



COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE			
David Stemerman for Governor, Inc.				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
First Henry		MI O	Last Schaffer			Suffix	
4. TREASURER ADDRESS							
Street Address 98 Forty Acre Mountain Dr			City Danbury		State CT	Zip Code 06811	
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)				7. DISTRICT NUMBER (if applicable)	
11/06/2018		Governor					
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)							
First David		MI I	Last Stemerman			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 Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.							
Electronic Filing		David Gomes			07/10/2018 5:05:06PM		
SIGNATURE		PRINT NAME OF THE SIGNER			DATE CERTIFIED		
<p>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</p>							

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
David Sterman for Governor, Inc.	July 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$897,040.94	
14. Contributions received from Individuals (Section A and B)	\$67,257.18	\$96,929.18
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$11,151,352.13	\$12,969,784.96
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$11,218,609.31	\$13,066,714.14
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$12,115,650.25	\$13,066,714.14
20. Expenses Paid by Committee (Section N)	\$2,141,359.36	\$3,092,423.25
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$9,974,290.89	\$9,974,290.89
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$689.91	\$689.91
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$75.00	\$75.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$10,000,000.00	\$10,000,000.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$10,000,000.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$748.00	\$4,231.11
28. Expenses Incurred on Committee Credit Card (Section P)	\$17,768.67	\$19,941.76
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$41,466.46	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$41,466.46	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
David Sterman for Governor, Inc.		July 10 Filing - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
		\$0.00	
B. Itemized Contributions from Individuals			

Last Name Collins		First Art		MI	Contribution ID # 0096
Residential Street Address 45 Pear Tree Point Rd		City Darien		State CT	Zip Code 06820
Principal Occupation Real Estate			Name of Employer Collins Enterprises		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/03/2018	
Amount of Contribution \$100.00					

Last Name Harris		First Mike & Laura		MI	Contribution ID # 0097
Residential Street Address 24 Dimmock Rd		City Waterford		State CT	Zip Code 06385
Principal Occupation System Administrator			Name of Employer General Dynamics Information Technology		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/03/2018	
Amount of Contribution \$25.00					

Last Name Beeby		First Robert		MI	Contribution ID # 0098
Residential Street Address PO Box 146		City Fairfield		State CT	Zip Code 06838
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			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 04/03/2018	
Amount of Contribution \$100.00					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Dalrymple	First Bruce	MI	Contribution ID # 0099
Residential Street Address 16 Oenoke Pl Apt 1	City Stamford	State CT	Zip Code 06907
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 04/03/2018	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name Thompson	First James	MI	Contribution ID # 0100
Residential Street Address 25 Montowese Dr	City Meriden	State CT	Zip Code 06450
Principal Occupation Business Manager	Name of Employer Wyman Pots Corp		
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 04/03/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Washecka	First Edward	MI	Contribution ID # 0101
Residential Street Address 7 Leeuwarden Ln	City Darien	State CT	Zip Code 06820
Principal Occupation Investor	Name of Employer Self employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/03/2018	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name McGowan	First Shawn	MI	Contribution ID # 0102
Residential Street Address 37 Creamery Ln	City Madison	State CT	Zip Code 06443
Principal Occupation Business Analyst	Name of Employer McGowan Consulting Group, 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 04/03/2018	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
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kehl	First Benjamin	MI	Contribution ID # 0103
Residential Street Address 415 Toll Gate Rd	City South Glastonbury	State CT	Zip Code 06073
Principal Occupation Wealth Management Advisor	Name of Employer Kehl Fiancial		
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 04/03/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Wittkofski	First Edward	MI	Contribution ID # 0104
Residential Street Address 62 10 Coat Ln	City Shelton	State CT	Zip Code 06484
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <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 04/03/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name DiMarco	First Laury	MI	Contribution ID # 0095
Residential Street Address 44 Knollwood Rd	City Milford	State CT	Zip Code 06460
Principal Occupation IT Director	Name of Employer Dymax Corp		
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 04/04/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Ryder	First Rita	MI	Contribution ID # 0094
Residential Street Address 15 Vani Ct	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? <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 04/06/2018	Aggregate Contributions \$500.00
			Amount of Contribution \$500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Scianna	First Louis	MI J	Contribution ID # 0105
Residential Street Address 38 Morning Mist Rd	City Milford	State CT	Zip Code 06460
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/06/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Trumbour	First Frank	MI A	Contribution ID # 0106
Residential Street Address 139 Emery Dr E	City Stamford	State CT	Zip Code 06902-2008
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/06/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Jemiolo	First Michael	MI R	Contribution ID # 0107
Residential Street Address 212 Dolphin Cover Quay	City Stamford	State CT	Zip Code 06902
Principal Occupation manager	Name of Employer Rise Manager		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/06/2018	Aggregate Contributions \$3,500.00
		Amount of Contribution \$3,500.00	

Last Name Wyper	First George	MI U	Contribution ID # 0108
Residential Street Address 65 Knollwood 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? <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 04/06/2018	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Reid	First Douglas	MI M	Contribution ID # 0109
Residential Street Address 258 Mulberry Hill Rd	City Fairfield	State CT	Zip Code 06824-1622
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/06/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Sherrick	First Edward	MI D	Contribution ID # 0110
Residential Street Address 7 Kimberly Dr	City Redding	State CT	Zip Code 06896
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/06/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Kullick	First Tim & Kelly	MI	Contribution ID # 0093
Residential Street Address 10705 Alexander Mill Dr	City Charlotte	State NC	Zip Code 28277
Principal Occupation Executive	Name of Employer Red Ventures		
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 04/08/2018	Aggregate Contributions \$3,000.00
			Amount of Contribution \$3,000.00

Last Name Rinaldi	First Paul	MI	Contribution ID # 0092
Residential Street Address 11 Sherwood Farm Ln	City Greenwich	State CT	Zip Code 06830
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 04/10/2018	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
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Smith	First Ernst	MI	Contribution ID # 0090
Residential Street Address 21 Ox Yoke Dr	City Simsbury	State CT	Zip Code 06070
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/11/2018	Aggregate Contributions \$150.00
		Amount of Contribution \$150.00	

Last Name Maynard	First Carol	MI	Contribution ID # 0091
Residential Street Address 186 Jerry Brown Rd Unit 2410	City Mystic	State CT	Zip Code 06355
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/11/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Bingham	First Anne	MI E	Contribution ID # 0111
Residential Street Address 149 Weaver St	City Greenwich	State CT	Zip Code 06830
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 04/17/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Busse	First Jon	MI R	Contribution ID # 0112
Residential Street Address 1319 North Rd	City Dayville	State CT	Zip Code 06241
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 04/17/2018	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
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name DeWolf	First John	MI T	Contribution ID # 0113
Residential Street Address PO Box 642	City Storrs	State CT	Zip Code 06268-0642
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/17/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Drenckhahn	First Frederick	MI J	Contribution ID # 0114
Residential Street Address 23 Knox Rd	City Stamford	State CT	Zip Code 06907-1506
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/17/2018	Aggregate Contributions \$35.00
		Amount of Contribution \$35.00	

Last Name Greenwood	First Barbara	MI D	Contribution ID # 0115
Residential Street Address 166 Barn Door Hills Rd	City Granby	State CT	Zip Code 06035-2914
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/17/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Hansen	First Donald	MI R	Contribution ID # 0116
Residential Street Address 80 Salem Rd	City Prospect	State CT	Zip Code 06712
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/17/2018	Aggregate Contributions \$35.00
		Amount of Contribution \$35.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hashem	First James	MI F	Contribution ID # 0117
Residential Street Address 126 Coram Ln	City Orange	State CT	Zip Code 06477
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/17/2018	Aggregate Contributions \$100.00
			\$100.00

Last Name Kauffman	First Tracy	MI C	Contribution ID # 0118
Residential Street Address 11 Division St	City Greenwich	State CT	Zip Code 06830
Principal Occupation teacher	Name of Employer Greenwich Academy		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/17/2018	Aggregate Contributions \$35.00
			\$35.00

Last Name Klaassens	First Henry	MI J	Contribution ID # 0119
Residential Street Address 239 Thornwood Rd	City Stamford	State CT	Zip Code 06903-2614
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/17/2018	Aggregate Contributions \$50.00
			\$50.00

Last Name Laird	First Tillie	MI P	Contribution ID # 0120
Residential Street Address 305 Sabbaday Ln	City Washington Depot	State CT	Zip Code 06794
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/17/2018	Aggregate Contributions \$100.00
			\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lee	First Edwin	MI F	Contribution ID # 0121
Residential Street Address 36 Jamestown Rd	City Somers	State CT	Zip Code 06071
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	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 04/17/2018	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name Lyon	First Frank	MI R	Contribution ID # 0122
Residential Street Address 141 Forest St	City New Canaan	State CT	Zip Code 06840
Principal Occupation Financial Manger	Name of Employer Americans		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/17/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Mountain	First Robert	MI P	Contribution ID # 0123
Residential Street Address 508 W Lyon Farm Rd	City Greenwich	State CT	Zip Code 06831-4630
Principal Occupation Owner	Name of Employer Mountain Capital Mgmt		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/17/2018	Aggregate Contributions \$500.00
		Amount of Contribution \$500.00	

Last Name O'Keefe	First Dianne	MI D	Contribution ID # 0124
Residential Street Address 8 Encampment Pl	City Ridgefield	State CT	Zip Code 06877-1122
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/17/2018	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
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Raseman	First Kim	MI H	Contribution ID # 0125
Residential Street Address 1080 New Haven Ave Unit 113	City Milford	State CT	Zip Code 06460
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/17/2018	Aggregate Contributions \$35.00
		Amount of Contribution \$35.00	

Last Name Salonia	First Pamela	MI CT	Contribution ID # 0126
Residential Street Address 73 Old Ponsett Rd	City Haddam	State CT	Zip Code 06438
Principal Occupation Account Manager	Name of Employer GE Healthcare		
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 04/17/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Sorbaro	First Sheryl	MI B	Contribution ID # 0127
Residential Street Address 34 Khakum Wood Rd	City Greenwich	State CT	Zip Code 06831-3748
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/17/2018	Aggregate Contributions \$3,500.00
		Amount of Contribution \$3,500.00	

Last Name Wainwright	First Sandra	MI K	Contribution ID # 0128
Residential Street Address 822 N Salem Rd	City Ridgefield	State CT	Zip Code 06877-1723
Principal Occupation doctor	Name of Employer NEMG		
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 04/17/2018	Aggregate Contributions \$35.00
		Amount of Contribution \$35.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Woo	First William	MI C	Contribution ID # 0129
Residential Street Address 470 Three Corners Rd	City Guilford	State CT	Zip Code 06437-2531
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/17/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Stanton	First June	MI	Contribution ID # 0088
Residential Street Address 28 Cliffmount Dr	City Bloomfield	State CT	Zip Code 06002
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/18/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Mason Jr.	First William	MI	Contribution ID # 0089
Residential Street Address 77 Straitsville Rd	City Prospect	State CT	Zip Code 06712
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 04/18/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name McGowan	First Shawn	MI	Contribution ID # 0087
Residential Street Address 37 Creamery Ln	City Madison	State CT	Zip Code 06443
Principal Occupation Business Analyst	Name of Employer McGowan Consultant Group Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/19/2018	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
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Arnold	First Robert	MI	Contribution ID # 0085
Residential Street Address 191 Main St # 23	City New Canaan	State CT	Zip Code 06840
Principal Occupation Principal	Name of Employer AmTech Associates		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/25/2018	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name Albert	First Janet	MI	Contribution ID # 0086
Residential Street Address 22 Danbury Ave	City Westport	State CT	Zip Code 06880
Principal Occupation Professor	Name of Employer University of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/25/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Murphy	First John	MI	Contribution ID # 0078
Residential Street Address 32 Talmadge Hill 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	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/27/2018	Aggregate Contributions \$200.00
		Amount of Contribution \$200.00	

Last Name Heck	First Randall	MI	Contribution ID # 0079
Residential Street Address 57 Greenleaf Ave	City Darien	State CT	Zip Code 06820
Principal Occupation Investment Manager	Name of Employer Goodnow Investment 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	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/27/2018	Aggregate Contributions \$500.00
		Amount of Contribution \$500.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Magazzi	First Anthony	MI	Contribution ID # 0080
Residential Street Address 1245 Chopsey Hill Rd	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Pest Control	Name of Employer Knock-out Exterminating		
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 04/27/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Raskopf	First Frederick	MI	Contribution ID # 0081
Residential Street Address 552 Caddie Ct	City Oxford	State CT	Zip Code 06478
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 04/27/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Lunt	First Nathan	MI	Contribution ID # 0082
Residential Street Address 38 Winthrop Dr	City Greenwich	State CT	Zip Code 06878
Principal Occupation unemployed	Name of Employer Unemployed		
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 04/27/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Lucca	First Craig	MI	Contribution ID # 0083
Residential Street Address 47 Ridgeline Rd	City Easton	State CT	Zip Code 06612
Principal Occupation Chief Information Security Officer	Name of Employer Manhattanwest 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 04/27/2018	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
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Jachimowski	First Edward	MI	Contribution ID # 0084
Residential Street Address 35 Birchwood Rd	City Seymour	State CT	Zip Code 06483
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 04/27/2018
		Aggregate Contributions \$5.00	Amount of Contribution \$5.00

Last Name Berkowitz	First Roger	MI	Contribution ID # 0069
Residential Street Address 525 W End Ave # 5H	City New York	State NY	Zip Code 10024
Principal Occupation Professor	Name of Employer Bard College		
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 04/28/2018
		Aggregate Contributions \$500.00	Amount of Contribution \$500.00

Last Name Gordon	First Mark	MI	Contribution ID # 0070
Residential Street Address 51 W 52nd	City New York	State NY	Zip Code 10019
Principal Occupation Attorney	Name of Employer WLRK		
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 04/28/2018
		Aggregate Contributions \$3,500.00	Amount of Contribution \$3,500.00

