



**COVER PAGE**

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Shaban for AG			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First John	MI M	Last Whitcomb		Suffix	
4. TREASURER ADDRESS					
Street Address 198 Southern Blvd	City Danbury	State CT	Zip Code 06810		
5. ELECTION DATE 11/06/2018	6. OFFICE SOUGHT (Complete only if Candidate Committee) Attorney General			7. DISTRICT NUMBER (if applicable)	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First John	MI T	Last Shaban		Suffix	
9. TYPE OF REPORT					
July 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
04/01/2018		thru		06/30/2018	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
Electronic Filing	John Whitcomb	07/10/2018 1:57:06PM			
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED			
<p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</b></p>					

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
<b>Shaban for AG</b>	July 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$9,250.72</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$10,350.00</b>	<b>\$29,268.00</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D through I)	<b>\$0.03</b>	<b>\$1.15</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$10,350.03</b>	<b>\$29,269.15</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$19,600.75</b>	<b>\$29,269.15</b>
20. Expenses Paid by Committee (Section N)	<b>\$13,449.23</b>	<b>\$23,117.63</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$6,151.52</b>	<b>\$6,151.52</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	<b>\$809.88</b>	<b>\$1,163.56</b>
24. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
25. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$3,097.12</b>	<b>\$3,969.02</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$0.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Shaban for AG		July 10 Filing - Original	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b>		For Nonparticipating Candidates ONLY	
		<b>\$0.00</b>	
<b>B. Itemized Contributions from Individuals</b>			

Last Name Feindimuro		First Chris		MI	Contribution ID # 0244
Residential Street Address 140 North St		City Stamford		State CT	Zip Code 06901
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 04/01/2018 Aggregate Contributions \$100.00	

Last Name Tavlaris		First Linda		MI	Contribution ID # 0237
Residential Street Address 15 Wrenfield Ln		City Darien		State CT	Zip Code 06820
Principal Occupation Homemaker			Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Is this contribution associated with an event reported in Section 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 04/04/2018 Aggregate Contributions \$200.00	

Last Name Ross		First David		MI	Contribution ID # 0248
Residential Street Address 61 High Ridge Rd		City Redding		State CT	Zip Code 06896
Principal Occupation Attorney			Name of Employer David Eric Ross 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			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Is this contribution associated with an event reported 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 04/05/2018 Aggregate Contributions \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Belisito	First Samuel	MI p	Contribution ID # 0249
Residential Street Address 55 Lee Ln	City Tolland	State CT	Zip Code 06084
Principal Occupation retail	Name of Employer Samuel LTD		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/08/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Budkins	First Carmella	MI C	Contribution ID # 0250
Residential Street Address 56 Alexander St	City Greenwich	State CT	Zip Code 06830
Principal Occupation Town Clerk	Name of Employer Town of Greenwich		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported 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 04/08/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Bilodeau	First Kathleen	MI A	Contribution ID # 0245
Residential Street Address 343 Scantic Rd	City East Windsor	State CT	Zip Code 06088
Principal Occupation Sr Recruiter	Name of Employer Randstad		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04082018a</u>	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 04/08/2018	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Fournier	First Rodney	MI J	Contribution ID # 0246
Residential Street Address 4 Hanover Farms Rd	City Bolton	State CT	Zip Code 06043
Principal Occupation electrician	Name of Employer self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04082018a</u>	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 04/08/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name AURAY	First DEA	MI	Contribution ID # 0238
Residential Street Address 15 Flat Rock Rd	City Easton	State CT	Zip Code 06612
Principal Occupation CEO	Name of Employer Empowering Writers		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 04/09/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Tashjian	First Luke	MI	Contribution ID # 0239
Residential Street Address 399 Old Stamford Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Attorney	Name of Employer Whitman Breed Abbott Morgan		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 04/10/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Weinberg	First Edward	MI	Contribution ID # 0240
Residential Street Address 24 Ranch Rd	City Woodbridge	State CT	Zip Code 06525
Principal Occupation real estate redevelopment	Name of Employer Dex Property Solutions, Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/12/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Weinberg	First Jacqueline	MI	Contribution ID # 0241
Residential Street Address 24 Ranch Rd	City Woodbridge	State CT	Zip Code 06525
Principal Occupation Sr Principal, FP&A	Name of Employer CA Technologies, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/12/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Boulton	First John	MI	Contribution ID # 0242
Residential Street Address 214 West Ave	City Darien	State CT	Zip Code 06820
Principal Occupation Reinsurer	Name of Employer Swiss Re America Holding Corp		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <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 04/13/2018	Aggregate Contributions \$125.00
		Amount of Contribution \$75.00	

