017	Aggregate Contributions \$75.00
			Amount of Contribution \$75.00

Last Name Samih	First Zacharya	MI M	Contribution ID # 0035
Residential Street Address 14 Jan Ct	City Terryville	State CT	Zip Code 06786
Principal Occupation	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/24/2017	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2018	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Samih	First Khalid	MI	Contribution ID # 0036
Residential Street Address 14 Jan Ct	City Terryville	State CT	Zip Code 06786
Principal Occupation Subway Owner	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/24/2017	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name Samih	First Joann	MI M	Contribution ID # 0037
Residential Street Address 14 Jan Ct	City Terryville	State CT	Zip Code 06786
Principal Occupation Subway Owner	Name of Employer Casablanca Subway LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/24/2017	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name Duby	First Christopher	MI Y	Contribution ID # 0040
Residential Street Address 1455 Ridge Rd	City North Haven	State CT	Zip Code 06473
Principal Occupation Attorney	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input checked="" type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/27/2017	Aggregate Contributions \$300.00
		Amount of Contribution \$150.00	

Last Name Duby	First Christopher	MI Y	Contribution ID # 0040
Residential Street Address 1455 Ridge Rd	City North Haven	State CT	Zip Code 06473
Principal Occupation Attorney	Name of Employer The Law Office of Christopher Duby, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input checked="" type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/27/2017	Aggregate Contributions \$150.00
		Amount of Contribution \$150.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2018	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Verrengia	First Joe	MI	Contribution ID # 0038
Residential Street Address 160 Colonial St	City West Hartford	State CT	Zip Code 06110
Principal Occupation State Representative	Name of Employer State of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/28/2017	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Milewski	First Christine	MI H	Contribution ID # 0039
Residential Street Address 1435 Huntington Rd	City Stratford	State CT	Zip Code 06614
Principal Occupation	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/29/2017	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Milo	First Dorothy	MI A	Contribution ID # 0041
Residential Street Address 345 Stonybrook Rd	City Stratford	State CT	Zip Code 06614
Principal Occupation Retired	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/29/2017	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Total of Section B			\$1,070.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS			\$1,070.00

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2018	January 10 Filing - Amendment

C1. Contributions from Other Committees

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

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

NAME OF COMMITTEE	TYPE OF REPORT
Gresko 2018	January 10 Filing - Amendment

C2. Reimbursements or Surplus Distributions from other Committees

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

Total of Section C2

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Gresko 2018	January 10 Filing - Amendment

D. Loans Received this Period

Name of Lender	Source of Loan:				Date of Receipt
	Bank	Candidate	Individual	Other	
Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan?	
				Yes	No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City	State	Zip Code		
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Gresko 2018	January 10 Filing - Amendment

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

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

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Gresko 2018	January 10 Filing - Amendment

G. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount	
Street Address	City	State	Zip Code
Total of Section G			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Gresko 2018	January 10 Filing - Amendment

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

Purpose of Grant:	Grant Cycle:	Date Received	Amount	
				Initial
Supplemental/Post Election Deficit				
Total of Section H				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Gresko 2018	January 10 Filing - Amendment

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received	
Street Address	City		State
Description			
Total of Section I			

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2018	January 10 Filing - Amendment

J1. Event Information

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2018	January 10 Filing - Amendment

J3. In-Kind Donations Not Considered Contributions

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

Total of Section J3

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2018	January 10 Filing - Amendment

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

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

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2018	January 10 Filing - Amendment

K. In-Kind Contributions

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

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2018	January 10 Filing - Amendment

L. Refundable Deposit to Telephone Company

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2018	January 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	
		Check #	Debit Card
		EFT	
Street Address	City	State	Zip Code
Purpose of Expend	Description	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum			
Total of Section N			

IV. EXPENDITURES (Sections N - S)

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
Gresko 2018						January 10 Filing - Amendment	
P. Expenses Incurred on Committee Credit Card							
Name of Issuing Institution					Type of Credit Card:		
					<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
					<input type="checkbox"/> Other		
Name of Vendor						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Yes	No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum							
Total of Section P							

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2018	January 10 Filing - Amendment

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

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2018	January 10 Filing - Amendment

R. Itemization of Reimbursements and Secondary Payees

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2018	January 10 Filing - Amendment

S. Surplus Distribution of Equipment and Furniture

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

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

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

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

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

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