Last Name BenMark	First Gadi	MI	Contribution ID # 0071
Residential Street Address 30 W 60th St # 8D	City New York	State NY	Zip Code 10023
Principal Occupation Business Consultant	Name of Employer McKinsey & Co		
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 04/28/2018
		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
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Weidman	First Thomas	MI	Contribution ID # 0072
Residential Street Address 52 W Hill Dr	City West Hartford	State CT	Zip Code 06119
Principal Occupation Security Trader	Name of Employer Self employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/28/2018	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Olin	First Douglas	MI	Contribution ID # 0073
Residential Street Address 37 Old Hyde Rd	City Weston	State CT	Zip Code 06883
Principal Occupation Attorney	Name of Employer Cummings & Lockwood 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 04/28/2018	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 Goulekas	First Paul	MI	Contribution ID # 0074
Residential Street Address 40 Attawan Rd	City East Lyme	State CT	Zip Code 06357
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 04/28/2018	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 Freedman	First Randy	MI	Contribution ID # 0075
Residential Street Address 28 Echo Ridge Rd	City Upper Saddle River	State NJ	Zip Code 07458
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 04/28/2018	Aggregate Contributions \$1,000.00
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 \$1,000.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Freedman	First Marc	MI	Contribution ID # 0076
Residential Street Address 28 Echo Ridge Rd	City Upper Saddle River	State NJ	Zip Code 07458
Principal Occupation Attorney	Name of Employer Freedman & Friedland 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 04/28/2018	Aggregate Contributions \$1,000.00
		Amount of Contribution \$1,000.00	

Last Name Sessa	First Fran	MI	Contribution ID # 0077
Residential Street Address 9 Shady Acres 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/28/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Coykendall	First John	MI	Contribution ID # 0065
Residential Street Address 28 Island Way	City Westport	State CT	Zip Code 06880
Principal Occupation Management Consultant	Name of Employer Deloitte Consulting		
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 04/29/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Leibowitz	First Justin	MI	Contribution ID # 0066
Residential Street Address 66 Stonewall Cir	City West Harrison	State NY	Zip Code 10604
Principal Occupation homemaker	Name of Employer homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/29/2018	Aggregate Contributions \$500.00
		Amount of Contribution \$500.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Cunningham	First John	MI	Contribution ID # 0067
Residential Street Address 421 W 3rd St # 1912	City Austin	State TX	Zip Code 78701
Principal Occupation Chief Operating Officer	Name of Employer Atom Investors LP		
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 04/29/2018	Aggregate Contributions \$3,500.00
		Amount of Contribution \$3,500.00	

Last Name Traver	First Harry	MI	Contribution ID # 0068
Residential Street Address 368 Hard Hill Rd S	City Bethlehem	State CT	Zip Code 06751
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 04/29/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Kooyman	First John	MI	Contribution ID # 0054
Residential Street Address 300 Park Ave	City New York	State NY	Zip Code 10022
Principal Occupation Packaged Goods	Name of Employer Colgate Palmolive Company		
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 04/30/2018	Aggregate Contributions \$1,000.00
		Amount of Contribution \$1,000.00	

Last Name Klein	First Jennifer	MI	Contribution ID # 0055
Residential Street Address 53 Dingtletown Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation homemaker	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/30/2018	Aggregate Contributions \$500.00
		Amount of Contribution \$500.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Winoker	First Steven	MI	Contribution ID # 0056
Residential Street Address 64 Old Church Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Analyst	Name of Employer UBS		
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 04/30/2018	Aggregate Contributions \$3,500.00
		Amount of Contribution \$3,500.00	

Last Name Boccaccio	First Thomas	MI	Contribution ID # 0057
Residential Street Address 35 School House Rd	City Newington	State CT	Zip Code 06111
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	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 04/30/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name George	First Timothy	MI M	Contribution ID # 0058
Residential Street Address 209 Taconic Rd	City Greenwich	State CT	Zip Code 06611
Principal Occupation Investment Banker	Name of Employer Lazard		
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 04/30/2018	Aggregate Contributions \$1,000.00
		Amount of Contribution \$1,000.00	

Last Name Patricelli	First Robert	MI	Contribution ID # 0059
Residential Street Address 77 Hartford Rd	City Simsbury	State CT	Zip Code 06070
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported 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 04/30/2018	Aggregate Contributions \$3,500.00
		Amount of Contribution \$3,500.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Warren	First Kimberly	MI	Contribution ID # 0060
Residential Street Address 8 Peabody Ln	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? <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 04/30/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Bylow	First Lance	MI	Contribution ID # 0061
Residential Street Address 163 Old Church Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Managing Director	Name of Employer US Trust		
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 04/30/2018	Aggregate Contributions \$500.00
			Amount of Contribution \$500.00

Last Name Leao	First Christiano	MI	Contribution ID # 0062
Residential Street Address 115 Lake Ave	City Greenwich	State CT	Zip Code 06830
Principal Occupation Chief Risk Officer	Name of Employer Cambridge Square Capital		
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 04/30/2018	Aggregate Contributions \$75.00
			Amount of Contribution \$75.00

Last Name Leao	First Fernanda	MI	Contribution ID # 0063
Residential Street Address 115 Lake Ave	City Greenwich	State CT	Zip Code 06830
Principal Occupation homemaker	Name of Employer homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/30/2018	Aggregate Contributions \$74.00
			Amount of Contribution \$74.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name LaFreniere	First Ken	MI	Contribution ID # 0064
Residential Street Address 100 Roton Ave	City Rowayton	State CT	Zip Code 06853
Principal Occupation Sales	Name of Employer Empirical Research Partner		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/30/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Canfield	First Carole	MI J	Contribution ID # 0130
Residential Street Address 201 Granite Rd Apt 216	City Guilford	State CT	Zip Code 06437
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 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 Engel	First Frank	MI	Contribution ID # 0131
Residential Street Address 3307 Ashlar Vlg	City Wallingford	State CT	Zip Code 06492-3061
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 04/30/2018
		Aggregate Contributions \$35.00	Amount of Contribution \$35.00

Last Name Foote	First James	MI W	Contribution ID # 0132
Residential Street Address 78 Mountain Rd	City Farmington	State CT	Zip Code 06032
Principal Occupation Driver	Name of Employer Enterprise Holdings		
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 \$15.00	Amount of Contribution \$15.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Strackbein	First Ronald	MI G	Contribution ID # 0133
Residential Street Address 53 Ridgeview Ave	City Greenwich	State CT	Zip Code 06830
Principal Occupation Investor	Name of Employer Hurco		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/30/2018	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 Kassen	First Michael	MI	Contribution ID # 0147
Residential Street Address 5 Yankee Hill Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Investor	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? If yes, list Event #		Date Received 05/01/2018	Aggregate Contributions \$2,000.00
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 \$2,000.00	

Last Name Rennie	First Neil	MI	Contribution ID # 0148
Residential Street Address 199 Red Fox Rd	City Stamford	State CT	Zip Code 06903
Principal Occupation Manager of Engineering	Name of Employer Credit Suisse		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 05/01/2018	Aggregate Contributions \$50.00
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 \$50.00	

Last Name Tschudy	First Lori	MI	Contribution ID # 0149
Residential Street Address 35 Armand Rd	City Ridgefield	State CT	Zip Code 06877
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? If yes, list Event #		Date Received 05/01/2018	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Heidenreich	First Per	MI	Contribution ID # 0150
Residential Street Address 4 Sound Shore Dr Apt 23	City Greenwich	State CT	Zip Code 06830
Principal Occupation Investor	Name of Employer Heidenreich Enterprise LP		
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 05/02/2018	Aggregate Contributions \$500.00 Amount of Contribution \$500.00

Last Name Farrar	First Martin	MI	Contribution ID # 0151
Residential Street Address 2683 Burr St	City Fairfield	State CT	Zip Code 06824
Principal Occupation manager	Name of Employer Aviation		
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 05/05/2018	Aggregate Contributions \$25.00 Amount of Contribution \$25.00

Last Name McGowan	First Shawn	MI	Contribution ID # 0152
Residential Street Address 37 Creamery Ln	City Madison	State CT	Zip Code 06443
Principal Occupation Business Analyst	Name of Employer McGowan Consulting 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 #	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 05/05/2018	Aggregate Contributions \$25.00 Amount of Contribution \$25.00

Last Name McKinnon	First Daniel	MI	Contribution ID # 0153
Residential Street Address 34 Indian Point Ln	City Greenwich	State CT	Zip Code 06878
Principal Occupation Investing	Name of Employer Sandia Holdings, 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 05/07/2018	Aggregate Contributions \$3,500.00 Amount of Contribution \$3,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Strauber	First Jocelyn	MI	Contribution ID # 0154
Residential Street Address 940 Park Ave	City New York	State NY	Zip Code 10028
Principal Occupation Lawyer	Name of Employer Skadden Arps		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 05/07/2018	Aggregate Contributions \$3,500.00
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 \$3,500.00	

Last Name Mindich	First Jessica	MI	Contribution ID # 0155
Residential Street Address 714 Lake Ave	City Greenwich	State CT	Zip Code 06830
Principal Occupation CEO	Name of Employer Caliber Collection		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 05/08/2018	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 DuHaime	First Michael	MI	Contribution ID # 0156
Residential Street Address 515 Parkview Ave	City Westfield	State NJ	Zip Code 07090
Principal Occupation Public Affairs Executive	Name of Employer Mercury		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 05/08/2018	Aggregate Contributions \$1,000.00
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 \$1,000.00	

Last Name McGuinness	First Maureen	MI	Contribution ID # 0157
Residential Street Address 34 Double Beach Rd	City Branford	State CT	Zip Code 06405
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 05/13/2018	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name McGowan	First Shawn	MI	Contribution ID # 0158
Residential Street Address 37 Creamery Ln	City Madison	State CT	Zip Code 06443
Principal Occupation Business Analyst	Name of Employer McGowan Consultant Group 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 05/18/2018	Aggregate Contributions \$50.00 Amount of Contribution \$25.00

Last Name Kahn	First Lori	MI	Contribution ID # 0159
Residential Street Address Lake Avenue	City Greenwich	State CT	Zip Code 06831
Principal Occupation ophthalmologist	Name of Employer WestMed		
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 05/21/2018	Aggregate Contributions \$50.00 Amount of Contribution \$50.00

Last Name Arnold	First Robert	MI W	Contribution ID # 0134
Residential Street Address PO Box 637	City New Canaan	State CT	Zip Code 06840
Principal Occupation Managing Director	Name of Employer Amtech Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 05/21/2018	Aggregate Contributions \$25.00 Amount of Contribution \$25.00

Last Name Berry	First Peter	MI	Contribution ID # 0135
Residential Street Address 26 Brush Island Rd	City Darien	State CT	Zip Code 06820-5706
Principal Occupation Banker	Name of Employer Bank America		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 05/21/2018	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
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Buttner	First Jean	MI B	Contribution ID # 0136
Residential Street Address 58 Lyons Plains Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Executive	Name of Employer Arnold Bernhard & Ct		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/21/2018	Aggregate Contributions \$150.00
		Amount of Contribution \$150.00	

Last Name Drenckhah	First Frederick	MI J	Contribution ID # 0137
Residential Street Address 23 Knox Rd	City Stamford	State CT	Zip Code 06907-1506
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/21/2018	Aggregate Contributions \$35.00
		Amount of Contribution \$35.00	

Last Name Fellows	First David	MI R	Contribution ID # 0138
Residential Street Address 80 Foxcroft Rd	City West Hartford	State CT	Zip Code 06119-1017
Principal Occupation Real Estate Agent	Name of Employer Bershire & Hathaway		
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 05/21/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Frank	First William	MI A	Contribution ID # 0139
Residential Street Address 67 Saint Nicholas Rd	City Darien	State CT	Zip Code 06820-2823
Principal Occupation Attorney	Name of Employer Skaddan Arps		
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 05/21/2018	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
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gardiner	First Daniel	MI	Contribution ID # 0140
Residential Street Address 83 Mill Hill Ln	City Southport	State CT	Zip Code 06890-1224
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/21/2018	Aggregate Contributions \$35.00
			Amount of Contribution \$35.00

Last Name Keller	First Robert	MI J	Contribution ID # 0141
Residential Street Address 107 Birchwood	City Southbury	State CT	Zip Code 06488-1376
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/21/2018	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Kirby	First Jeanne	MI P	Contribution ID # 0142
Residential Street Address 16 Stratford Park	City Bloomfield	State CT	Zip Code 06002-2143
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/21/2018	Aggregate Contributions \$35.00
			Amount of Contribution \$35.00

Last Name Pursley	First Robert	MI E	Contribution ID # 0143
Residential Street Address 555 Haviland Rd	City Stamford	State CT	Zip Code 06903-2236
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/21/2018	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
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Taylor	First Russel	MI	Contribution ID # 0144
Residential Street Address 31 Indian Point Ln	City Riverside	State CT	Zip Code 06878
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/21/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Rowland	First Duncan	MI	Contribution ID # 0145
Residential Street Address 387 Flax Hill Rd	City Norwalk	State CT	Zip Code 06854
Principal Occupation investor	Name of Employer self employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/21/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Wilson	First Marilyn	MI L	Contribution ID # 0146
Residential Street Address 35 Forest View Dr	City Vernon	State CT	Zip Code 06066
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/21/2018	Aggregate Contributions \$35.00
		Amount of Contribution \$35.00	

Last Name Casturo	First Don	MI	Contribution ID # 0160
Residential Street Address 135 Field Point Cir	City Greenwich	State CT	Zip Code 06830
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 05/22/2018	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
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mislow	First Connor	MI	Contribution ID # 0161
Residential Street Address 602 Ridge Rd	City Orange	State CT	Zip Code 06477
Principal Occupation student	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 #	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 05/22/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Drimal	First Sandra	MI	Contribution ID # 0162
Residential Street Address 283 Hollow Tree Ridge Rd	City Darien	State CT	Zip Code 06820
Principal Occupation homemaker	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 05/24/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Pachter	First Joel	MI	Contribution ID # 0163
Residential Street Address 468 Bushy Hill Rd	City Simsbury	State CT	Zip Code 06070
Principal Occupation Professor	Name of Employer Uconn Health		
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 05/24/2018	Aggregate Contributions \$18.00
		Amount of Contribution \$18.00	