Last Name Boulton	First Laura	MI	Contribution ID # 0243
Residential Street Address 214 West Ave	City Darien	State CT	Zip Code 06820
Principal Occupation Event Planner	Name of Employer Laura Boulton Events LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/13/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Ardery	First Peter	MI B	Contribution ID # 0251
Residential Street Address 394 Mansfield Ave	City Darien	State CT	Zip Code 06820
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 type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 04/16/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name D'Amelio	First Marc	MI	Contribution ID # 0258
Residential Street Address 15 Ellen St	City Norwalk	State CT	Zip Code
Principal Occupation Small Business Owner	Name of Employer Mad Garments LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/16/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name McMahon	First Linda	MI	Contribution ID # 0259
Residential Street Address 14 Hurlingham Dr	City Greenwich	State CT	Zip Code 06831
Principal Occupation Administrator, U.S. Small Business Administration	Name of Employer U.S. Small Business Administration		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/16/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Knag	First Paul	MI	Contribution ID # 0260
Residential Street Address 27 Miller Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Attorney	Name of Employer Murtha cullina LLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 04/17/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Baldwin	First James	MI	Contribution ID # 0261
Residential Street Address 150 Inwood Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation attorney	Name of Employer Coles Baldwin & Kaiser 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 04/18/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Baldwin	First Louise	MI	Contribution ID # 0262
Residential Street Address 150 Inwood Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation jewelry designer	Name of Employer in2 design		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 04/18/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Book</b>	First <b>Ethan</b>	MI	Contribution ID # <b>0247</b>
Residential Street Address <b>144 Coleman St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Owner</b>	Name of Employer <b>New England Limousine Service of Fairfield</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>04182018a</b>		Date Received <b>04/18/2018</b>	Aggregate Contributions <b>\$30.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$30.00</b>	

Last Name <b>Venetos</b>	First <b>James</b>	MI <b>S</b>	Contribution ID # <b>0252</b>
Residential Street Address <b>254 Brookside Rd</b>	City <b>Darien</b>	State <b>CT</b>	Zip Code <b>06820</b>
Principal Occupation <b>Financial Advisor</b>	Name of Employer <b>JP Morgan</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>04202018A</b>		Date Received <b>04/20/2018</b>	Aggregate Contributions <b>\$100.00</b>
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 <b>\$100.00</b>	

Last Name <b>Ferguson</b>	First <b>William</b>	MI <b>J</b>	Contribution ID # <b>0253</b>
Residential Street Address <b>16 Marianne Rd</b>	City <b>Darien</b>	State <b>CT</b>	Zip Code <b>06820</b>
Principal Occupation <b>self</b>	Name of Employer <b>self</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>04202018A</b>		Date Received <b>04/20/2018</b>	Aggregate Contributions <b>\$50.00</b>
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 <b>\$50.00</b>	

Last Name <b>Dudley</b>	First <b>Bunnie</b>	MI	Contribution ID # <b>0254</b>
Residential Street Address <b>45 Rowayton Ave</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06853</b>
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>04202018A</b>		Date Received <b>04/20/2018</b>	Aggregate Contributions <b>\$100.00</b>
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 <b>\$100.00</b>	



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Dudley	First Rick	MI	Contribution ID # 0255
Residential Street Address 45 Rowayton Ave	City Norwalk	State CT	Zip Code 06853
Principal Occupation Business Exec	Name of Employer Octagon		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04202018A</u>		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 04/20/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Metzger	First James	MI R	Contribution ID # 0256
Residential Street Address 36 Ox Ridge Ln	City Darien	State CT	Zip Code 06820
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04202018A</u>		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 04/20/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Carpenter	First Robyn	MI	Contribution ID # 0263
Residential Street Address 45 Bridle Trail Darien Ct	City Darien	State CT	Zip Code 06820
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/20/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Solberg	First James	MI	Contribution ID # 0264
Residential Street Address 7 Contentment Island Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 04/20/2018
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Durkin	First Timothy	MI	Contribution ID # 0265
Residential Street Address 184 Lonetown Rd	City Redding	State CT	Zip Code 06896
Principal Occupation Sales	Name of Employer Alight solutions		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/21/2018	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 Guidera, Jr	First George	MI C	Contribution ID # 0279
Residential Street Address 55 Putnam Park Rd	City Redding	State CT	Zip Code 06896
Principal Occupation Sales Rep	Name of Employer Servio Oil Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/21/2018	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 Smith	First Scott	MI	Contribution ID # 0280
Residential Street Address 425 Rock House Rd	City Redding	State CT	Zip Code 06896
Principal Occupation Professor	Name of Employer Post University		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/21/2018	Aggregate Contributions \$150.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Levy	First Leora	MI	Contribution ID # 0266
Residential Street Address 59 Peckslan Rd	City Greenwich	State CT	Zip Code 06831
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 04/22/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Critelli	First Joyce	MI	Contribution ID # 0267
Residential Street Address 39 Shields Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/23/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Critelli	First Michael	MI	Contribution ID # 0268
Residential Street Address 39 Shields Rd .	City Darien	State CT	Zip Code 06820
Principal Occupation N/A	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 04/23/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Jewett	First Joshua	MI	Contribution ID # 0269
Residential Street Address Glogan Pl	City Norwalk	State CT	Zip Code 06853
Principal Occupation CFO	Name of Employer CPC Childrens Wear		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 04/23/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Jaccarino	First Rick	MI	Contribution ID # 0270
Residential Street Address 154 Sunset Hill Rd	City Redding	State CT	Zip Code 06896
Principal Occupation Builder	Name of Employer Jaccarino Construction		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/25/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Tavlaros	First John	MI	Contribution ID # 0271
Residential Street Address 15 Wrenfield Ln	City Darien	State CT	Zip Code 06820
Principal Occupation executive	Name of Employer Gener8 maritime		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 04/26/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name McKinney	First John	MI	Contribution ID # 0272
Residential Street Address 19 Edgemarth Hill Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/29/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Alford	First Mary	MI L	Contribution ID # 0281
Residential Street Address 501 Wolcott Rd Unit 2	City Bristol	State CT	Zip Code 06010
Principal Occupation bookkeeper	Name of Employer ELCCT		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 04/30/2018
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Falconer	First Carleen	MI B	Contribution ID # 0282
Residential Street Address 77 Judds Bridge Rd	City Roxbury	State CT	Zip Code 06783
Principal Occupation Credit Officer	Name of Employer US Bank		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 04/30/2018
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Galligan	First Matthew	MI	Contribution ID # 0273
Residential Street Address 22 Packard St	City Manchester	State CT	Zip Code 06040
Principal Occupation Underwriter	Name of Employer United Health Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 05/03/2018	Aggregate Contributions \$20.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$20.00	

