



COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Linares 2018			<input type="checkbox"/> Candidate Committee <input checked="" type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First Lucille	MI M	Last Silvestrini	Suffix		
4. TREASURER ADDRESS					
Street Address 164 Hammock Rd N Unit 6	City Westbrook	State CT	Zip Code 06498		
5. ELECTION DATE 11/06/2018	6. OFFICE SOUGHT (Complete only if Candidate Committee) Undetermined			7. DISTRICT NUMBER (if applicable)	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Art	MI	Last Linares	Suffix		
9. TYPE OF REPORT					
January 10 Filing - Amendment					
10. PERIOD COVERED					
Beginning Date		Ending Date			
10/29/2017		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 SIGNATURE	Lucille Silvestrini PRINT NAME OF THE SIGNER	06/28/2018 1:23:07PM DATE CERTIFIED			
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Linares 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	\$0.00	
14. Contributions received from Individuals (Section A and B)	\$5,810.00	\$5,810.00
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)	\$5,810.00	\$5,810.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$5,810.00	\$5,810.00
20. Expenses Paid by Committee (Section N)	\$2,320.94	\$2,320.94
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$3,489.06	\$3,489.06
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)	\$351.29	\$351.29
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)	\$4,925.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$4,925.00	

I. MONETARY RECEIPTS (Section A-I)

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

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

Last Name Silvestrini	First Lucille	MI	Contribution ID # 0001
Residential Street Address 164 Hammock Rd N Unit 6	City Westbrook	State CT	Zip Code 06498
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/29/2017	Aggregate Contributions \$50.00
			\$50.00

Last Name Silvestrini	First Marc	MI V	Contribution ID # 0002
Residential Street Address 164 Hammock Rd N Unit 6	City Westbrook	State CT	Zip Code 06498
Principal Occupation	Name of Employer self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/29/2017	Aggregate Contributions \$50.00
			\$50.00