Last Name DiLorenzo	First Richard	MI	Contribution ID # 0164
Residential Street Address 39 Chapman Ave	City Westbrook	State CT	Zip Code 06498
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 05/29/2018	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
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Rennie	First Neil	MI	Contribution ID # 0165
Residential Street Address 199 Red Fox Rd	City Stamford	State CT	Zip Code 06903
Principal Occupation Manager of Engineering	Name of Employer Credit Suisse		
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 05/29/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Lesko	First David	MI	Contribution ID # 0166
Residential Street Address 307 Strawberry Hill Ave	City Norwalk	State CT	Zip Code 06851
Principal Occupation Furniture Repair	Name of Employer Custom Design Woodworking		
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 05/30/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Collins	First Art	MI	Contribution ID # 0167
Residential Street Address 1455 E Putnam Ave	City Greenwich	State CT	Zip Code 06870
Principal Occupation real estate	Name of Employer Collins Enterprises		
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 05/30/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Weiss	First Jeffrey	MI	Contribution ID # 0168
Residential Street Address 36 Husted Ln	City Greenwich	State CT	Zip Code 06830
Principal Occupation Fiance	Name of Employer Colter Lewis Investment Partners		
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 05/30/2018	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
David Stemerman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name McGlynn	First Ian	MI	Contribution ID # 0169
Residential Street Address 4 Palmer Woods Cir	City Branford	State CT	Zip Code 06405
Principal Occupation Broadcasting	Name of Employer NBC Universal WVIT		
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 05/30/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Tuohey	First Chris	MI	Contribution ID # 0170
Residential Street Address 3 Kenwood Cir	City Bloomfield	State CT	Zip Code 06002
Principal Occupation HR Manager	Name of Employer United Health		
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 05/30/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Caffray	First Gil	MI	Contribution ID # 0171
Residential Street Address 24 Conyers Farm Dr	City Greenwich	State CT	Zip Code 06831
Principal Occupation Investments	Name of Employer Tiger Management LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2018	Aggregate Contributions \$2,000.00
		Amount of Contribution \$2,000.00	

Last Name DeParle	First RichardSals	MI	Contribution ID # 0172
Residential Street Address 3083 Fairfield Ave	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Sals	Name of Employer Fld. Cty & GBPOA		
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 05/31/2018	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
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Demo	First Mike	MI	Contribution ID # 0173
Residential Street Address 110 Sunnyside Ave	City Watertown	State CT	Zip Code 06779
Principal Occupation Sales	Name of Employer Prudential		
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 05/31/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Rottenberg	First Linda	MI	Contribution ID # 0174
Residential Street Address 267 Henry St	City Brooklyn	State NY	Zip Code 11201
Principal Occupation Co-Founder & CEO	Name of Employer Endeavor		
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 05/31/2018	Aggregate Contributions \$150.00
		Amount of Contribution \$150.00	

Last Name LaMorte	First Ronald	MI	Contribution ID # 0175
Residential Street Address 34 Hillsley Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Finance	Name of Employer Unemployed		
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 05/31/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Gibbons	First Lile	MI	Contribution ID # 0176
Residential Street Address 27 Sunset Rd	City Greenwich	State CT	Zip Code 06870
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 05/31/2018	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
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Goulekas	First Paul	MI	Contribution ID # 0177
Residential Street Address 40 Attawan Rd	City East Lyme	State CT	Zip Code 06357
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 05/31/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Freedman	First Lyle	MI	Contribution ID # 0178
Residential Street Address 380 Columbus St	City Palm Beach Garden	State FL	Zip Code 33410
Principal Occupation CTO	Name of Employer Gemini Financial Services		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Freedman	First Johanna	MI	Contribution ID # 0179
Residential Street Address 380 Columbus St	City Palm Beach Gardens	State FL	Zip Code 33410
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 05/31/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Reilly	First Edward	MI	Contribution ID # 0180
Residential Street Address 5 Old Field Pl	City Norwalk	State CT	Zip Code 06853
Principal Occupation attorney	Name of Employer Attorney at Law		
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 05/31/2018	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
David Stemerman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lapides	First John	MI	Contribution ID # 0181
Residential Street Address 217 Saint Ronan St	City New Haven	State CT	Zip Code 06511
Principal Occupation President	Name of Employer United Aluminum		
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 06/01/2018	Aggregate Contributions \$300.00
			Amount of Contribution \$300.00

Last Name Romanzi	First Samuel	MI	Contribution ID # 0182
Residential Street Address 38 Woodsboro Cir	City Cromwell	State CT	Zip Code 06416
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 06/01/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Zahedi	First Sohrab	MI	Contribution ID # 0183
Residential Street Address 49 Tall Timbers Dr	City Farmington	State CT	Zip Code 06032
Principal Occupation Psychiatrist	Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/02/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Wright	First George	MI	Contribution ID # 0184
Residential Street Address 341 Maple Ave	City Cheshire	State CT	Zip Code 06410
Principal Occupation Lieutenant	Name of Employer Ct department of Corrections		
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 06/05/2018	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
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hartman	First James	MI	Contribution ID # 0185
Residential Street Address 69 E Maxwell Dr	City West Hartford	State CT	Zip Code 06107
Principal Occupation User Experience	Name of Employer Travelers		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/05/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Tonnessen	First Edward	MI	Contribution ID # 0186
Residential Street Address 106 Spectacle Ln	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Real Estate rokerage	Name of Employer JLL		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/05/2018	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Shiffrin	First Mark	MI	Contribution ID # 0187
Residential Street Address 2 Brewery Sq	City New Haven	State CT	Zip Code 06513
Principal Occupation Attorney	Name of Employer Law Office of mark Shiffrin		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/08/2018	Aggregate Contributions \$18.00
			Amount of Contribution \$18.00

Last Name Lockhart	First Michael	MI	Contribution ID # 0188
Residential Street Address 658 Valley Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Energy Engineer	Name of Employer American Utility Consultants		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/09/2018	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
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name McClellan	First Ken	MI	Contribution ID # 0189
Residential Street Address 114 Tavern Cir	City Middletown	State CT	Zip Code 06457
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 06/11/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Wang	First Penghua	MI	Contribution ID # 0190
Residential Street Address 2 Finch Ln	City Guilford	State CT	Zip Code 06437
Principal Occupation Educator	Name of Employer New York Medical College		
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 06/15/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Feldheim	First Ed	MI	Contribution ID # 0191
Residential Street Address 33 Fayerweather Ter	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Teacher	Name of Employer City of Bridgeport		
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 06/16/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Munch	First Richard	MI	Contribution ID # 0211
Residential Street Address 40 Lovers Ln	City Norfolk	State CT	Zip Code 06058
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 06/19/2018	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Porpora	First Gregory	MI	Contribution ID # 0212
Residential Street Address 7 Twin Rocks Dr	City New Fairfield	State CT	Zip Code 06812
Principal Occupation Engineer	Name of Employer IBM		
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 06/19/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Tehrani	First Michael	MI	Contribution ID # 0213
Residential Street Address 838 High Ridge Rd	City Stamford	State CT	Zip Code 06905
Principal Occupation Real Estate Developer	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/19/2018	Aggregate Contributions \$35.00
			Amount of Contribution \$35.00

Last Name Woods	First Una	MI	Contribution ID # 0214
Residential Street Address 29 Edgemere Ave	City West Hartford	State CT	Zip Code 06110
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/19/2018	Aggregate Contributions \$35.00
			Amount of Contribution \$35.00

Last Name Anderson	First John	MI	Contribution ID # 0192
Residential Street Address 5500 Congress St	City Fairfield	State CT	Zip Code 06824
Principal Occupation attorney	Name of Employer Seneca Mortgage Servicing 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 06/20/2018	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
David Stemerman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Skrinar	First John	MI	Contribution ID # 0193
Residential Street Address 193 Old Huckleberry Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Energy Merchant	Name of Employer Gunvor USA		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 06/20/2018	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name Bylow	First Lance	MI	Contribution ID # 0194
Residential Street Address 163 Old Church Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Private Banker	Name of Employer Bank of America		
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 06/20/2018	Aggregate Contributions \$150.00
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 \$150.00	

Last Name Moskowitz	First Steven	MI	Contribution ID # 0195
Residential Street Address 1408 Half Moon Bay Dr	City Croton On the Hudson	State NY	Zip Code 10520
Principal Occupation CPA	Name of Employer Moskowitz & Associates CPA's PC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/20/2018	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name Kloppenbury	First Rob	MI	Contribution ID # 0196
Residential Street Address 19 Lawson Dr	City Madison	State CT	Zip Code 06443
Principal Occupation Communication Consultant	Name of Employer Shorline Biotech Communications		
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 06/20/2018	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
David Stemerman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Naclerio	First John	MI	Contribution ID # 0197
Residential Street Address 116 Raymond St	City Darien	State CT	Zip Code 06820
Principal Occupation Area Sales Manager Home Loans	Name of Employer Bank of America		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/20/2018	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Jachimowski	First Edward	MI	Contribution ID # 0198
Residential Street Address 35 Birchwood Rd	City Seymour	State CT	Zip Code 06483
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 06/20/2018	Aggregate Contributions \$23.00
			Amount of Contribution \$18.00

Last Name Byrne	First Daryl	MI	Contribution ID # 0199
Residential Street Address 35 Blackberry St	City Norfolk	State CT	Zip Code 06058
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 06/20/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name LaFreniere	First Ken	MI	Contribution ID # 0200
Residential Street Address 100 Roton Ave	City Rowayton	State CT	Zip Code 06853
Principal Occupation Sales	Name of Employer Empirical Research Partner		
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 06/20/2018	Aggregate Contributions \$200.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mindich	First Jessica	MI	Contribution ID # 0201
Residential Street Address 714 Lake Ave	City Greenwich	State CT	Zip Code 06830
Principal Occupation CEO	Name of Employer Caliber Collection		
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 06/20/2018	Aggregate Contributions \$600.00
			Amount of Contribution \$500.00

Last Name Miller-Verna	First Carleen	MI	Contribution ID # 0202
Residential Street Address 359 Pythian Ave	City Hawthorne	State NY	Zip Code 10532
Principal Occupation Social Worker	Name of Employer Select Human Services		
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 06/20/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Dolishny	First Michael	MI	Contribution ID # 0203
Residential Street Address 85 Surrey Dr	City Meriden	State CT	Zip Code 06451
Principal Occupation Tax Reporting	Name of Employer UTC		
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 06/21/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Bingham	First Anne	MI E	Contribution ID # 0204
Residential Street Address 149 Weaver St	City Greenwich	State CT	Zip Code 06830
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 06/21/2018	Aggregate Contributions \$150.00
			Amount of Contribution \$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name May	First A Cushman	MI	Contribution ID # 0205
Residential Street Address 122 Palmers Hill Rd Apt 2204	City Stamford	State CT	Zip Code 06902
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 06/21/2018	Aggregate Contributions \$500.00
			Amount of Contribution \$500.00

Last Name Woo	First William	MI C	Contribution ID # 0206
Residential Street Address 470 Three Corners Rd	City Guilford	State CT	Zip Code 06437-2531
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 06/21/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$50.00

Last Name Duran	First Robert	MI	Contribution ID # 0207
Residential Street Address 136 Parkwood Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Insurance	Name of Employer Crystal & Company		
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 06/21/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Offit	First Dan	MI	Contribution ID # 0208
Residential Street Address 104 Husted Ln	City Greenwich	State CT	Zip Code 06830
Principal Occupation Investments	Name of Employer Offit		
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 06/21/2018	Aggregate Contributions \$3,500.00
			Amount of Contribution \$3,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Falkenberg	First C	MI	Contribution ID # 0209
Residential Street Address 239 Central Park W	City New York	State NY	Zip Code 10024
Principal Occupation Business owner	Name of Employer Insite Security 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 06/22/2018	Aggregate Contributions \$180.00
			Amount of Contribution \$180.00

Last Name Berkowitz	First Howard	MI	Contribution ID # 0210
Residential Street Address 540 Madison Ave Fl 29	City New York	State NY	Zip Code 10022
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2018	Aggregate Contributions \$1,000.00
			Amount of Contribution \$1,000.00

Last Name Byrne	First Daryl	MI	Contribution ID # 0215
Residential Street Address 35 Blackberry St	City Norfolk	State CT	Zip Code 06058
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 06/24/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$25.00

Last Name Bailey	First John	MI	Contribution ID # 0216
Residential Street Address 36 Tanglewood Dr	City Norwich	State CT	Zip Code 06360
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/25/2018	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
David Stemerman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Snow	First Phillip	MI	Contribution ID # 0217
Residential Street Address 550 Sport Hill Rd	City Easton	State CT	Zip Code 06612
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/25/2018	Aggregate Contributions \$18.18
			Amount of Contribution \$18.18