Last Name Blass	First George	MI W	Contribution ID # 0283
Residential Street Address 3 Rajcula Farm Rd	City Brookfield	State CT	Zip Code 06804
Principal Occupation owner	Name of Employer Compucision		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05062018A</u>		Date Received 05/06/2018	Aggregate Contributions \$50.00
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 \$50.00	

Last Name Grimes	First Mathew	MI	Contribution ID # 0284
Residential Street Address 11 Orchard St	City Brookfield	State CT	Zip Code 06804
Principal Occupation Town Attorney	Name of Employer Town of New Milford		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05062018A</u>		Date Received 05/06/2018	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 Harding	First Stephen	MI G	Contribution ID # 0285
Residential Street Address 21 Brookfield Mdws	City Brookfield	State CT	Zip Code 06804
Principal Occupation attorney	Name of Employer Stephan Harding Law		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05062018A</u>		Date Received 05/06/2018	Aggregate Contributions \$40.00
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 \$40.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Harding, Sr	First Stephen	MI G	Contribution ID # 0286
Residential Street Address 56 Mist HI	City Brookfield	State CT	Zip Code 06804
Principal Occupation course instructor	Name of Employer Western CT Univ		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05062018A</u>	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 05/06/2018	Aggregate Contributions \$40.00
		Amount of Contribution \$40.00	

Last Name Sturdevant	First Marie	MI	Contribution ID # 0287
Residential Street Address 36 Hearthstone Dr	City Brookfield	State CT	Zip Code 06804
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05062018A</u>	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 05/06/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Sturdevant	First Richard	MI L	Contribution ID # 0288
Residential Street Address 36 Hearthstone	City Brookfield	State CT	Zip Code 06804
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05062018A</u>	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 05/06/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Duff	First William	MI	Contribution ID # 0274
Residential Street Address 33 Long Meadow Ln	City Bethel	State CT	Zip Code 06801
Principal Occupation Legislator	Name of Employer State of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/07/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Dunne	First William	MI	Contribution ID # 0275
Residential Street Address 2 Devils Garden Rd	City Norwalk	State CT	Zip Code 06854
Principal Occupation writer/editor	Name of Employer BDCreative		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 05/08/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Dunne	First William	MI	Contribution ID # 0276
Residential Street Address 2 Devils Garden Rd	City Norwalk	State CT	Zip Code 06854
Principal Occupation writer/editor	Name of Employer BDCreative		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 05/14/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$25.00	