Last Name Linares	First Luis	MI	Contribution ID # 0003
Residential Street Address 164 Ashland Ave	City Bloomfield	State NJ	Zip Code 07003
Principal Occupation commissioner	Name of Employer state of NJ		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/09/2017	Aggregate Contributions \$5.00
			\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Polo	First Michael	MI G	Contribution ID # 0004
Residential Street Address 203 Seaside Ave	City Westbrook	State CT	Zip Code 06498
Principal Occupation sm bus owner	Name of Employer ACMT Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/10/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Meeker	First Troy	MI	Contribution ID # 0005
Residential Street Address 815 N 52nd St Apt 1383	City Phoenix	State AZ	Zip Code 85008
Principal Occupation operations Director	Name of Employer Turning Point USA		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/10/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Challenger	First Sharon	MI	Contribution ID # 0006
Residential Street Address 23 Fieldstone Ln	City Higganum	State CT	Zip Code 06441
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	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/10/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Church	First Wayne	MI	Contribution ID # 0007
Residential Street Address 45 Fox Hill Dr	City Clinton	State CT	Zip Code 06413
Principal Occupation ITlead engineer	Name of Employer The Hartford		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/10/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Honeyman	First Evan	MI	Contribution ID # 0008
Residential Street Address 260 Deerbrooke Cir	City Southington	State CT	Zip Code 06489
Principal Occupation Cir Bus Development	Name of Employer ticket network		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/10/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Linares	First Arthur	MI S	Contribution ID # 0037
Residential Street Address 1110 Old Clinton Rd	City Westbrook	State CT	Zip Code 06498
Principal Occupation State Senator	Name of Employer State of Ct		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/10/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Frazier	First Dorothy	MI	Contribution ID # 0038
Residential Street Address 31 Country Ln	City East Hampton	State CT	Zip Code 06424
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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/10/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Veneziano	First Joe	MI	Contribution ID # 0009
Residential Street Address 40 Mountain Rd	City Colchester	State CT	Zip Code 06415
Principal Occupation consultant	Name of Employer JCV Investments systems LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/11/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Torcello	First Bob	MI	Contribution ID # 0010
Residential Street Address 16 Highland Dr	City Clinton	State CT	Zip Code 06413
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 type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/11/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Levy	First Leora	MI R	Contribution ID # 0011
Residential Street Address 59 Peckslan Rd	City Greenwich	State CT	Zip Code 06831
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 type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/12/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Dubb	First Scott	MI	Contribution ID # 0012
Residential Street Address 48 Standish Rd	City Colchester	State CT	Zip Code 06415
Principal Occupation HVAC mechanic	Name of Employer Johnson Controls		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/12/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Esteve	First Robert	MI	Contribution ID # 0013
Residential Street Address 11 Blueberry Ln	City Colchester	State CT	Zip Code 06415
Principal Occupation engineer	Name of Employer Pratt & Whitney		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/12/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Dias	First Joseph	MI M	Contribution ID # 0014
Residential Street Address 263 McDonald Rd	City Colchester	State CT	Zip Code 06415
Principal Occupation CPA	Name of Employer Joseph M Dias CPA		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/12/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Dattilo	First Joe	MI M	Contribution ID # 0015
Residential Street Address 80 Pent Rd	City Durham	State CT	Zip Code 06422
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/13/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Burdick	First William	MI	Contribution ID # 0016
Residential Street Address 128 Union St	City Deep River	State CT	Zip Code 06417
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 type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/13/2017	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Mizla	First Denise	MI Q	Contribution ID # 0017
Residential Street Address 356 Westchester Rd	City Colchester	State CT	Zip Code 06415
Principal Occupation accountant	Name of Employer Intl Bar Code Systems Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/13/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Allen	First John	MI V	Contribution ID # 0018
Residential Street Address 15 Houperets Way	City Clinton	State CT	Zip Code 06413
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/13/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Bear	First John	MI J	Contribution ID # 0019
Residential Street Address 36 Lomis Rd	City Colchester	State CT	Zip Code 06415
Principal Occupation professional engineer	Name of Employer Welti Geotechnical PC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/13/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Kelly	First Kevin	MI	Contribution ID # 0020
Residential Street Address 85 Tarragon Dr	City East Hampton	State CT	Zip Code 06424
Principal Occupation Captain	Name of Employer Law Enforcement		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/13/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Linares	First Robin	MI	Contribution ID # 0021
Residential Street Address 51 Groveway	City Clinton	State CT	Zip Code 06413
Principal Occupation realtor	Name of Employer William Pitt Sothebys Realty		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/13/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Forrest	First Adrienne	MI	Contribution ID # 0022
Residential Street Address 124 River Rd	City Essex	State CT	Zip Code 06426
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/14/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Wesoly	First Damian	MI	Contribution ID # 0023
Residential Street Address 134 Old Clinton Rd Apt 8	City Westbrook	State CT	Zip Code 06498
Principal Occupation consultant	Name of Employer ConsignMed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/14/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Coutu	First Christopher	MI	Contribution ID # 0024
Residential Street Address 27 School St	City Taftville	State CT	Zip Code 06380
Principal Occupation officer	Name of Employer US Army		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/14/2017
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name Linares	First Luis	MI	Contribution ID # 0025
Residential Street Address 51 Groveway	City Clinton	State CT	Zip Code 06413
Principal Occupation partner	Name of Employer leny & Joes Restaurant		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/14/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Smith	First Steven	MI	Contribution ID # 0026
Residential Street Address 24 Young Rd	City Westbrook	State CT	Zip Code 06498
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/14/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Pierce	First Scott	MI R	Contribution ID # 0027
Residential Street Address 49-2 Sterling Hillnrd	City Lyme	State CT	Zip Code 06371
Principal Occupation tech strategist	Name of Employer AT&T		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/14/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Weiss	First Judith	MI	Contribution ID # 0028
Residential Street Address 2 Dairy Farm Rd	City Portland	State CT	Zip Code 06480
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/14/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Bass	First Peter	MI J	Contribution ID # 0040
Residential Street Address 208 Windham Ave	City Colchester	State CT	Zip Code 06415
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 11/14/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Carter	First Dan	MI	Contribution ID # 0029
Residential Street Address 14 Katrina Cir	City Bethel	State CT	Zip Code 06801
Principal Occupation consultant	Name of Employer Carter McBride LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/15/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Lyman	First Emmett	MI J	Contribution ID # 0030
Residential Street Address 136 Town St	City East Haddam	State CT	Zip Code 06423
Principal Occupation selectman	Name of Employer town of E Haddam		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/15/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Pierce	First Rosemarie	MI M	Contribution ID # 0031
Residential Street Address 49-2 Sterling Hill Rd	City Lyme	State CT	Zip Code 06371
Principal Occupation paralegal	Name of Employer comcast		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/16/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Kleinhans	First John	MI	Contribution ID # 0032
Residential Street Address 2 Grove Ave	City Niantic	State CT	Zip Code 06357
Principal Occupation exec VP	Name of Employer imageworks		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/16/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Broesder	First Brett	MI C	Contribution ID # 0033
Residential Street Address 33 Railroad Ave	City Milford	State CT	Zip Code 06460
Principal Occupation vice president	Name of Employer campaign for tomorrows jobs		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/16/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Peterson	First Rolf	MI CT	Contribution ID # 0034
Residential Street Address 56 River Ln	City Deep River	State CT	Zip Code 06417
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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/17/2017	Aggregate Contributions \$75.00
		Amount of Contribution \$75.00	