Last Name Schwartz	First Talya	MI	Contribution ID # 0218
Residential Street Address 8 Andrews Ave	City Milford	State CT	Zip Code 06460
Principal Occupation Preschool Teacher	Name of Employer Vertical Church		
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 06/25/2018	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Holzel	First Tom	MI	Contribution ID # 0219
Residential Street Address 4 Hawthorne Ct	City Litchfield	State CT	Zip Code 06759
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Frosti	First Ray	MI	Contribution ID # 0220
Residential Street Address 3 Fairway Ct	City Pawcatuck	State CT	Zip Code 06379
Principal Occupation water treatment services	Name of Employer self employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2018	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name McGowan	First Shawn	MI	Contribution ID # 0221
Residential Street Address 1139 Post Rd # 2B	City Fairfield	State CT	Zip Code 06824
Principal Occupation Business Analyst	Name of Employer McGowan Consulting Group		
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 06/27/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Connolly	First Kathleen	MI E	Contribution ID # 0222
Residential Street Address 161 Village Rd	City Southington	State CT	Zip Code 06489
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 06/27/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Smith	First Elizabeth	MI	Contribution ID # 0223
Residential Street Address 37 Holly Ln	City Darien	State CT	Zip Code 06820
Principal Occupation Board member	Name of Employer Pedecco Corp		
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 06/27/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Vitanza	First Lance	MI	Contribution ID # 0224
Residential Street Address 98 Londonderry Dr	City Greenwich	State CT	Zip Code 06830
Principal Occupation Securities Analyst	Name of Employer Cowen		
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 06/27/2018	Aggregate Contributions \$75.00
		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Waldorf	First David	MI	Contribution ID # 0225
Residential Street Address 25 Grove Ln	City Greenwich	State CT	Zip Code 06831
Principal Occupation CEO Entrepreneur	Name of Employer Waldorf Trade Risk		
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 06/27/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Gibson	First Taylor	MI	Contribution ID # 0226
Residential Street Address 478 Oenoke Rdg	City New Canaan	State CT	Zip Code 06840
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 06/28/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Frosti	First Ray	MI	Contribution ID # 0227
Residential Street Address 3 Fairway Ct	City Pawcatuck	State CT	Zip Code 06379
Principal Occupation water treatment services	Name of Employer self employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	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 06/28/2018	Aggregate Contributions \$300.00
			Amount of Contribution \$50.00

Last Name Darda	First Michael	MI	Contribution ID # 0228
Residential Street Address 6 Morgan Ave	City Norwalk	State CT	Zip Code 06851
Principal Occupation Economist	Name of Employer MKM		
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 06/28/2018	Aggregate Contributions \$500.00
			Amount of Contribution \$500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Butman	First Robert	MI	Contribution ID # 0229
Residential Street Address 227 Lambert Rd	City New Canaan	State CT	Zip Code 06840
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 06/28/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name DiLorenzo	First Richard	MI	Contribution ID # 0230
Residential Street Address 39 Chapman Ave	City Westbrook	State CT	Zip Code 06498
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 06/28/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$50.00	

Last Name DiMarco	First Laury	MI	Contribution ID # 0231
Residential Street Address 44 Knollwood Rd	City Milford	State CT	Zip Code 06460
Principal Occupation IT Director	Name of Employer Dymax Corp		
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 06/28/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$50.00	

Last Name Campbell	First Mark	MI	Contribution ID # 0232
Residential Street Address 21 Cricket Ln	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 06/28/2018	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
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Whittaker	First Mark	MI	Contribution ID # 0233
Residential Street Address 123 Paschal Dr	City Milford	State CT	Zip Code 06461
Principal Occupation TV/Movie transport	Name of Employer NBC/Universal		
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 06/28/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Jachimowski	First Edward	MI	Contribution ID # 0234
Residential Street Address 35 Birchwood Rd	City Seymour	State CT	Zip Code 06483
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 06/28/2018	Aggregate Contributions \$15.00
		Amount of Contribution \$10.00	

Last Name Burnett	First Victor	MI	Contribution ID # 0235
Residential Street Address 367 Mashentuck Rd	City Danielson	State CT	Zip Code 06239
Principal Occupation Nuclear Quality Control Inspector	Name of Employer Dominion Energy		
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 06/28/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Woo	First William	MI C	Contribution ID # 0236
Residential Street Address 470 Three Corners Rd	City Guilford	State CT	Zip Code 06437-2531
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 06/28/2018	Aggregate Contributions \$150.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Melaugh	First Carol	MI	Contribution ID # 0237
Residential Street Address 884 North St	City Greenwich	State CT	Zip Code 06831
Principal Occupation homemaker	Name of Employer homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2018	Aggregate Contributions \$150.00
			Amount of Contribution \$150.00

Last Name Morrison	First Thomas	MI	Contribution ID # 0238
Residential Street Address PO Box 658	City Lakeville	State CT	Zip Code 06039
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 06/29/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Campanelli	First Bob	MI	Contribution ID # 0239
Residential Street Address 18 Brook Dr	City New Fairfield	State CT	Zip Code 06812
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported 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 06/29/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Pennington	First Oliver	MI	Contribution ID # 0240
Residential Street Address 4 Shoreham Club Rd	City Greenwich	State CT	Zip Code 06870
Principal Occupation Finance	Name of Employer Vertical Research Partners		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2018	Aggregate Contributions \$125.00
			Amount of Contribution \$125.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Steendam	First Sinco	MI	Contribution ID # 0241
Residential Street Address 92 Ayers Point Rd	City Old Saybrook	State CT	Zip Code 06475
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2018	Aggregate Contributions \$30.00
			Amount of Contribution \$5.00

Last Name Marks	First Steven	MI	Contribution ID # 0242
Residential Street Address 24 Rock Ridge Ave	City Greenwich	State CT	Zip Code 06831
Principal Occupation Investment Manager	Name of Employer Conway marks Holdings 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 06/29/2018	Aggregate Contributions \$500.00
			Amount of Contribution \$500.00

Last Name Feagin	First Douglas	MI	Contribution ID # 0243
Residential Street Address 1067 5th Ave Apt 2	City New York	State NY	Zip Code 10128
Principal Occupation Manager	Name of Employer Ant Financial Services Group		
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 06/29/2018	Aggregate Contributions \$1,500.00
			Amount of Contribution \$1,500.00

Last Name Sandor	First Andrea	MI	Contribution ID # 0244
Residential Street Address 747 Old Stamford Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Property owner	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input 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 \$5.00
			Amount of Contribution \$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Dey	First Joe	MI	Contribution ID # 0245
Residential Street Address 60 Richard Sweet Dr	City Woodbridge	State CT	Zip Code 06525
Principal Occupation Attorney	Name of Employer Dey Smith Steele, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2018	Aggregate Contributions \$125.00
		Amount of Contribution \$125.00	

Last Name Frosti	First Ray	MI	Contribution ID # 0246
Residential Street Address 3 Fairway Ct	City Pawcatuck	State CT	Zip Code 06379
Principal Occupation water treatment services	Name of Employer self employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2018	Aggregate Contributions \$325.00
		Amount of Contribution \$25.00	

Last Name Banker	First Stephen	MI	Contribution ID # 0247
Residential Street Address 49 W Brother Dr	City Greenwich	State CT	Zip Code 06830
Principal Occupation Real Estate	Name of Employer Newmark of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? 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 \$250.00
		Amount of Contribution \$250.00	

Last Name Catalano	First Philip	MI	Contribution ID # 0248
Residential Street Address 36 Byram Shore Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation business owner	Name of Employer J. Catalano & Sons, Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2018	Aggregate Contributions \$500.00
		Amount of Contribution \$500.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Cook	First Nancy	MI	Contribution ID # 0249
Residential Street Address 20 Walsh Ln	City Greenwich	State CT	Zip Code 06830
Principal Occupation Designer	Name of Employer Eleanor Stone NYC		
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 06/30/2018	Aggregate Contributions \$75.00
		Amount of Contribution \$75.00	

Last Name Way	First P. Craig	MI	Contribution ID # 0250
Residential Street Address 679 Fairfield Beach Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Leasing & Acquisitions	Name of Employer HB Nitkin		
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 06/30/2018	Aggregate Contributions \$125.00
		Amount of Contribution \$125.00	

Last Name Iacono	First Pamela	MI	Contribution ID # 0251
Residential Street Address 68 Phyfe Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation homemaker	Name of Employer homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <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 06/30/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name McClellan	First Carol Ann	MI	Contribution ID # 0252
Residential Street Address 256 Washington Blvd	City Stamford	State CT	Zip Code 06902
Principal Occupation homemaker	Name of Employer homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2018	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Karp	First Arnold	MI	Contribution ID # 0253
Residential Street Address 302 Canoe Hill Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Real Estate	Name of Employer Karp Associates inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Kaune	First Jason	MI	Contribution ID # 0254
Residential Street Address 37 Bear Ridge Rd	City Orinda	State CA	Zip Code 94563
Principal Occupation attorney	Name of Employer Nielsen Merksamer		
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 06/30/2018	Aggregate Contributions \$125.00
			Amount of Contribution \$125.00

Last Name Hughes	First John	MI	Contribution ID # 0255
Residential Street Address 434 Housatonic Ave	City Stratford	State CT	Zip Code 06615
Principal Occupation Investment advisor	Name of Employer HIAS 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 06/30/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Clark	First Gary	MI	Contribution ID # 0256
Residential Street Address 397 Wickham Rd	City Glastonbury	State CT	Zip Code 06033
Principal Occupation Special Ed Teacher	Name of Employer Glastonbury Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2018	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
David Stemerman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hobson	First Lee	MI	Contribution ID # 0257
Residential Street Address 4237 Armstrong Pkwy	City Dallas	State TX	Zip Code 75205
Principal Occupation Investments	Name of Employer Highside 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? 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 \$1,500.00
			Amount of Contribution \$1,500.00

Last Name McGlynn	First Ian	MI	Contribution ID # 0258
Residential Street Address 4 Palmer Woods Cir	City Branford	State CT	Zip Code 06405
Principal Occupation Broadcasting	Name of Employer NBC Universal WVIT		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$25.00

Last Name Moore	First Caleb	MI	Contribution ID # 0259
Residential Street Address 41 Bush Ave	City Greenwich	State CT	Zip Code 06830
Principal Occupation Medicine	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? 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 \$250.00
			Amount of Contribution \$250.00

Last Name Rutledge	First Thomas	MI	Contribution ID # 0260
Residential Street Address 400 Atlantic St	City Stamford	State CT	Zip Code 06901
Principal Occupation Executive	Name of Employer Charter Communications		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2018	Aggregate Contributions \$1,500.00
			Amount of Contribution \$1,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mislow	First Connor	MI	Contribution ID # 0261
Residential Street Address 602 Ridge Rd	City Orange	State CT	Zip Code 06477
Principal Occupation student	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 #	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 \$50.00
		Amount of Contribution \$25.00	

Last Name Shuldman	First Bart	MI	Contribution ID # 0262
Residential Street Address 14 Broadview Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Executive	Name of Employer TransAct Technologies Incorporated		
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 06/30/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Biegel	First Diane	MI	Contribution ID # 0263
Residential Street Address 468 CT Highway 167	City Simsbury	State CT	Zip Code 06070
Principal Occupation Biology Professor	Name of Employer CCSU, Quinnipiac U, Middlesex Community College		
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 06/30/2018	Aggregate Contributions \$18.00
		Amount of Contribution \$18.00	

Last Name Pachter	First Joel	MI	Contribution ID # 0264
Residential Street Address 468 CT Highway 167	City Simsbury	State CT	Zip Code 06070
Principal Occupation Professor Biomedical Sciences	Name of Employer UCHC		
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 06/30/2018	Aggregate Contributions \$18.00
		Amount of Contribution \$18.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Seymour	First Scott	MI	Contribution ID # 0265
Residential Street Address 368 Rolling Hills Dr	City Fairfield	State CT	Zip Code 06824
Principal Occupation Marketing	Name of Employer Octagon		
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 06/30/2018	Aggregate Contributions \$75.00
			Amount of Contribution \$75.00

Total of Section B			\$67,257.18
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)			\$67,257.18

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	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? Yes No If yes, list Event #	
City	State	Zip Code	Aggregate Contributions
		Date Received	

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

NAME OF COMMITTEE				TYPE OF REPORT	
David Stemerman for Governor, Inc.				July 10 Filing - Original	
C2. Reimbursements or Surplus Distributions from other Committees					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type		
				Reimbursement for shared expense Surplus distribution from exploratory committee	
Expenditure #	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
David Stemerman for Governor, Inc.				July 10 Filing - Original	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
David Stemerman		<input type="checkbox"/> Bank <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other			06/26/2018
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan?
517 Lake Ave		Greenwich	CT	06830	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)				Amount Received	
Street Address		City	State	Zip Code	\$10,000,000.00
Total of Section D					\$10,000,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
David Stemerma for Governor, Inc.	July 10 Filing - Original

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

Date of Receipt	Method of Payment	Amount
05/02/2018	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	\$1,000,000.00
Total of Section E		\$1,000,000.00

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
David Stemerma for Governor, Inc.	July 10 Filing - Original

G. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount
Webster Bank	04/30/2018	
Street Address	City	State
789 Federal Rd	Brookfield	CT
	Zip Code	
	06804	\$122.21
Name of Institution	Date Received	Amount
Webster Bank	05/30/2018	
Street Address	City	State
789 Federal Rd	Brookfield	CT
	Zip Code	
	06804	\$167.45
Name of Institution	Date Received	Amount
Webster Bank	06/29/2018	
Street Address	City	State
789 Federal Rd	Brookfield	CT
	Zip Code	
	06804	\$365.09
Total of Section G		\$654.75

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

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

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
FlexPoint	05/04/2018	
Street Address PO Box 1051	City New Albany	State OH
	Zip Code 43054	
Description refund		\$94,697.38
Name IMGE	Date of Transaction 05/21/2018	Amount Received
Street Address 108 S Washington St	City Alexandria	State VA
	Zip Code 22314	
Description Refund		\$56,000.00
Total of Section I		\$150,697.38

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original

J1. Event Information

Event # Date of Event 04/12/2018	Letter E	Description Meet and Greet Event	Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location: Street Address 707 Summer St		City Stamford	State CT	Zip Code 06901
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 04/30/2018	Letter F	Description Meet and Greet Event	Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location: Street Address 131 Rowayton Ave		City Norwalk	State CT	Zip Code 06853
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 05/08/2018	Letter G	Description Meet and Greet Event	Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location: Street Address 193 Whitney Ave		City New Haven	State CT	Zip Code 06511
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 checked="" type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
		<input 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
David Stemerman for Governor, Inc.	July 10 Filing - Original

J1. Event Information

Event # Date of Event 05/15/2018	Letter H	Description Meet and Greet Event	Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location: Street Address 199 Elm St		City New Canaan	State CT
Zip Code 06840			
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 06/04/2018	Letter I	Description Meet and Greet Event	Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location: Street Address 9 Old Kings Hwy		City Darien	State CT
Zip Code 06820			
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 06/06/2018	Letter J	Description Meet and Greet Event	Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location: Street Address 5 Yankee Hill Rd		City Westport	State CT
Zip Code 06880			
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		
David Stemerman for Governor, Inc.			July 10 Filing - Original		
J1. Event Information					
Event # Date of Event 06/07/2018	Letter K	Description Cocktail Event	Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Location: Street Address 500 Algonquin Rd		City Fairfield	State CT	Zip Code 06825	
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 type="text" value="\$0.00"/>
		<input checked="" type="checkbox"/> No			
Total of Section J1				\$0.00	