Last Name Pajonas	First Todd	MI	Contribution ID # 0277
Residential Street Address 20 Old Stagecoach Rd	City Redding	State CT	Zip Code 06896
Principal Occupation Attorney	Name of Employer Legal 1031 Exchange Services, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/14/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Petit Jr	First William A	MI	Contribution ID # 0278
Residential Street Address PO Box 310	City Plainville	State CT	Zip Code 06062
Principal Occupation State Representative	Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <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 05/14/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Baldwin	First Kenneth	MI	Contribution ID # 0297
Residential Street Address 31 Fanton Hill Rd	City Weston	State CT	Zip Code 06883
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/16/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name gallaer	First David	MI	Contribution ID # 0298
Residential Street Address 55 High Ridge Rd	City Easton	State CT	Zip Code 06612
Principal Occupation Consulting	Name of Employer Mind Your Bizzness,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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05202018A</u>	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 05/20/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Hage	First Pierre	MI	Contribution ID # 0299
Residential Street Address 27 Farmstead Ln	City Trumbull	State CT	Zip Code 06611
Principal Occupation Doctor	Name of Employer Physician's For Women's Health		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05202018A</u>	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 05/20/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Failla	First J Thomas	MI	Contribution ID # 0289
Residential Street Address 21 Samuelson Rd	City Weston	State CT	Zip Code 06883
Principal Occupation College Educator	Name of Employer Pace Univ		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05202018A</u>	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 05/20/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Bedard</b>	First <b>Seana</b>	MI	Contribution ID # <b>0290</b>
Residential Street Address <b>16 Winding Brook Ln</b>	City <b>Redding</b>	State <b>CT</b>	Zip Code <b>06896</b>
Principal Occupation <b>Real Estate Broker</b>	Name of Employer <b>Seana Bedard LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05202018A</b>	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 <b>05/20/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Daniel</b>	First <b>Nina</b>	MI	Contribution ID # <b>0291</b>
Residential Street Address <b>185 Good Hill Rd</b>	City <b>Weston</b>	State <b>CT</b>	Zip Code <b>06883</b>
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05202018A</b>	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 <b>05/20/2018</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Bombart</b>	First <b>Jonathan</b>	MI	Contribution ID # <b>0292</b>
Residential Street Address <b>26 W 88th St</b>	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10024</b>
Principal Occupation <b>real estate investor</b>	Name of Employer <b>self</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05202018A</b>	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 <b>05/20/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Lerner</b>	First <b>Britta</b>	MI <b>A</b>	Contribution ID # <b>0293</b>
Residential Street Address <b>15 Birch Hill Rd</b>	City <b>Weston</b>	State <b>CT</b>	Zip Code <b>06883</b>
Principal Occupation <b>mother</b>	Name of Employer <b>self</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05202018A</b>	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 <b>05/20/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Diminskis	First Aldona	MI M	Contribution ID # 0294
Residential Street Address 16 Pheasant Hill Rd	City Weston	State CT	Zip Code 06883
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05202018A</u>		Date Received 05/20/2018	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name DiPasquale	First Andrea	MI	Contribution ID # 0295
Residential Street Address 16 Pheasant Hill Rd	City Weston	State CT	Zip Code 06883
Principal Occupation marketing assistant	Name of Employer Alliance Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05202018A</u>		Date Received 05/20/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Frusciante	First Armand	MI	Contribution ID # 0296
Residential Street Address 11 Pleasant Valley Ln	City Weston	State CT	Zip Code 06883
Principal Occupation banker	Name of Employer Signature Bank		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05202018A</u>		Date Received 05/20/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Caravella	First Randy	MI	Contribution ID # 0300
Residential Street Address 230 E Putnam Ave	City Greenwich	State CT	Zip Code 06807
Principal Occupation WINE expert	Name of Employer Post wines and spirits		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 05/23/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Ducret	First Marc	MI	Contribution ID # 0301
Residential Street Address 5 Edgewater Dr	City Greenwich	State CT	Zip Code 06870
Principal Occupation Engineer	Name of Employer DCL Tech		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/23/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Kennon	First Aaron	MI	Contribution ID # 0302
Residential Street Address 11 Old Clubhouse Rd	City Greenwich	State CT	Zip Code 06870
Principal Occupation Investments	Name of Employer Clear Harbor Asset Management		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section 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 05/23/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Salin	First Kimberly	MI	Contribution ID # 0303
Residential Street Address 118 Taconic Rd	City Greenwich	State CT	Zip Code 06831
Principal Occupation Consultant	Name of Employer Gotham North		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/23/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name DePino	First Chris A	MI	Contribution ID # 0304
Residential Street Address 58 Cosey Beach Ave	City East Haven	State CT	Zip Code 06512
Principal Occupation Lobbyist	Name of Employer DePino Nunez & Biggs, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/25/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Lewson	First Beth	MI	Contribution ID # 0305
Residential Street Address 86 Drummer Ln	City Redding	State CT	Zip Code 06896
Principal Occupation Registered Dietitian	Name of Employer Beth Lewson		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 06/01/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Riling	First james	MI	Contribution ID # 0306
Residential Street Address 265 N Park Ave	City Easton	State CT	Zip Code 06612
Principal Occupation Senior Credit Officer	Name of Employer Vensource Capital		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/01/2018	Aggregate Contributions \$75.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$75.00	