Last Name Mandeville	First Brian	MI R	Contribution ID # 0035
Residential Street Address 68 Mill Ln W	City Colchester	State CT	Zip Code 06415
Principal Occupation construction consulting and oversig	Name of Employer BRM Associates LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/18/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Sengle	First Philip	MI C	Contribution ID # 0036
Residential Street Address 25 James Vincent Dr	City Clinton	State CT	Zip Code 06413
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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/20/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Fratus	First Stanley	MI R	Contribution ID # 0039
Residential Street Address 60 Gem Dr	City Colchester	State CT	Zip Code 06415
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/27/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Wagner	First Elizabeth	MI S	Contribution ID # 0047
Residential Street Address 172 Stollman Rd	City Colchester	State CT	Zip Code 06415
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 11/28/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Blaschik	First Alan	MI W	Contribution ID # 0048
Residential Street Address 53 Palmer Martin Rd	City East Haddam	State CT	Zip Code 06423
Principal Occupation service tech	Name of Employer alans sm engine srvc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 11/28/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Fredericksen	First Harlan	MI K	Contribution ID # 0042
Residential Street Address 10 Laurel Grove Rd	City Higganum	State CT	Zip Code 06441
Principal Occupation sales	Name of Employer dittman and greer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 11/29/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Fortuna	First Carl	MI P	Contribution ID # 0043
Residential Street Address 54 Pennywise Ln	City Old Saybrook	State CT	Zip Code 06475
Principal Occupation first selectman	Name of Employer town of old saybrook		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 11/30/2017	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Cronin jr	First Michael	MI E	Contribution ID # 0044
Residential Street Address 201 Main St	City Old Saybrook	State CT	Zip Code 06475
Principal Occupation attorney	Name of Employer self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 11/30/2017	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 Vaccaro	First Donald	MI J	Contribution ID # 0045
Residential Street Address 325 Clark Hill Rd	City South Glastonbury	State CT	Zip Code 06073
Principal Occupation CEO	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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 11/30/2017	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 Kyle Oates	First Audrey	MI H	Contribution ID # 0041
Residential Street Address 10 Orchard Rd	City East Haddam	State CT	Zip Code 06423
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 11/30/2017	Aggregate Contributions \$10.00
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 \$10.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Vaughn	First James	MI W	Contribution ID # 0072
Residential Street Address 30 Bokum Rd Unit 1	City Essex	State CT	Zip Code 06426
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 11/30/2017	Aggregate Contributions \$35.00
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 \$35.00	