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
David Stemerman for Governor, Inc.			July 10 Filing - Original		
J3. In-Kind Donations Not Considered Contributions					
Name of the Donor Patrick McCormack					
Street Address 184 Spring House Rd		City Fairfield	State CT	Zip Code 06827	
Donation Given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity <input type="checkbox"/> Sole Proprietorship	Description of Donation cocktails and food			Fair Market Value of Donation \$689.91	
Date Received 06/07/2018	Event # 06072018K	Aggregate value for this event \$689.91			
Total of Section J3				\$689.91	

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original

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

Name of Host Michael Kassen		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 5 Yankee Hill Rd		City Westport	State CT
		Zip Code 06880	
Description of Donation cocktails			Fair Market Value of Donation
Event # 06062018J	Aggregate value of this Event - all hosts \$75.00	Aggregate value of all Events - this host/candidate \$75.00	\$75.00

Total of Section J4**\$75.00****III. NONMONETARY RECEIPTS (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	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
David Stemerman for Governor, Inc.	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	Amount of Deposit
Name of Telephone company				
Street Address	City	State	Zip Code	

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee TNREF III 277 Summer Street		Date of Payment 04/02/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 707 Summer St Fl 4		City Stamford	State CT	Zip Code 06901
Purpose of Expend OVHD	Description Rent			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 #
				\$4,389.23

Name of Payee Lincoln Strategies Group		Date of Payment 04/04/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 740 S Mill Ave Ste 200		City Tempe	State AZ	Zip Code 85281
Purpose of Expend Misc *	Description Consulting for Ballot Access work			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$50,000.00

Name of Payee Webster Bank		Date of Payment 04/10/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 790408		City St Louis	State MO	Zip Code 63179
Purpose of Expend CCP	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$961.23

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee George J. Smith		Date of Payment 04/11/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 247 Broad St		City Milford	State CT	Zip Code 06460
Purpose of Expend OVHD	Description Insurance - WC			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 #
				\$2,495.00

Name of Payee Webster Bank		Date of Payment 04/13/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 790408		City St Louis	State MO	Zip Code 63179
Purpose of Expend BNK	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$266.53

Name of Payee George J. Smith		Date of Payment 04/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010026</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 247 Broad St		City Milford	State CT	Zip Code 06460
Purpose of Expend OVHD	Description additional coverage - rental			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 #
				\$104.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Webster Bank		Date of Payment 04/17/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 790408		City St Louis	State MO	Zip Code 63179
Purpose of Expend BNK	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 #	\$29.99

Name of Payee The Lawn Club		Date of Payment 04/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>00092</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 127 Evert St		City New Haven	State CT	Zip Code 06501
Purpose of Expend Misc *	Description meet and greet			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 # 05082018G	\$700.00

Name of Payee Hummel Printing		Date of Payment 04/23/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 850 Springfield Rd		City Union	State NJ	Zip Code 07083
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 #	\$17,096.81

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Lincoln Strategies Group		Date of Payment 04/25/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 740 S Mill Ave Ste 200		City Tempe	State AZ	Zip Code 85281
Purpose of Expend Misc *	Description Consulting for balott access work			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 #
				\$100,000.00

Name of Payee Intuit		Date of Payment 04/25/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 7535 Torrey Santafoe Rd		City San Diego	State CA	Zip Code 92129
Purpose of Expend OVHD	Description Quickbooks			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 #
				\$5.56

Name of Payee imge		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 108 S Washington St		City Alexandria	State VA	Zip Code 22314
Purpose of Expend A-WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Townline Strategies, LLC		Date of Payment 04/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6306 Hardy Dr		City McLean	State VA	Zip Code 22207
Purpose of Expend CNSLT	Description Communications Director			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 #
				\$10,000.00

Name of Payee imge		Date of Payment 04/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 108 S Washington St		City Alexandria	State VA	Zip Code 22314
Purpose of Expend CNSLT	Description Marketing services			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$12,086.94

Name of Payee Hahn Group		Date of Payment 04/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2015 Freedom Ln		City Falls Church	State VA	Zip Code 22043
Purpose of Expend CNSLT	Description Finance Director			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 #
				\$15,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Bill Cortese		Date of Payment 04/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 850 Bloomfield Ave Apt 1C		City Montclair	State NJ	Zip Code 07042
Purpose of Expend CNSLT	Description Political Director			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 #	\$15,000.00

Name of Payee Targeted Strategies LLC		Date of Payment 04/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 25 Belle Ilse Way		City Cranston	State RI	Zip Code 02921
Purpose of Expend WAGE	Description Campaign Manager			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 #	\$18,000.00

Name of Payee Henry Schaffer		Date of Payment 04/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 126 Merrimac Dr		City Trumbull	State CT	Zip Code 06611
Purpose of Expend WAGE	Description Treasurer			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 #	\$6,500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee David Gomes		Date of Payment 04/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 15 Nuthatch Hill Rd		City Trumbull	State CT	Zip Code 06611
Purpose of Expend WAGE	Description Deputy Treasurer			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 #	\$3,000.00

Name of Payee Kendall Callaghan		Date of Payment 04/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 32 Aberdeen Way		City Southport	State CT	Zip Code 06890
Purpose of Expend WAGE	Description Scheduler			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 #	\$3,500.00

Name of Payee Margaret Moroney		Date of Payment 04/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 511 Rylan St		City Richmond	State VA	Zip Code 23220
Purpose of Expend WAGE	Description Finance Deputy Director			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 #	\$4,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee ADP		Date of Payment 04/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 300 Long Bch Blvds		City Stamford	State CT	Zip Code
Purpose of Expend WAGE	Description Employee Benefits			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 #	\$1,786.50

Name of Payee Kendall Callaghan		Date of Payment 04/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 32 Aberdeen Way		City Southport	State CT	Zip Code 06890
Purpose of Expend RMB	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 #	\$46.89

Name of Payee David Gomes		Date of Payment 04/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 15 Nuthatch Hill Rd		City Trumbull	State CT	Zip Code 06611
Purpose of Expend RMB	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 #	\$38.26

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee FlexPoint Media Inc		Date of Payment 05/01/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 1051		City New Albany	State OH	Zip Code 43054
Purpose of Expend A-TV	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 #	\$94,697.38

Name of Payee Red October Production		Date of Payment 05/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010032</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1851A McGuckian St		City Annapolis	State MD	Zip Code 21401
Purpose of Expend A-TV	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 #	\$11,900.00

Name of Payee Red October Production		Date of Payment 05/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010032</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1851A McGuckian St		City Annapolis	State MD	Zip Code 21401
Purpose of Expend A-TV	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 #	\$4,068.15

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Strategic Partners & Medi		Date of Payment 05/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010028</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1851 A McGuckain St		City Annapolis	State MD	Zip Code 21401
Purpose of Expend CNSLT	Description April			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 #	\$3,000.00

Name of Payee Strategic Partners & Medi		Date of Payment 05/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010028</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1851 A McGuckain St		City Annapolis	State MD	Zip Code 21401
Purpose of Expend CNSLT	Description May			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 #	\$3,000.00

Name of Payee Red October Production		Date of Payment 05/01/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1851A McGuckian St		City Annapolis	State MD	Zip Code 21401
Purpose of Expend A-TV	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 #	\$2,702.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Precision Campaign Group	Date of Payment 05/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010031</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 108 S Washington St	City Alexandria	State VA	Zip Code 22314
Purpose of Expend OVHD	Description Campaign mailbox, phone lines and emails		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 # \$786.38

Name of Payee W.B. Mason	Date of Payment 05/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010030</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 59 Centre St	City Brockton	State MA	Zip Code 02301
Purpose of Expend OFFICE	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event # \$79.76

Name of Payee Precision Campaign Group	Date of Payment 05/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010031</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 108 S Washington St	City Alexandria	State VA	Zip Code 22314
Purpose of Expend RMB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event # \$1,592.01

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Precision Placement		Date of Payment 05/02/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 250 Commerce Cir		City New Britain	State CT	Zip Code 06051
Purpose of Expend OVHD	Description move furniture			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 #	\$1,750.00

Name of Payee Fulcrum Campaign Strategies		Date of Payment 05/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010027</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 509 Guisando De Avila		City Tampa	State FL	Zip Code 33613
Purpose of Expend CNSLT	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 #	\$25,000.00

Name of Payee Fulcrum Campaign Strategies		Date of Payment 05/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010027</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 509 Guisando De Avila		City Tampa	State FL	Zip Code 33613
Purpose of Expend Misc *	Description Media Work			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 #	\$18,008.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Fulcrum Campaign Strategies	Date of Payment 05/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010027</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 509 Guisando De Avila	City Tampa	State FL	Zip Code 33613
Purpose of Expend A-DM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$15,208.33

Name of Payee Fulcrum Campaign Strategies	Date of Payment 05/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010027</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 509 Guisando De Avila	City Tampa	State FL	Zip Code 33613
Purpose of Expend CNSLT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$10,000.00

Name of Payee Fulcrum Campaign Strategies	Date of Payment 05/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010027</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 509 Guisando De Avila	City Tampa	State FL	Zip Code 33613
Purpose of Expend A-DM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$5,459.13

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Fulcrum Campaign Strategies		Date of Payment 05/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010027</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 509 Guisando De Avila		City Tampa	State FL	Zip Code 33613
Purpose of Expend Misc *	Description media work			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 #	\$3,250.00

Name of Payee One Cardinal Group. LLC		Date of Payment 05/06/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>50015</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 312 Washington Ave		City Ocean Spring	State MS	Zip Code 39564
Purpose of Expend CNSLT	Description Policy Advisor			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 #	\$35,000.00

Name of Payee Webster Bank		Date of Payment 05/07/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 790408		City St Louis	State MO	Zip Code 63179
Purpose of Expend CCP	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 #	\$730.80

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee FlexPoint Media Inc		Date of Payment 05/07/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 1051		City New Albany	State OH	Zip Code 43054
Purpose of Expend A-TV	Description			Amount \$94,697.38
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)	

Name of Payee FlexPoint Media Inc		Date of Payment 05/07/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 1051		City New Albany	State OH	Zip Code 43054
Purpose of Expend A-TV	Description error in ACH payment - correction			Amount \$94,697.38
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)	

Name of Payee Hummel Printing		Date of Payment 05/08/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 850 Springfield Rd		City Union	State NJ	Zip Code 07083
Purpose of Expend A-DM	Description			Amount \$20,740.52
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)	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Intuit		Date of Payment 05/10/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 7535 Torrey Santafoe Rd		City San Diego	State CA	Zip Code 92129
Purpose of Expend OVHD	Description quickbooks upgrade			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 #	\$545.40
Name of Payee TNREF III 277 Summer Street		Date of Payment 05/11/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 707 Summer St Fl 4		City Stamford	State CT	Zip Code 06901
Purpose of Expend OVHD	Description Rent			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 #	\$4,418.33
Name of Payee Hummel Printing		Date of Payment 05/14/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 850 Springfield Rd		City Union	State NJ	Zip Code 07083
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 #	\$17,096.81

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Webster Bank		Date of Payment 05/14/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 790408		City St Louis	State MO	Zip Code 63179
Purpose of Expend BNK	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 #	\$317.58

Name of Payee Webster Bank		Date of Payment 05/14/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 790408		City St Louis	State MO	Zip Code 63179
Purpose of Expend CCP	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 #	\$10,016.26

Name of Payee Webster Bank		Date of Payment 05/18/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 790408		City St Louis	State MO	Zip Code 63179
Purpose of Expend CCP	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 #	\$1,356.24

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Webster Bank		Date of Payment 05/18/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 790408		City St Louis	State MO	Zip Code 63179
Purpose of Expend CCP	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$424.65

Name of Payee imge		Date of Payment 05/23/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 108 S Washington St		City Alexandria	State VA	Zip Code 22314
Purpose of Expend A-WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$32,000.00

Name of Payee FlexPoint Media Inc		Date of Payment 05/24/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 1051		City New Albany	State OH	Zip Code 43054
Purpose of Expend A-TV	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$60,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Chubb Insurance		Date of Payment 05/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010033</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 660347		City Dallas	State TX	Zip Code 75266-0347
Purpose of Expend OVHD	Description additional WC			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 #	\$83.00

Name of Payee Hummel Printing		Date of Payment 05/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 850 Springfield Rd		City Union	State NJ	Zip Code 07083
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 #	\$20,500.28

Name of Payee i360 LLC		Date of Payment 05/29/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010037</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 29374 Network Pl		City Chicago	State IL	Zip Code 60673
Purpose of Expend CNSLT	Description IT consultant			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 #	\$838.36

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee i360 LLC		Date of Payment 05/29/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010037</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 29374 Network Pl		City Chicago	State IL	Zip Code 60673
Purpose of Expend CNSLT	Description IT Consultant			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 #
				\$1,500.00

Name of Payee Red October Production		Date of Payment 05/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010034</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1851A McGuckian St		City Annapolis	State MD	Zip Code 21401
Purpose of Expend A-TV	Description Television shoot - 2nd 50% of April 12 shoot			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 #
				\$9,233.80

Name of Payee Red October Production		Date of Payment 05/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010034</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1851A McGuckian St		City Annapolis	State MD	Zip Code 21401
Purpose of Expend TRVL	Description Red October invoice #2018-042B			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 #
				\$2,946.64

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Red October Production		Date of Payment 05/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010034</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1851A McGuckian St		City Annapolis	State MD	Zip Code 21401
Purpose of Expend A-TV	Description Television production & distribution			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 #
				\$9,696.80

Name of Payee W.B. Mason		Date of Payment 05/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010040</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 59 Centre St		City Brockton	State MA	Zip Code 02301
Purpose of Expend OFFICE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$277.59