Last Name Ahmed	First Ismail	MI	Contribution ID # 0307
Residential Street Address 77 W Morris Rd	City Washington	State CT	Zip Code 06794
Principal Occupation Self Employed	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 06/04/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Slesinski	First Peter	MI	Contribution ID # 0308
Residential Street Address 597 Weatport Ave	City Norwalk	State CT	Zip Code 06851
Principal Occupation financial advisor	Name of Employer Peter Slesinski		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05202018A</u>		Date Received 06/06/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Brooks	First Mallory	MI	Contribution ID # 0309
Residential Street Address 2 Aspetuck Gln	City Weston	State CT	Zip Code 06883
Principal Occupation Finance	Name of Employer Provost Capital, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/13/2018	Aggregate Contributions \$50.00
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 \$50.00	

Last Name Lois	First Dale	MI	Contribution ID # 0310
Residential Street Address 822 Noxon Rd	City Poughkeepsie	State NY	Zip Code 12603
Principal Occupation Attorney	Name of Employer Levine & Levine PLLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 06/28/2018	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 Scinto	First Robert	MI d	Contribution ID # 0311
Residential Street Address 144 Old Academy Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation real estate developer	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 06/29/2018	Aggregate Contributions \$2,000.00
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 \$2,000.00	

Last Name Moccia	First Richard	MI D	Contribution ID # 0312
Residential Street Address 2 Highclift Ter	City Ridgefield	State CT	Zip Code 06877
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/29/2018	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	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Romano</b>	First <b>John</b>	MI <b>C</b>	Contribution ID # <b>0313</b>
Residential Street Address <b>179 E Rocks Rd</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06851</b>
Principal Occupation <b>contractor</b>	Name of Employer <b>All American Custom Pool</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>06/29/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>White</b>	First <b>Kevin</b>	MI <b>CT</b>	Contribution ID # <b>0314</b>
Residential Street Address <b>24 Vineyard Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>06/29/2018</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Wollen</b>	First <b>Dori</b>	MI <b>CT</b>	Contribution ID # <b>0315</b>
Residential Street Address <b>8 Cedar Hill Ln</b>	City <b>Easton</b>	State <b>CT</b>	Zip Code <b>06612</b>
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>06/29/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Bowditch</b>	First <b>Wendy</b>	MI <b>CT</b>	Contribution ID # <b>0316</b>
Residential Street Address <b>Todd's Way</b>	City <b>Easton</b>	State <b>CT</b>	Zip Code <b>06612</b>
Principal Occupation <b>Broker</b>	Name of Employer <b>J M Lummis and Co</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>06/30/2018</b>	Aggregate Contributions <b>\$250.00</b>
		Amount of Contribution <b>\$250.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Tavlaros	First Linda	MI	Contribution ID # 0317
Residential Street Address 15 Wrenfield Ln	City Darien	State CT	Zip Code 06820
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2018	Aggregate Contributions \$2,100.00
			Amount of Contribution \$1,900.00

Last Name Warzoha	First Stephen	MI	Contribution ID # 0318
Residential Street Address 933 NY Highway 120A	City Greenwich	State CT	Zip Code 06831
Principal Occupation Assistant	Name of Employer McMahon Ventures LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2018	Aggregate Contributions \$175.00
			Amount of Contribution \$175.00

<b>Total of Section B</b>			<b>\$10,350.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A + B) (Total on Line 14, Column A of Summary Page)			<b>\$10,350.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**C1. Contributions from Other Committees**

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

<b>Total of Section C1</b>			
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**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE				TYPE OF REPORT	
Shaban for AG				July 10 Filing - Original	
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>					
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				
<b>Total of Section C2</b>					

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

NAME OF COMMITTEE				TYPE OF REPORT	
Shaban for AG				July 10 Filing - Original	
<b>D. Loans Received this Period</b>					
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)					
Street Address		City	State	Zip Code	<b>Amount Received</b>
<b>Total of Section D</b>					



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

NAME OF COMMITTEE	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

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

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

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

NAME OF COMMITTEE	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

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

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

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

NAME OF COMMITTEE	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

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

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial	Primary		
Grant Adjustment	General Election		
Supplemental/Post Election Deficit	Special Election		
<b>Total of Section H</b>			

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

NAME OF COMMITTEE		TYPE OF REPORT	
Shaban for AG		July 10 Filing - Original	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>			
Name		Date of Transaction	Amount Received
SEEC		05/15/2018	
Street Address	City	State	Zip Code
15 Trinity St	Hartford	CT	06106
Description			\$0.03
Penny test			
<b>Total of Section I</b>			<b>\$0.03</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

### J1. Event Information

Event # Date of Event 04/08/2018	Letter a	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 245 Hartford Rd		City New Britain	State CT
Zip Code 06053			
Was this event hosted at a personal residence?		<input type="checkbox"/> 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.
		<input checked="" type="checkbox"/> 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?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
		<input checked="" type="checkbox"/> 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?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)
		<input checked="" type="checkbox"/> No	\$0.00