Last Name Rigoli	First Eric	MI J	Contribution ID # 0073
Residential Street Address 104 Fair St Apt 2	City Wallingford	State CT	Zip Code 06492
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 11/30/2017	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Salafia	First Brett	MI J	Contribution ID # 0049
Residential Street Address 27 Jacobson Rd	City East Hampton	State CT	Zip Code 06424
Principal Occupation attorney	Name of Employer State of Ct		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/01/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Blaschik	First Karin	MI H	Contribution ID # 0046
Residential Street Address 53 Palmer Martin Rd	City East Haddam	State CT	Zip Code 06423
Principal Occupation administrator	Name of Employer alans small engine srv		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 12/01/2017	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	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Wilson	First Craig	MI S	Contribution ID # 0061
Residential Street Address 144 Old Horse Hill Rd	City Westbrook	State CT	Zip Code 06498
Principal Occupation dentist	Name of Employer craig s wilson DDS		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/02/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Wilson	First Shelley	MI W	Contribution ID # 0062
Residential Street Address 144 Old Horse Hill Rd	City Westbrook	State CT	Zip Code 06498
Principal Occupation	Name of Employer craig s wilson DDS		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 12/02/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Nichols	First Alison	MI	Contribution ID # 0060
Residential Street Address 37 Main St	City Essex	State CT	Zip Code 06426
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 12/05/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Palatucci	First William	MI J	Contribution ID # 0052
Residential Street Address 123 Washington St	City Westfield	State NJ	Zip Code 07090
Principal Occupation attorney	Name of Employer Gibbons PC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/06/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Cowin	First Andrew	MI	Contribution ID # 0053
Residential Street Address 660 Lake Ave	City Greenwich	State CT	Zip Code 06830
Principal Occupation investor	Name of Employer Stable Partners		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/06/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Heckman	First James	MI D	Contribution ID # 0054
Residential Street Address 42 Forest St	City Unionville	State CT	Zip Code 06085
Principal Occupation general counsel/lobbyist	Name of Employer CT Realtors		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/06/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Fogel	First David	MI L	Contribution ID # 0055
Residential Street Address 649 Merwins Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Bus executive	Name of Employer Index IQ		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/06/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Carver	First Paul	MI M	Contribution ID # 0067
Residential Street Address 100 Old Post Rd	City Old Saybrook	State CT	Zip Code 06475
Principal Occupation rates specialist	Name of Employer State of Ct		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 12/07/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Mulvihill	First Robert	MI P	Contribution ID # 0064
Residential Street Address 152 Plymouth Rd	City Westbrook	State CT	Zip Code 06498
Principal Occupation police officer	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/07/2017	Aggregate Contributions \$25.00
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 \$25.00	

Last Name Donoski	First Paul	MI J	Contribution ID # 0065
Residential Street Address 19 Bargate Rd	City Clinton	State CT	Zip Code 06413
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/07/2017	Aggregate Contributions \$35.00
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 \$35.00	