Name of Payee Red October Production		Date of Payment 05/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>21101034</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1851A McGuckian St		City Annapolis	State MD	Zip Code 21401
Purpose of Expend A-TV	Description Editing Real World			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 #
				\$2,256.88

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Strategic Partners & Medi		Date of Payment 05/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010036</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1851 A McGuckain St		City Annapolis	State MD	Zip Code 21401
Purpose of Expend CNSLT	Description Strategy and political consulting			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 #
				\$3,000.00

Name of Payee Red October Production		Date of Payment 05/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010034</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1851A McGuckian St		City Annapolis	State MD	Zip Code 21401
Purpose of Expend A-TV	Description Editing			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 #
				\$3,303.38

Name of Payee Strategic Partners & Medi		Date of Payment 05/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010036</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1851 A McGuckain St		City Annapolis	State MD	Zip Code 21401
Purpose of Expend CNSLT	Description Strategic & political consulting			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 #
				\$3,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Strategic Partners & Medi		Date of Payment 05/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010036</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1851 A McGuckain St		City Annapolis	State MD	Zip Code 21401
Purpose of Expend TRVL	Description April shoot			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 #
				\$1,017.82

Name of Payee Strategic Partners & Medi		Date of Payment 05/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010036</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1851 A McGuckain St		City Annapolis	State MD	Zip Code 21401
Purpose of Expend TRVL	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,030.11

Name of Payee Red October Production		Date of Payment 05/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010034</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1851A McGuckian St		City Annapolis	State MD	Zip Code 21401
Purpose of Expend A-RAD	Description Edit Radio 60 and voiceover			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 #
				\$5,203.75

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Red October Production		Date of Payment 05/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010034</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1851A McGuckian St		City Annapolis	State MD	Zip Code 21401
Purpose of Expend A-TV	Description Edit of TV 30			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 #
				\$5,275.63

Name of Payee Red October Production		Date of Payment 05/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010036</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1851A McGuckian St		City Annapolis	State MD	Zip Code 21401
Purpose of Expend A-TV	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$7,275.00

Name of Payee Red October Production		Date of Payment 05/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010034</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1851A McGuckian St		City Annapolis	State MD	Zip Code 21401
Purpose of Expend A-TV	Description Edit of tv 30			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 #
				\$8,216.75

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Targeted Strategies LLC		Date of Payment 05/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 25 Belle Ilse Way		City Cranston	State RI	Zip Code 02921
Purpose of Expend RMB	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 #	\$146.62

Name of Payee Webster Bank		Date of Payment 05/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 790408		City St Louis	State MO	Zip Code 63179
Purpose of Expend BNK	Description Order checks			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 #	\$29.99

Name of Payee Kendall Callaghan		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 32 Aberdeen Way		City Southport	State CT	Zip Code 06890
Purpose of Expend RMB	Description Staples			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 #	\$19.13

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Margaret Moroney		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 511 Rylan St		City Richmond	State VA	Zip Code 23220
Purpose of Expend RMB	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 #	\$717.97

Name of Payee Margaret Moroney		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 511 Rylan St		City Richmond	State VA	Zip Code 23220
Purpose of Expend RMB	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 #	\$1,114.36

Name of Payee Bill Cortese		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 850 Bloomfield Ave Apt 1C		City Montclair	State NJ	Zip Code 07042
Purpose of Expend WAGE	Description Political Director			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 #	\$6,500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Townline Strategies, LLC		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 6306 Hardy Dr		City McLean	State VA	Zip Code 22207
Purpose of Expend CNSLT	Description Communications Director			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 #	\$10,000.00

Name of Payee Hahn Group		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 2015 Freedom Ln		City Falls Church	State VA	Zip Code 22043
Purpose of Expend CNSLT	Description Finance Director			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 #	\$15,000.00

Name of Payee Targeted Strategies LLC		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 25 Belle Ilse Way		City Cranston	State RI	Zip Code 02921
Purpose of Expend WAGE	Description Campaign Manager			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 #	\$18,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee imge		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 108 S Washington St		City Alexandria	State VA	Zip Code 22314
Purpose of Expend CNSLT	Description digital consulting			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 #
				\$7,665.00

Name of Payee Kendall Callaghan		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 32 Aberdeen Way		City Southport	State CT	Zip Code 06890
Purpose of Expend WAGE	Description Scheduler			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 #
				\$3,500.00

Name of Payee David Gomes		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 15 Nuthatch Hill Rd		City Trumbull	State CT	Zip Code 06611
Purpose of Expend WAGE	Description Deputy Treasure			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 #
				\$3,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Margaret Moroney		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 511 Rylan St		City Richmond	State VA	Zip Code 23220
Purpose of Expend WAGE	Description Finance Deputy Director			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 #	\$4,000.00

Name of Payee Henry Schaffer		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 126 Merrimac Dr		City Trumbull	State CT	Zip Code 06611
Purpose of Expend WAGE	Description Treasurer			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 #	\$5,000.00

Name of Payee ADP		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 300 Long Bch Blvds		City Stamford	State CT	Zip Code
Purpose of Expend WAGE	Description Employee benefits			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 #	\$1,429.04

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Fulcrum Campaign Strategies		Date of Payment 06/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010035</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 509 Guisando De Avila		City Tampa	State FL	Zip Code 33613
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$10,000.00

Name of Payee Fulcrum Campaign Strategies		Date of Payment 06/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010035</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 509 Guisando De Avila		City Tampa	State FL	Zip Code 33613
Purpose of Expend A-DM	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$30,857.86

Name of Payee FlexPoint Media Inc		Date of Payment 06/04/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 1051		City New Albany	State OH	Zip Code 43054
Purpose of Expend A-TV	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$60,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Alliance Technology		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010039</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1047 Danbury Rd		City Wilton	State CT	Zip Code 06897
Purpose of Expend OVHD	Description IT services			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 #
				\$175.48

Name of Payee Hummel Printing		Date of Payment 06/05/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 850 Springfield Rd		City Union	State NJ	Zip Code 07083
Purpose of Expend A-DM	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$17,096.81

Name of Payee One Cardinal Group. LLC		Date of Payment 06/05/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>50017</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 312 Washington Ave		City Ocean Spring	State MS	Zip Code 39564
Purpose of Expend CNSLT	Description Policy Advisor			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 #
				\$15,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Cloudage Strategies	Date of Payment 06/05/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>50016</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1319 Cleveland Heights Blvd	City Cleveland Heights	State OH	Zip Code 44121
Purpose of Expend CNSLT	Description	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$2,500.00

Name of Payee Vortex Consulting Services	Date of Payment 06/05/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010045</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 530 River Rd	City Cos Cob	State CT	Zip Code 06807
Purpose of Expend CNSLT	Description IT services	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 #
			\$825.00

Name of Payee Greenwich Plaza	Date of Payment 06/06/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010044</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 707 Summer St	City Stamford	State CT	Zip Code 06901
Purpose of Expend OVHD	Description	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$2,020.65

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee TNREF III 277 Summer Street	Date of Payment 06/06/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010043</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 707 Summer St Fl 4	City Stamford	State CT	Zip Code 06901
Purpose of Expend OVHD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$4,389.23

Name of Payee ADP	Date of Payment 06/06/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 300 Long Beach Blvd	City Stamford	State CT	Zip Code 06615
Purpose of Expend BNK	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$139.38

Name of Payee Lincoln Strategies Group	Date of Payment 06/07/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 740 S Mill Ave Ste 200	City Tempe	State AZ	Zip Code 85281
Purpose of Expend Misc *	Description Consulting for Ballot Access work		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 #
			\$100,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Daniel Davis		Date of Payment 06/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010046</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 131 Cleveland St		City New Britain	State CT	Zip Code 06053
Purpose of Expend WAGE	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 #	\$1,000.00

Name of Payee FlexPoint Media Inc		Date of Payment 06/08/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 1051		City New Albany	State OH	Zip Code 43054
Purpose of Expend A-TV	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 #	\$250,000.00

Name of Payee Vici Media Group		Date of Payment 06/08/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010038</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 816 Big Woods Rd		City Longview	State TX	Zip Code 75605
Purpose of Expend A-WEB	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 #	\$562.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee FlexPoint Media Inc		Date of Payment 06/09/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 1051		City New Albany	State OH	Zip Code 43054
Purpose of Expend A-TV	Description			Amount \$17,148.00
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 Optimum		Date of Payment 06/11/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 742698		City Cincinnati	State OH	Zip Code 45274
Purpose of Expend OVHD	Description			Amount \$295.19
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 Hummel Printing		Date of Payment 06/13/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 850 Springfield Rd		City Union	State NJ	Zip Code 07083
Purpose of Expend A-DM	Description			Amount \$16,971.39
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
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Webster Bank		Date of Payment 06/14/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 790408		City St Louis	State MO	Zip Code 63179
Purpose of Expend BNK	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$400.70

Name of Payee Public Opinion Strategies LLC		Date of Payment 06/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010057</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 214 N Fayette St		City Alexandria	State VA	Zip Code 22314
Purpose of Expend POLLS	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$22,500.00

Name of Payee Delve LLC		Date of Payment 06/15/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1146 19th St NW Ste 200		City Washington	State DC	Zip Code 20036
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$11,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Sean Westerholm		Date of Payment 06/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010047</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Winton Ter		City Wilton	State CT	Zip Code 06897
Purpose of Expend Misc *	Description Ballot Access work			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 #
				\$150.00

Name of Payee ALBEY LLC		Date of Payment 06/18/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 155 W Laurel St		City Philadelphia	State PA	Zip Code 19123
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$5,250.00

Name of Payee William Cortese		Date of Payment 06/18/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010050</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Crestwood Dr		City Sandy Hook	State CT	Zip Code 06482
Purpose of Expend Misc *	Description Ballot Access work			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 #
				\$150.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Kameron Roberts		Date of Payment 06/18/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010051</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 316 Gariboldi Ave		City Stratford	State CT	Zip Code 06615
Purpose of Expend Misc *	Description Ballot Access work			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 #
				\$150.00

Name of Payee Michael Fox		Date of Payment 06/18/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010048</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 343 Villa Ave		City Fairfield	State CT	Zip Code 06825
Purpose of Expend Misc *	Description Ballot Access work			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 #
				\$150.00

Name of Payee Fulcrum Campaign Strategies		Date of Payment 06/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010056</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 509 Guisando De Avila		City Tampa	State FL	Zip Code 33613
Purpose of Expend A-DM	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$18,008.44

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Fulcrum Campaign Strategies		Date of Payment 06/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010056</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 509 Guisando De Avila		City Tampa	State FL	Zip Code 33613
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 #	\$16,897.92

Name of Payee Christos Perdikis		Date of Payment 06/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010052</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 254 Culloden Rd Apt 2		City Stamford	State CT	Zip Code 06906
Purpose of Expend Misc *	Description Ballot Access work			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 #	\$150.00

Name of Payee Red October Production		Date of Payment 06/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>2110110055</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1851A McGuckian St		City Annapolis	State MD	Zip Code 21401
Purpose of Expend A-TV	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 #	\$14,196.75

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee One Cardinal Group. LLC		Date of Payment 06/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010062</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 312 Washington Ave		City Ocean Spring	State MS	Zip Code 39564
Purpose of Expend CNSLT	Description Policy Advisor			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$12,500.00

Name of Payee Clark Hill		Date of Payment 06/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010060</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 29 Lauder Ln		City Greenwich	State CT	Zip Code 06830
Purpose of Expend CNSLT	Description legal			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 #
				\$4,500.00

Name of Payee Red October Production		Date of Payment 06/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010055</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1851A McGuckian St		City Annapolis	State MD	Zip Code 21401
Purpose of Expend A-TV	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,573.13

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Red October Production		Date of Payment 06/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010055</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1851A McGuckian St		City Annapolis	State MD	Zip Code 21401
Purpose of Expend A-TV	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,653.15

Name of Payee No Usual		Date of Payment 06/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010053</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 144 Moreland Ave NE Apt 631		City Atlanta	State GA	Zip Code 30307
Purpose of Expend A-TV	Description Advertising 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 #
				\$748.00

Name of Payee George Albu		Date of Payment 06/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010049</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 11 Grace Ct		City Bethel	State CT	Zip Code 06801
Purpose of Expend Misc *	Description Ballot Access work			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 #
				\$150.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Clark Hill		Date of Payment 06/20/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1001 Pennsylvania Ave NW		City Washington	State DC	Zip Code 06830
Purpose of Expend CNSLT	Description legal			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 #	\$4,500.00
Name of Payee Clary Consulting Co		Date of Payment 06/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010054</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2910 Kerry Forrest Pkwy		City Tallahassee	State FL	Zip Code 32309
Purpose of Expend Misc *	Description Policy Development			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 #	\$1,700.00
Name of Payee FlexPoint Media Inc		Date of Payment 06/25/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 1051		City New Albany	State OH	Zip Code 43054
Purpose of Expend A-TV	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 #	\$101,380.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Vortex Consulting Services		Date of Payment 06/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010058</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 530 River Rd		City Cos Cob	State CT	Zip Code 06807
Purpose of Expend CNSLT	Description IT services			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 #
				\$525.00

Name of Payee Webster Bank		Date of Payment 06/27/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 790408		City St Louis	State MO	Zip Code 63179
Purpose of Expend CCP	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$5,452.64

Name of Payee imge		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 108 S Washington St		City Alexandria	State VA	Zip Code 22314
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$8,048.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee imge		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 108 S Washington St		City Alexandria	State VA	Zip Code 22314
Purpose of Expend A-WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$20,255.00

Name of Payee DMI Direct		Date of Payment 06/29/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010062</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 18 Ranch Cir		City Lake Forest	State CA	Zip Code 92630
Purpose of Expend A-OTH	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$30,460.76

Name of Payee Fulcrum Campaign Strategies		Date of Payment 06/29/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010065</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 509 Guisando De Avila		City Tampa	State FL	Zip Code 33613
Purpose of Expend A-DM	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$35,162.78