Event # Date of Event 04/18/2018	Letter a	Description Meet and Greet Event	Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location: Street Address 16 River Rd		City Norwalk	State CT
Zip Code 06854			
Was this event hosted at a personal residence?		<input type="checkbox"/> 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.
		<input checked="" type="checkbox"/> 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?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
		<input checked="" type="checkbox"/> 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?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)
		<input checked="" type="checkbox"/> No	\$0.00

Event # Date of Event 04/20/2018	Letter A	Description Home Fundraiser	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 15 Wrenfield Ln		City Darren	State CT
Zip Code 06820			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> 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.
		<input type="checkbox"/> 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?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
		<input checked="" type="checkbox"/> 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?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)
		<input checked="" type="checkbox"/> No	\$0.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

### J1. Event Information

Event # Date of Event 05/06/2018	Letter A	Description Home Fundraiser	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 11 Orchard St		City Brookfield	State CT
Zip Code 06804			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

Event # Date of Event 05/20/2018	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 38 Ladder Hill Rd		City Weston	State CT
Zip Code 06883			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

Event # Date of Event 06/05/2018	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location: Street Address 970 Summer St		City Stamford	State CT
Zip Code 06905			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

<b>Total of Section J1</b>	<b>\$0.00</b>
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**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

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

Name of the Donor

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

<b>Total of Section J3</b>	
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**II.EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

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

Name of Host Linda & John Tavlarios		Is this event supporting more than one candidate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 15 Wrenfield Ln	City Darien	State CT	Zip Code 06810
Description of Donation food			Fair Market Value of Donation
Event # 04202018A	Aggregate value of this Event - all hosts \$752.96	Aggregate value of all Events - this host/candidate \$752.96	\$752.96

Name of Host Matt Grime & Steve Harding		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 11 Orchard St	City Brookfield	State CT	Zip Code 06804
Description of Donation food			Fair Market Value of Donation
Event # 05062018A	Aggregate value of this Event - all hosts \$56.92	Aggregate value of all Events - this host/candidate \$56.92	\$56.92

**Total of Section J4****\$809.88**

**III. NONMONETARY RECEIPTS (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**K. In-Kind Contributions**

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

**Total of Section K**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**L. Refundable Deposit to Telephone Company**

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

**Total of Section L**

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

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

Name of Payee Anedot, Inc		Date of Payment 04/11/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expend BNK	Description Merchant Account fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$10.90

Name of Payee Linda Tavlarios		Date of Payment 04/15/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Wrenfield Ln		City Darlen	State CT	Zip Code 06820
Purpose of Expend REF	Description Refunded Donation Linda Tavlarios			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$100.00

Name of Payee Linda Tavlarios		Date of Payment 04/15/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Wrenfield Ln		City Darlen	State CT	Zip Code 06820
Purpose of Expend REF	Description Refunded Donation Linda Tavlarios			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$100.00



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

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

Name of Payee Anedot, Inc		Date of Payment 04/18/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expend BNK	Description Merchant Account 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 #
				\$20.10

Name of Payee Banc House		Date of Payment 04/18/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 16 River St		City Norwalk	State CT	Zip Code 06850
Purpose of Expend FOOD	Description meet & greet food			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 #
				\$230.32

Name of Payee Voicent Communications, Inc		Date of Payment 04/21/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2665 Marine Way # 1140		City Mountain View	State CA	Zip Code 94043
Purpose of Expend Misc *	Description test web based auto phone dialer service			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 #
				\$1.71

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

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

Name of Payee Anedot, Inc		Date of Payment 04/25/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expend BNK	Description Merchant Account 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 #
				\$36.70

Name of Payee John M Whitcomb		Date of Payment 04/26/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 198 Southern Blvd		City Danbury	State CT	Zip Code 06810
Purpose of Expend CNSLT	Description treasurer contract payment			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 #
				\$500.00

Name of Payee ImageWorks		Date of Payment 04/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1007</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Keynote Dr Ste A		City Vernon	State CT	Zip Code 06066
Purpose of Expend CNSLT	Description oversee video mailer etc design and production			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 #
				\$2,250.00

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

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

Name of Payee USPS		Date of Payment 05/02/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 23 Backus Ave		City Danbury	State CT	Zip Code 06810-9998
Purpose of Expend OVHD	Description PO Box renewal			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$56.00

Name of Payee Anedot, Inc		Date of Payment 05/02/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expend BNK	Description Merchant Account fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$12.90

Name of Payee Universal Printing & Mailing Services Inc		Date of Payment 05/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1004</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 90 Tunxis Hill Rd .		City Fairfield	State CT	Zip Code 06825
Purpose of Expend PRNT	Description print label stickers			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$365.00

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

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

Name of Payee John T Shaban		Date of Payment 05/04/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 29 Ledgewood Rd		City Redding	State CT	Zip Code 06896
Purpose of Expend BNK	Description bank error- bank misread check amount, paid out 20 cents extra			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$0.20