Last Name Olson	First Brian	MI	Contribution ID # 0050
Residential Street Address 44 Mayo Ave	City Greenwich	State CT	Zip Code 06830
Principal Occupation investor	Name of Employer Kokino LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/07/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name DeLano	First Jimmy	MI	Contribution ID # 0051
Residential Street Address 24 Maple Ave	City Deep River	State CT	Zip Code 06417
Principal Occupation administrator	Name of Employer Riverview Lodge Residential Care home		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/07/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Gates	First Elizabeth	MI W	Contribution ID # 0066
Residential Street Address 146 Bear Swamp Rd	City East Hampton	State CT	Zip Code 06424
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	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 12/08/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Schuster	First Steven	MI A	Contribution ID # 0056
Residential Street Address 386 Westchester Rd	City Colchester	State CT	Zip Code 06415
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? <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 12/08/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Meacham	First Gene	MI	Contribution ID # 0057
Residential Street Address 85 River Rd # G6	City Essex	State CT	Zip Code 06426
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? <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 12/08/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Berkenstock	First Richard	MI K	Contribution ID # 0058
Residential Street Address 13 Viola Dr	City East Hampton	State CT	Zip Code 06424
Principal Occupation realtor	Name of Employer century 21 all points		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported 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 12/08/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Bishop	First Noel	MI G	Contribution ID # 0059
Residential Street Address 20 Halls Rd	City Westbrook	State CT	Zip Code 06498
Principal Occupation selectman	Name of Employer town of westbrook		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/10/2017	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 Chase-Wells	First Margaret	MI I	Contribution ID # 0068
Residential Street Address 374 Plains Rd	City Haddam	State CT	Zip Code 06438
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 #		Date Received 12/10/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Jacobsen	First Waldemar	MI E	Contribution ID # 0069
Residential Street Address 5 Mitchell Cir	City Ivoryton	State CT	Zip Code 06442
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 #		Date Received 12/11/2017	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 Zawoy	First Virginia	MI D	Contribution ID # 0070
Residential Street Address 150 Cow Hill Rd	City Clinton	State CT	Zip Code 06413
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 #		Date Received 12/11/2017	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	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Wacker	First Lynette	MI S	Contribution ID # 0063
Residential Street Address 43 Sheffield St	City Old Saybrook	State CT	Zip Code 06475
Principal Occupation internet lead provider	Name of Employer Merchant Advisors		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 12/11/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name McIntyre	First Robert	MI CT	Contribution ID # 0071
Residential Street Address 3 Allendale Rd	City Old Saybrook	State CT	Zip Code 06475
Principal Occupation GM Cust service	Name of Employer Whelen Engineering		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/12/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Schreck	First Diann	MI CT	Contribution ID # 0076
Residential Street Address 54 Horseshoe Dr	City Westbrook	State CT	Zip Code 06498
Principal Occupation home health aid	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/15/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Palm	First Elton	MI CT	Contribution ID # 0077
Residential Street Address 122 Wesley Ave # R	City Westbrook	State CT	Zip Code 06498
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/15/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Schreck	First James	MI T	Contribution ID # 0075
Residential Street Address 67 Ortner Dr	City Westbrook	State CT	Zip Code 06498
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/18/2017	Aggregate Contributions \$50.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	\$50.00

Last Name Phelps	First John	MI G	Contribution ID # 0078
Residential Street Address 5 Orchard St	City Old Saybrook	State CT	Zip Code 06475
Principal Occupation welder	Name of Employer hammonasset construction		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/22/2017	Aggregate Contributions \$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	\$100.00

Last Name Luke	First Patricia	MI B	Contribution ID # 0074
Residential Street Address 4 Oak Knoll Rd	City East Hampton	State CT	Zip Code 06424
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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/26/2017	Aggregate Contributions \$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	\$100.00

Total of Section B			\$5,810.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS			\$5,810.00
(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
Linares 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?		Yes	No	Amount of Contribution
		If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		

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

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

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

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

Total of Section H

I. MONETARY RECEIPTS (Section A-I)

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

I. Miscellaneous Monetary Receipts not Considered Contributions

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

Total of Section I

II. EVENT ACTIVITY (Sections J1 - J4)

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

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Linares 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
Linares 2018	January 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Highland Clarke Check Orders		Date of Payment 10/29/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 315 Main St		City Middletown	State CT	Zip Code 06457
Purpose of Expend BNK	Description purchase of checks			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$12.40

Name of Payee Liberty Bank		Date of Payment 10/29/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 315 Main St		City Middletown	State CT	Zip Code 06457
Purpose of Expend BNK	Description paper statement fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2.00

Name of Payee Wsetbrook Post office		Date of Payment 11/07/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>101</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1411 Boston Ost Rd		City Westbrook	State CT	Zip Code 06498
Purpose of Expend OVHD	Description PO Box			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$99.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Linares 2018	January 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot	Date of Payment 11/22/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314	City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend A-OTH	Description anedot digital services fund raising site	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$50.00

Name of Payee Liberty Bank	Date of Payment 11/30/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 315 Main St	City Middletown	State CT	Zip Code 06457
Purpose of Expend BNK	Description paper statement fee	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$2.00