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Red October Production		Date of Payment 06/29/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010064</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1851A McGuckian St		City Annapolis	State MD	Zip Code 21401
Purpose of Expend RMB	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 #	\$1,241.44

Name of Payee Red October Production		Date of Payment 06/29/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010064</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1851A McGuckian St		City Annapolis	State MD	Zip Code 21401
Purpose of Expend A-TV	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 #	\$35,179.59

Name of Payee Townline Strategies, LLC		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6306 Hardy Dr		City McLean	State VA	Zip Code 22207
Purpose of Expend CNSLT	Description Communications Director			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 #	\$20,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Joe Darula		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 15 Overlook Dr		City Greenwich	State CT	Zip Code 06830
Purpose of Expend RMB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$163.49

Name of Payee Brendan Cooney		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 39 Aspetuck Vlg		City New Milford	State CT	Zip Code 06776
Purpose of Expend RMB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$197.12

Name of Payee Daniel Davis		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 131 Cleveland St		City New Britain	State CT	Zip Code 06053
Purpose of Expend RMB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$231.82

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gabriella Verdone	Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 285-5 Asharoken Ave	City Northport	State NY	Zip Code 11768
Purpose of Expend RMB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$252.00

Name of Payee Targeted Strategies LLC	Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 25 Belle Ilse Way	City Cranston	State RI	Zip Code 02921
Purpose of Expend WAGE	Description Campaign manager		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 #
			\$18,000.00

Name of Payee Targeted Strategies LLC	Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 25 Belle Ilse Way	City Cranston	State RI	Zip Code 02921
Purpose of Expend RMB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$1,896.60

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Hahn Group	Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2015 Freedom Ln	City Falls Church	State VA	Zip Code 22043
Purpose of Expend WAGE	Description Finance Director	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 #
			\$15,000.00

Name of Payee Bill Cortese	Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 850 Bloomfield Ave Apt 1C	City Montclair	State NJ	Zip Code 07042
Purpose of Expend WAGE	Description Political Director	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 #
			\$11,500.00

Name of Payee One Cardinal Group. LLC	Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 312 Washington Ave	City Ocean Spring	State MS	Zip Code 39564
Purpose of Expend CNSLT	Description	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$10,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee ALBEY LLC		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 155 W Laurel St		City Philadelphia	State PA	Zip Code 19123
Purpose of Expend WAGE	Description Communication Deputy Director			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 #	\$5,250.00

Name of Payee ALBEY LLC		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 155 W Laurel St		City Philadelphia	State PA	Zip Code 19123
Purpose of Expend RMB	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 #	\$1,573.61

Name of Payee TNREF III 277 Summer Street		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 707 Summer St Fl 4		City Stamford	State CT	Zip Code 06901
Purpose of Expend OVHD	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 #	\$4,397.11

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Kendall Callaghan		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 32 Aberdeen Way		City Southport	State CT	Zip Code 06890
Purpose of Expend WAGE	Description Scheduler			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 #	\$3,500.00
Name of Payee Margaret Moroney		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 511 Rylan St		City Richmond	State VA	Zip Code 23220
Purpose of Expend RMB	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 #	\$2,128.97
Name of Payee Cloudage Strategies		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1319 Cleveland Heights Blvd		City Cleveland Heights	State OH	Zip Code 44121
Purpose of Expend CNSLT	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 #	\$2,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee i360 LLC		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 29374 Network Pl		City Chicago	State IL	Zip Code 60673
Purpose of Expend Misc *	Description Data subscription			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 #
				\$1,500.00

Name of Payee Kendall Callaghan		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 32 Aberdeen Way		City Southport	State CT	Zip Code 06890
Purpose of Expend RMB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$857.40

Name of Payee Daniel Davis		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 131 Cleveland St		City New Britain	State CT	Zip Code 06053
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$4,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Cindy Gomes		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 15 Nuthatch Hill Rd		City Trumbull	State CT	Zip Code 06611
Purpose of Expend WAGE	Description Accountant			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 #	\$2,000.00

Name of Payee Summer 707 LLC		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 707 Summer St		City Stamford	State CT	Zip Code 06901
Purpose of Expend OVHD	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 #	\$800.00

Name of Payee David Gomes		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 15 Nuthatch Hill Rd		City Trumbull	State CT	Zip Code 06611
Purpose of Expend WAGE	Description Deputy Controller			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 #	\$3,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Nicole Palmieri		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 20 Julie Rd Unit C14		City Plainville	State CT	Zip Code 06062
Purpose of Expend RMB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$252.08

Name of Payee Margaret Moroney		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 511 Rylan St		City Richmond	State VA	Zip Code 23220
Purpose of Expend WAGE	Description Financial Deputy Director			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 #
				\$4,000.00

Name of Payee Henry Schaffer		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 126 Merrimac Dr		City Trumbull	State CT	Zip Code 06611
Purpose of Expend WAGE	Description Treasurer			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 #
				\$5,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Joe Darula		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 15 Overlook Dr		City Greenwich	State CT	Zip Code 06830
Purpose of Expend WAGE	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 #	\$3,500.00

Name of Payee Nicole Palmieri		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 20 Julie Rd Unit C14		City Plainville	State CT	Zip Code 06062
Purpose of Expend WAGE	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 #	\$4,500.00

Name of Payee Gabriella Verdone		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 285-5 Asharoken Ave		City Northport	State NY	Zip Code 11768
Purpose of Expend WAGE	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 #	\$2,741.94

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee ADP		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 300 Long Bch Blvds		City Stamford	State CT	Zip Code
Purpose of Expend WAGE	Description Employee benefits			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 #	\$3,806.61

Name of Payee Brendan Cooney		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 39 Aspetuck Vlg		City New Milford	State CT	Zip Code 06776
Purpose of Expend WAGE	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 #	\$4,375.00

Name of Payee Vortex Consulting Group		Date of Payment 06/29/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>50020</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 530 River Rd		City Cos Cob	State CT	Zip Code 06807
Purpose of Expend CNSLT	Description IT services			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 #	\$300.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 06/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend BNK	Description Anedot fees for 2nd quarter			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 #
				\$2,292.99
Total of Section N				\$2,141,359.36

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	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?	
Rudy's Limousine		05/21/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code	
87 Old Long Ridge Rd		Stamford	CT	06903	
Purpose of Expenditure (by code)		Description		Event #	
TRVL					
				Amount	
				\$184.75	
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Barclay		05/21/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code	
111 E 48th St		New York	NY	10017	
Purpose of Expenditure (by code)		Description		Event #	
TRVL					
				Amount	
				\$550.25	
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Park New Haven		06/11/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code	
Crown Street Garage		New Haven	CT	06501	
Purpose of Expenditure (by code)		Description		Event #	
TRVL					
				Amount	
				\$13.00	
Total of Section O				\$748.00	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerma for Governor, Inc.	July 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor Peapod		Date of Transaction 04/02/2018	
Street Address 300 S Riverside Plaze		City Chicago	State Zip Code IL 60007
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum			\$93.59

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor WB Mason		Date of Transaction 04/05/2018	
Street Address 151 Woodward Ave		City Norwalk	State Zip Code CT 06854
Purpose of Expenditure (by code) OFFICE	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum			\$202.05

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor DATAJOE		Date of Transaction 04/05/2018	
Street Address 200 Union Blvd # 213		City Lakewood	State Zip Code CO 80228
Purpose of Expenditure (by code) Misc *	Description Data Lists	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$199.00

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor Intuit		Date of Transaction 04/10/2018	
Street Address 2700 Coast Ave		City Mountain View	State Zip Code CA 94043
Purpose of Expenditure (by code) OVHD	Description QB fees	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$24.24

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Webster Bank	Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other
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Name of Vendor WB Mason	Date of Transaction 04/13/2018
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Street Address 151 Woodward Ave	City Norwalk	State CT	Zip Code 06854
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Purpose of Expenditure (by code)	Description	Amount
OFFICE		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		
	Expenditure # (if applicable)	Event #
		\$94.41

Name of Issuing Institution Webster Bank	Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other
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Name of Vendor WB Mason	Date of Transaction 04/16/2018
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Street Address 151 Woodward Ave	City Norwalk	State CT	Zip Code 06854
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Purpose of Expenditure (by code)	Description	Amount
OFFICE		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		
	Expenditure # (if applicable)	Event #
		\$191.41

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor Avon Limo		Date of Transaction 04/17/2018	
Street Address 2385 Main St # 11		City Stratford	State Zip Code CT 06615
Purpose of Expenditure (by code) TRVL	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event # \$729.67

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor TLF Winstons		Date of Transaction 04/17/2018	
Street Address 382 Greenwich Ave		City Greenwich	State Zip Code CT 06830
Purpose of Expenditure (by code) Misc *	Description Flowers for non-fundraising event		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event # 04302018F \$116.98

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor DropBox		Date of Transaction 04/23/2018	
Street Address 185 Berry St Ste 400		City San Francisco	State Zip Code CA
Purpose of Expenditure (by code) OVHD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$106.05

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor The Hartford Courant		Date of Transaction 04/25/2018	
Street Address 285 Broad St		City Hartford	State Zip Code CT
Purpose of Expenditure (by code) Misc *	Description subscription		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$8.04

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor Westbrook Town Colony Din		Date of Transaction 05/08/2018	
Street Address 611 N Colony Rd		City Wallingford	State Zip Code CT 06492
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$109.68

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor The Hartford Courant		Date of Transaction 05/09/2018	
Street Address 285 Broad St		City Hartford	State Zip Code CT 06457
Purpose of Expenditure (by code) Misc *	Description subscription		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$8.04

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerma for Governor, Inc.	July 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor Foxwoods		Date of Transaction 05/10/2018	
Street Address 350 Trolley Line Blvd		City Mashantucket	State Zip Code CT 06338
Purpose of Expenditure (by code) Misc *	Description GOP Convention Party	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$9,658.25

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor Premier Graphics		Date of Transaction 05/11/2018	
Street Address 860 Honeyspot Rd		City Stratford	State Zip Code CT 06615
Purpose of Expenditure (by code) PRNT	Description GOP Convention material	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$774.62

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor Staples		Date of Transaction 05/16/2018	
Street Address 2299 Summer St		City Stamford	State Zip Code CT 06905
Purpose of Expenditure (by code) PRNT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$244.59

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor OnePassword		Date of Transaction 05/16/2018	
Street Address 2700 Coast Ave		City Mountain View	State Zip Code CA 94043
Purpose of Expenditure (by code) Misc *	Description IT services		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$35.88

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor OnePassword		Date of Transaction 05/21/2018	
Street Address 2700 Coast Ave		City Mountain View	State Zip Code CA 94043
Purpose of Expenditure (by code) Misc *	Description IT services	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$0.71

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor Foxwoods		Date of Transaction 05/21/2018	
Street Address 350 Trolley Line Blvd		City Mashantucket	State Zip Code CT 06338
Purpose of Expenditure (by code) Misc *	Description GOP Convention Party	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$2,062.78

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor DropBox		Date of Transaction 05/23/2018	
Street Address 185 Berry St Ste 400		City San Francisco	State Zip Code CA 94107
Purpose of Expenditure (by code) OVHD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$106.05

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor Optimum		Date of Transaction 05/24/2018	
Street Address 3710 Main St		City Bridgeport	State Zip Code CT 06606
Purpose of Expenditure (by code) OVHD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$584.40

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor Premier Graphics		Date of Transaction 05/25/2018	
Street Address 860 Honeyspot Rd		City Stratford	State Zip Code CT 06615
Purpose of Expenditure (by code) PRNT	Description banner	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$260.00

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor The Hartford Courant		Date of Transaction 05/25/2018	
Street Address 285 Broad St		City Hartford	State Zip Code CT 06457
Purpose of Expenditure (by code) Misc *	Description subscription	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$8.04

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor DropBox		Date of Transaction 05/25/2018	
Street Address 185 Berry St Ste 400		City San Francisco	State Zip Code CA 94107
Purpose of Expenditure (by code) OVHD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$12.22

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor Amazon		Date of Transaction 06/01/2018	
Street Address 1516 Second Ave		City Seattle	State Zip Code WA 98101
Purpose of Expenditure (by code) OFFICE	Description desk		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$580.95

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerma for Governor, Inc.	July 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor The Hartford Courant		Date of Transaction 06/06/2018	
Street Address 285 Broad St		City Hartford	State Zip Code CT 06457
Purpose of Expenditure (by code) Misc *	Description subscription	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$8.04

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor New Haven Diner		Date of Transaction 06/07/2018	
Street Address 1032 Chapel St		City New Haven	State Zip Code CT 06510
Purpose of Expenditure (by code) FOOD	Description	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$180.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor TLF Winstons		Date of Transaction 06/08/2018	
Street Address 382 Greenwich Ave		City Greenwich	State Zip Code CT 06830
Purpose of Expenditure (by code) Misc *	Description Flowers for non-fundraising event		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event # 06062018J
			\$104.16

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor Ridgeway Pizza		Date of Transaction 06/11/2018	
Street Address 2802 Summer St		City Stamford	State Zip Code CT 06905
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$75.49

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor Jenna Marie's Deli		Date of Transaction 06/14/2018	
Street Address 459 Summer St		City Stamford	State Zip Code CT 06901
Purpose of Expenditure (by code) FOOD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event # \$383.66

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor TLF Winstons		Date of Transaction 06/15/2018	
Street Address 382 Greenwich Ave		City Greenwich	State Zip Code CT 06830
Purpose of Expenditure (by code) Misc *	Description Flowers for non-fundraising event		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event # 06072018K \$82.84

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor DropBox		Date of Transaction 06/18/2018	
Street Address 185 Berry St Ste 400		City San Francisco	State Zip Code CA 94107
Purpose of Expenditure (by code) OVHD	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$3.42

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor Dick's Sporting Goods		Date of Transaction 06/18/2018	
Street Address 444 Connecticut Ave		City Norwalk	State Zip Code CT 06854
Purpose of Expenditure (by code) Misc *	Description shirts		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$212.59