Name of Payee Anedot, Inc		Date of Payment 05/09/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expend BNK	Description Merchant Account 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 #
				\$4.70

Name of Payee Foxwoods		Date of Payment 05/11/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 350 Trolley Line Blvd		City Mashantucket	State CT	Zip Code 06338
Purpose of Expend PRNT	Description copies at business center			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 #
				\$22.54

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

#### N. Expenses Paid By Committee

Name of Payee Foxwoods Resort Casino		Date of Payment 05/12/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 350 Trolley Line Blvd		City Mashantucket	State CT	Zip Code 06338
Purpose of Expend TRVL	Description Treasurer travel to Rep convention			Amount  \$251.79
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Ardmore Printing & Promotional		Date of Payment 05/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 455 Yellowbrick Rd		City Orange	State CT	Zip Code 06477
Purpose of Expend A-OTH	Description 500 promo items for convention			Amount  \$646.62
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Anedot, Inc		Date of Payment 05/16/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expend BNK	Description Merchant Account fee			Amount  \$9.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

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

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

Name of Payee Taylored Business Solutions		Date of Payment 05/17/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1 N Main St .		City Georgetown	State CT	Zip Code 06829
Purpose of Expend RMB	Description consultant travel to convention (RMB mileage plus Hyatt secondary for Frank Taylor)			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$332.96

Name of Payee John M Whitcomb		Date of Payment 05/17/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 198 Southern Blvd		City Danbury	State CT	Zip Code 06810
Purpose of Expend CNSLT	Description treasurer contract fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,000.00

Name of Payee Voicent Communications, Inc		Date of Payment 05/21/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2665 Marine Way # 1140		City Mountain View	State CA	Zip Code 94043
Purpose of Expend A-PH-BNK	Description trial of phone dialer system			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$29.00

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

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

Name of Payee Anedot, Inc		Date of Payment 05/23/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expend BNK	Description Merchant Account fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$12.90

Name of Payee I.S.A.		Date of Payment 05/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1010</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 93 Clearview Dr		City Brookfield	State CT	Zip Code 06804
Purpose of Expend A-OTH	Description campaign paraphernalia convention handout bears			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$791.74

Name of Payee Majority Strategies LLC		Date of Payment 05/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1008</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 12854 Kenan Dr Ste 145		City Jacksonville	State FL	Zip Code 32258
Purpose of Expend A-DM	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$2,405.15

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

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

Name of Payee RMedia		Date of Payment 05/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1009</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 241 Main St Ste 5		City Danbury	State CT	Zip Code 06810
Purpose of Expend A-OTH	Description produce video advertisement			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,900.00

Name of Payee Anedot, Inc		Date of Payment 05/30/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expend BNK	Description Merchant Account fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$16.50

Name of Payee Holly Young		Date of Payment 05/31/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 27 Macarthur Dr .		City Old Greenwich	State CT	Zip Code 06870
Purpose of Expend RMB	Description reimburse Foxwoods bill			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$572.58



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

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

Name of Payee Anedot, Inc		Date of Payment 06/06/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expend BNK	Description Merchant Account fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$11.90

Name of Payee UPS Store		Date of Payment 06/08/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 6017 Pine Ridge Rd		City Naples	State FL	Zip Code 34119
Purpose of Expend POST	Description CEP-13 notarize and express			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$67.84

Name of Payee Anedot, Inc		Date of Payment 06/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expend BNK	Description Merchant Account fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$4.30

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

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

Name of Payee Britta Lerner		Date of Payment 06/16/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1011</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Brch Hill Rd		City Weston	State CT	Zip Code 06883
Purpose of Expend RMB	Description reimb Weston 5-20 event			Amount  \$178.53
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event # 05202018A	

Name of Payee Jess DiPasquale		Date of Payment 06/16/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1012</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1221 Post Rd		City Fairfield	State CT	Zip Code 06824
Purpose of Expend RMB	Description reimb for 5-20 event			Amount  \$402.35
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event # 05202018A	

Name of Payee Anedot, Inc		Date of Payment 06/20/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expend BNK	Description Merchant Account fee			Amount  \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

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

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

Name of Payee John M Whitcomb		Date of Payment 06/21/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 198 Southern Blvd		City Danbury	State CT	Zip Code 06810
Purpose of Expend CNSLT	Description treasurer contract payment			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,000.00

Name of Payee Anedot, Inc		Date of Payment 06/30/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA	Zip Code 70810
Purpose of Expend BNK	Description merchant 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 #
				\$101.80