Name of Payee King Strategic Communications Inc	Date of Payment 11/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>102</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 750 Cross Pointe Blvd Ste N	City Gahanna	State OH	Zip Code 43230
Purpose of Expend CNSLT	Description services rendered	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$1,100.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Linares 2018	January 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Pinpoint Strategies		Date of Payment 12/07/2017	Method of Payment <input checked="" type="checkbox"/> Check # 103 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 1199		City Old Saybrook	State CT	Zip Code 06475
Purpose of Expend A-DM	Description mailer composed and sent			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$186.98
If yes, assign an Expenditure # and complete Itemization in Addendum				

Name of Payee Pinpoint Strategies		Date of Payment 12/07/2017	Method of Payment <input checked="" type="checkbox"/> Check # 103 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 1199		City Old Saybrook	State CT	Zip Code 06475
Purpose of Expend A-DM	Description mailer composed and sent			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$116.79
If yes, assign an Expenditure # and complete Itemization in Addendum				

Name of Payee US post office		Date of Payment 12/08/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1411 Boston Post Rd		City Westbrook	State CT	Zip Code 06498
Purpose of Expend POST	Description stamps			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$19.60
If yes, assign an Expenditure # and complete Itemization in Addendum				

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Art Linares		Date of Payment 12/10/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>107</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1110 Old Clinton Rd		City Westbrook	State CT	Zip Code 06498
Purpose of Expend A-DM	Description stamps and paper			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$351.29
Name of Payee Evan Aspinwall		Date of Payment 12/28/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>106</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 77A Commerce St		City Clinton	State CT	Zip Code 06413
Purpose of Expend A-WEB	Description web design and upkeep			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$361.66
Name of Payee Anedot		Date of Payment 12/30/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend Misc *	Description fees for contributions to electronic system			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$206.20
Total of Section N				\$2,320.94

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Linares 2018				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?
staples			11/16/2017		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
1000 Boston Post Rd		Old Saybrook		CT	06475
Purpose of Expenditure (by code)	Description			Event #	
A-DM	mailer stamps labels envelopes				
					Amount
					\$351.29
Total of Section O					\$351.29

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Linares 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	
Linares 2018		January 10 Filing - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor cloudage strategies		Date Incurred 12/28/2017	
Street Address 362 Tomaquag Rd	City Ashaway	State RI	Zip Code 02804
Purpose of Expenditure (bv code) A-ATM	Description VoIP phone set up and services	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)		
If yes, assign an Expenditure # and completes Itemization in Addendum Q		\$4,925.00	
Total of Section Q			\$4,925.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Linares 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:
Linares	Arthur		11/16/2017	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Staples

Street Address of Vendor	City	State	Zip Code
1000 Boston Post Rd	Old Saybrook	CT	06475

Purpose of Expenditure (by code)	Description
RMB	reimburse for candidate expenditure

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$351.29

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Pinpoint	Strategies		11/25/2017	<input checked="" type="checkbox"/> Check # 103 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
USPS

Street Address of Vendor	City	State	Zip Code
36 Main St	Old Saybrook	CT	06475

Purpose of Expenditure (by code)	Description
A-DM	pkg cost

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$3.00

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Pinpoint	First Strategies	MI	Date of Payment to Vendor 11/25/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 103 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant
Staples

Street Address of Vendor 1000 Boston Post Rd	City Old Saybrook	State CT	Zip Code 06475
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Purpose of Expenditure (by code) A-DM	Description letter copies
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$43.60
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Pinpoint	First Strategies	MI	Date of Payment to Vendor 11/25/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 103 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant
Staples

Street Address of Vendor 1000 Boston Post Rd	City Old Saybrook	State CT	Zip Code 06475
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Purpose of Expenditure (by code) A-DM	Description copy 600 contribution forms
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$70.19
If yes, assign an Expenditure # and completes Itemization in Addendum R			

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Pinpoint	First Strategies	MI	Date of Payment to Vendor 11/25/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 103 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Staples				
Street Address of Vendor 1000 Boston Post Rd		City Old Saybrook		State CT
Zip Code 06475				
Purpose of Expenditure (by code) A-DM	Description contribution forms			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$70.19	
If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				\$538.27

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Linares 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