**Total of Section N****\$13,449.23**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

#### O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	
Bidwell Tavern & Cafe		04/08/2018	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address	City	State	Zip Code	<b>Amount</b>
1260 Main St	Coventry	CT	06238	
Purpose of Expenditure (by code)	Description	Event #		
FOOD	meet w officials & delegates			\$225.00
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	
The Back Nine		04/08/2018	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address	City	State	Zip Code	<b>Amount</b>
245 Hartford Rd	New Britain	CT	06053	
Purpose of Expenditure (by code)	Description	Event #		
FOOD	meet w officials & delegates	04082018a		\$82.00
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	
Roberto's		04/24/2018	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address	City	State	Zip Code	<b>Amount</b>
31 S Main St	East Windsor	CT	06088	
Purpose of Expenditure (by code)	Description	Event #		
FOOD	mtg w delegates			\$90.00
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	
Peoples Choice		05/02/2018	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address	City	State	Zip Code	<b>Amount</b>
836 Hopmeadow St	Simsbury	CT	06070	
Purpose of Expenditure (by code)	Description	Event #		
FOOD	mtg w delegates			\$173.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

#### O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
ImageWorks		05/10/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address		City	State	Zip Code	
7 Keynote Dr Ste A		Vernon	CT	06066	
Purpose of Expenditure (by code)	Description		Event #		
CNSLT	contract payment				
					Amount
					\$2,250.00
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Apple Computer		05/17/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address		City	State	Zip Code	
1 Infinite Loop		Cupertino	CA	95014	
Purpose of Expenditure (by code)	Description		Event #		
OVHD	Swiftcall iPhone app				
					Amount
					\$25.24
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Fratelli Market		06/05/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address		City	State	Zip Code	
17 Cedar Heights Rd		Stamford	CT	06905	
Purpose of Expenditure (by code)	Description		Event #		
FNDR *	Fairfield meet & greet		06052018A		
					Amount
					\$219.82
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Stop and Shop		06/05/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address		City	State	Zip Code	
2200 Bedford St		Stamford	CT	06905	
Purpose of Expenditure (by code)	Description		Event #		
FOOD			06052018A		
					Amount
					\$32.06
<b>Total of Section O</b>					<b>\$3,097.12</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**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
Shaban for AG	July 10 Filing - Original

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

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

**Total of Section Q**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

#### R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Taylor	Frank		05/17/2018	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Hyatt Place Mohegan Sun

Street Address of Vendor	City	State	Zip Code
2049 Norwich New London Tpke	Uncasville	CT	06382

Purpose of Expenditure (by code)	Description
TRVL	Taylor Business Solutions reimbursement

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				\$194.53

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
DiPasquale	Jess		05/19/2018	<input checked="" type="checkbox"/> Check # 1012 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Greens Farms Spirits Shop, Inc

Street Address of Vendor	City	State	Zip Code
1250 Post Rd E	Westport	CT	06880

Purpose of Expenditure (by code)	Description
FNDR *	bev for fndr

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			05202018A	\$331.56

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

#### R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant DiPasquale	First Jess	MI	Date of Payment to Vendor 05/19/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1012 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant  
Greens Farms Spirits Shop, Inc

Street Address of Vendor 1250 Post Rd E	City Westport	State CT	Zip Code 06880
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Purpose of Expenditure (by code) FNDR *	Description bev for fndr
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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 # 05202018A	Amount \$15.48
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant DiPasquale	First Jess	MI	Date of Payment to Vendor 05/20/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1012 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant  
Stop and Shop

Street Address of Vendor 1790 Post Rd E	City Westport	State CT	Zip Code 06880
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Purpose of Expenditure (by code) FNDR *	Description food for fndr
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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 # 05202018A	Amount \$55.31
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
Shaban for AG	July 10 Filing - Original

#### R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant  Lerner	First  Britta	MI	Date of Payment to Vendor  05/20/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  <input checked="" type="checkbox"/> Check # 1011 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant The Weston Field Club				
Street Address of Vendor 38 Ladder Hill Rd S		City Weston		State CT
Zip Code 06883				
Purpose of Expenditure (by code) FNDR *	Description room rental			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount
			05202018A	\$110.00

Last Name of Worker/Consultant  Lerner	First  Britta	MI	Date of Payment to Vendor  05/20/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  <input checked="" type="checkbox"/> Check # 1011 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Caraluzzi's				
Street Address of Vendor 920 Danbury Rd		City Wilton		State CT
Zip Code 06897				
Purpose of Expenditure (by code) FNDR *	Description food reimb for fndr			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount
			05202018A	\$68.53

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**R. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant Young	First Holly	MI	Date of Payment to Vendor 05/31/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Foxwoods				
Street Address of Vendor 350 Trolley Line Blvd		City Mashantucket	State CT	Zip Code 06338
Purpose of Expenditure (by code) TRVL	Description hotel at convention			
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 \$572.58	
If yes, assign an Expenditure # and completes Itemization in Addendum R				
<b>Total of Section R</b>				<b>\$1,347.99</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original

**S. Surplus Distribution of Equipment and Furniture**

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

Section J4. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
Shaban for AG	July 10 Filing - Original
J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum	
Event #	04202018A
Name of Candidate	Jayne Stevenson

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 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 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 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

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

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