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerma for Governor, Inc.	July 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor Premier Graphics		Date of Transaction 06/21/2018	
Street Address 860 Honeyspot		City Stratford	State Zip Code CT 06615
Purpose of Expenditure (by code) PRNT	Description business cards		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$362.43

Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor The Hartford Courant		Date of Transaction 06/21/2018	
Street Address 285 Broad St		City Hartford	State Zip Code CT 06457
Purpose of Expenditure (by code) Misc *	Description subscription		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$8.04

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Webster Bank	Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other
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Name of Vendor DropBox	Date of Transaction 06/27/2018
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Street Address 185 Berry St Ste 400	City San Francisco	State CA	Zip Code 94107
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Purpose of Expenditure (by code) OVHD	Description	Amount
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Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	\$136.35
If yes, assign an Expenditure # and complete Itemization in Addendum				

Total of Section P**\$17,768.67**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
David Stemerma for Governor, Inc.		July 10 Filing - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor Vici Media Group		Date Incurred 06/15/2018	
Street Address 816 Big Woods Rd	City Longview	State TX	Zip Code 75605
Purpose of Expenditure (bv code) A-WEB	Description		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #
			\$87.00
Name of Creditor Public Opinion Strategies LLC		Date Incurred 06/28/2018	
Street Address 214 N Fayette St	City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure (bv code) POLLS	Description		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #
			\$35,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

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

Name of Creditor Albert Eisenberg		Date Incurred 06/30/2018	
Street Address 155 W Laurel St		City Philadelphia	State PA
		Zip Code 19123	
Purpose of Expenditure (by code) RMB	Description		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #
			\$506.96
Name of Creditor Clark Hill		Date Incurred 06/30/2018	
Street Address 1001 Pennsylvania Ave NW		City Washington	State DC
		Zip Code 20004	
Purpose of Expenditure (by code) CNSLT	Description Attorney Fees		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #
			\$5,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

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

Name of Creditor Strategic Partners & Medi		Date Incurred 06/30/2018	
Street Address 1851 A McGuckan St	City Annapolis	State MD	Zip Code 21401
Purpose of Expenditure (bv code) RMB	Description		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #
			\$872.50

Total of Section Q

\$41,466.46

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Schriefer	First Russ	MI	Date of Payment to Vendor 04/25/2018	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 Amtrak Parking				
Street Address of Vendor 50 Massachusetts Ave		City Washington		State DC
Zip Code 20002				
Purpose of Expenditure (by code) TRVL	Description parking garage			
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 \$20.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Schriefer	First Russ	MI	Date of Payment to Vendor 04/30/2018	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 Amtrak				
Street Address of Vendor 50 Massachusetts Ave		City Washington		State DC
Zip Code 20002				
Purpose of Expenditure (by code) TRVL	Description			
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 \$112.00
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
David Stemerman for Governor, Inc.	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:
Schriefer	Russ		04/30/2018	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant Crown Plaza - Warwick

Street Address of Vendor	City	State	Zip Code
801 Greenwich Ave	Warwick	RI	02886

Purpose of Expenditure (by code)	Description
TRVL	

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				\$386.07

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Schriefer	Russ		04/30/2018	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant Warwick Taxis

Street Address of Vendor	City	State	Zip Code
481 Chestnut St	Warwick	RI	02886

Purpose of Expenditure (by code)	Description
TRVL	

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				\$14.75

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
R. Itemization of Reimbursements and Secondary Payees	

Last Name of Worker/Consultant Schriefer	First Russ	MI	Date of Payment to Vendor 04/30/2018	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 Amtrak				
Street Address of Vendor 50 Massachusetts Ave		City Washington		State DC
		Zip Code 20002		
Purpose of Expenditure (by code) TRVL	Description			
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 \$485.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Callaghan	First Kendall	MI	Date of Payment to Vendor 04/30/2018	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 Staples				
Street Address of Vendor 2299 Summer St		City Stamford		State CT
		Zip Code 06905		
Purpose of Expenditure (by code) OFFICE	Description			
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 \$19.13
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Gomes	First David	MI	Date of Payment to Vendor 04/30/2018	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
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Name of Vendor Paid by Committee Worker/Consultant Walgreens

Street Address of Vendor 275 Monroe Tpke	City Monroe	State CT	Zip Code 06468
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Purpose of Expenditure (by code) OFFICE	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$38.26
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Eilon	First Ethan	MI	Date of Payment to Vendor 05/01/2018	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
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Name of Vendor Paid by Committee Worker/Consultant Crown Plaza

Street Address of Vendor 2701 Summer St	City Stamford	State CT	Zip Code 06905
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Purpose of Expenditure (by code) TRVL	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$759.72
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Eilon	First Ethan	MI	Date of Payment to Vendor 05/01/2018	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 Delta				
Street Address of Vendor PO Box 20706		City Atlanta		State GA
Zip Code 30320				
Purpose of Expenditure (by code) TRVL	Description			
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 \$216.30
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Eilon	First Ethan	MI	Date of Payment to Vendor 05/01/2018	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 Delta				
Street Address of Vendor PO Box 20706		City Atlanta		State GA
Zip Code 30320				
Purpose of Expenditure (by code) TRVL	Description			
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 \$525.50
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Eilon	First Ethan	MI	Date of Payment to Vendor 05/01/2018	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
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Name of Vendor Paid by Committee Worker/Consultant

Uber

Street Address of Vendor 182 Howard St	City San Francisco	State CA	Zip Code 94105
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Purpose of Expenditure (by code) TRVL	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$90.49
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Moroney	First Margaret	MI	Date of Payment to Vendor 05/01/2018	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
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Name of Vendor Paid by Committee Worker/Consultant

ACME

Street Address of Vendor 1201 High Ridge Rd	City Stamford	State CT	Zip Code 06905
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Purpose of Expenditure (by code) FOOD	Description food for event
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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 # 04302018F	Amount \$67.92
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
David Sterman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Moroney	First Margaret	MI	Date of Payment to Vendor 05/01/2018	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
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Name of Vendor Paid by Committee Worker/Consultant

BevMax

Street Address of Vendor 835 E Main St	City Stamford	State CT	Zip Code 06902
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Purpose of Expenditure (by code) FOOD	Description beverages for a meet and greet
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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 # 04302018F	Amount \$89.17
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Moroney	First Margaret	MI	Date of Payment to Vendor 05/08/2018	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
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Name of Vendor Paid by Committee Worker/Consultant

Margaret Moroney

Street Address of Vendor 511 Rylan St	City Richmond	State VA	Zip Code 23220
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Purpose of Expenditure (by code) TRVL	Description mileage related to meet and greets
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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 # 05082018G	Amount \$52.80
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Eisenberg	First Albert	MI	Date of Payment to Vendor 05/08/2018	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 Katz's Deli				
Street Address of Vendor 1658 Litchfield Tpke		City Woodbridge		State CT
Zip Code 06525				
Purpose of Expenditure (by code) FOOD	Description			
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 \$101.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Eisenberg	First Albert	MI	Date of Payment to Vendor 05/08/2018	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 Pitaziki				
Street Address of Vendor 170 Temple St		City New Haven		State CT
Zip Code 06510				
Purpose of Expenditure (by code) FOOD	Description			
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 \$15.37
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Callaghan	First Kendall	MI	Date of Payment to Vendor 05/09/2018	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
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Name of Vendor Paid by Committee Worker/Consultant

Best Buy

Street Address of Vendor 398 Universal Dr	City North Haven	State CT	Zip Code 06473
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Purpose of Expenditure (by code) OFFICE	Description camera equipment
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$138.24
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Sweeney	First Patrick	MI	Date of Payment to Vendor 05/14/2018	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
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Name of Vendor Paid by Committee Worker/Consultant

Foxwoods

Street Address of Vendor 350 Trolley Line Blvd	City Mashantucket	State CT	Zip Code 06338
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Purpose of Expenditure (by code) TRVL	Description convention room - David
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$438.84
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
David Sterman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Sweeney	First Patrick	MI	Date of Payment to Vendor 05/14/2018	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 room for convention - patrick			
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 \$251.79
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Sweeney	First Patrick	MI	Date of Payment to Vendor 05/14/2018	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 team dinner			
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 \$216.79
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Eisenberg	First Albert	MI	Date of Payment to Vendor 05/14/2018	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
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Name of Vendor Paid by Committee Worker/Consultant Foxwoods
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Street Address of Vendor 350 Trolley Line Blvd	City Mashantucket	State CT	Zip Code 06338
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Purpose of Expenditure (by code) TRVL	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$251.79
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Moroney	First Margaret	MI	Date of Payment to Vendor 05/15/2018	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
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Name of Vendor Paid by Committee Worker/Consultant Crowne Plaza
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Street Address of Vendor 2701 Summer St	City Stamford	State CT	Zip Code 06905
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Purpose of Expenditure (by code) TRVL	Description lodging for meet and greet
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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 # 05152018H	Amount \$171.35
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
David Sterman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Eisenberg	First Albert	MI	Date of Payment to Vendor 05/16/2018	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 FedEx				
Street Address of Vendor 30 Whitney Ave		City New Haven		State CT
Zip Code 06510				
Purpose of Expenditure (by code) Misc *	Description printing packets			
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 \$280.64
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Eisenberg	First Albert	MI	Date of Payment to Vendor 05/16/2018	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 FedEx				
Street Address of Vendor 30 Whitney Ave		City New Haven		State CT
Zip Code 06510				
Purpose of Expenditure (by code) Misc *	Description additional printing			
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 \$10.07
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
David Sterman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Eisenberg	First Albert	MI	Date of Payment to Vendor 05/17/2018	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
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Name of Vendor Paid by Committee Worker/Consultant
Fedex

Street Address of Vendor 1599 S East Rd	City Farmington	State CT	Zip Code 06030
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Purpose of Expenditure (by code) Misc *	Description additional printing
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$197.43
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Callaghan	First Kendall	MI	Date of Payment to Vendor 05/18/2018	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
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Name of Vendor Paid by Committee Worker/Consultant
Stop & 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) FOOD	Description stocking HQ kitchen
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$52.50
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Sweeney	First Patrick	MI	Date of Payment to Vendor 05/18/2018	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
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Name of Vendor Paid by Committee Worker/Consultant

Staples

Street Address of Vendor 2299 Summer St	City Stamford	State CT	Zip Code 06615
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Purpose of Expenditure (by code) OFFICE	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$114.85
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Sweeney	First Patrick	MI	Date of Payment to Vendor 05/23/2018	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
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Name of Vendor Paid by Committee Worker/Consultant

Amtrak

Street Address of Vendor 60 Mass Ave	City Washington	State DC	Zip Code 20002
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Purpose of Expenditure (by code) TRVL	Description train to NY
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$68.00
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Eisenberg	First Albert	MI	Date of Payment to Vendor 05/23/2018	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
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Name of Vendor Paid by Committee Worker/Consultant Thai Spice
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Street Address of Vendor 153 Boston Post Rd	City Orange	State CT	Zip Code 06477
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Purpose of Expenditure (by code) FOOD	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$32.74
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Callaghan	First kendall	MI	Date of Payment to Vendor 05/23/2018	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
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Name of Vendor Paid by Committee Worker/Consultant Staples

Street Address of Vendor 2299 Summer St	City Stamford	State CT	Zip Code 06905
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Purpose of Expenditure (by code) OFFICE	Description meeting packet materials
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$177.51
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Eisenberg	First Albert	MI	Date of Payment to Vendor 05/24/2018	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 Mercury Gas Station				
Street Address of Vendor 602 Boston Post Rd		City Old Saybrook		State CT
Zip Code 06475				
Purpose of Expenditure (by code) TRVL	Description			
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 \$50.09
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Eisenberg	First Albert	MI	Date of Payment to Vendor 05/24/2018	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 Saybrook Point Inn				
Street Address of Vendor 3 Bridge St		City Old Saybrook		State CT
Zip Code 06475				
Purpose of Expenditure (by code) FOOD	Description			
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 \$80.50
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Moroney	First Margaret	MI	Date of Payment to Vendor 05/24/2018	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
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Name of Vendor Paid by Committee Worker/Consultant Crowne Plaza
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Street Address of Vendor 2701 Summer St	City Stamford	State CT	Zip Code 06905
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Purpose of Expenditure (by code) TRVL	Description
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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 If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$204.35
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Last Name of Worker/Consultant Sweeney	First Patrick	MI	Date of Payment to Vendor 05/24/2018	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
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Name of Vendor Paid by Committee Worker/Consultant Intercontinental
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Street Address of Vendor 111 E 48th St	City New York	State NY	Zip Code 10001
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Purpose of Expenditure (by code) TRVL	Description patrick's room
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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 If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$505.36
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IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Sweeney	First Patrick	MI	Date of Payment to Vendor 05/25/2018	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 Amtrak				
Street Address of Vendor 60 Mass Ave		City Washington		State DC
		Zip Code 20002		
Purpose of Expenditure (by code) TRVL	Description train to RI			
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 \$95.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Sweeney	First Patrick	MI	Date of Payment to Vendor 05/25/2018	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 Metropark				
Street Address of Vendor 1 Railroad St		City Providence		State RI
		Zip Code 02838		
Purpose of Expenditure (by code) TRVL	Description parking			
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 \$60.00
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Sweeney	First Patrick	MI	Date of Payment to Vendor 05/25/2018	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 Tuttobene				
Street Address of Vendor 238 Post Rd		City Fairfield		State CT
Zip Code 06824				
Purpose of Expenditure (by code) OFFICE	Description campaign meeting			
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 \$145.97
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Davis	First Daniel	MI	Date of Payment to Vendor 05/25/2018	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 Costco				
Street Address of Vendor 405 Hartford Rd		City New Britain		State CT
Zip Code 06053				
Purpose of Expenditure (by code) TRVL	Description gas			
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 \$45.93
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
David Stemerman for Governor, Inc.	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:	
Callaghan	Kendall		05/26/2018	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Name of Vendor Paid by Committee Worker/Consultant					
Stop & Shop					
Street Address of Vendor		City		State	Zip Code
1790 Post Rd E		Westport		CT	06880
Purpose of Expenditure (by code)	Description				
Misc *	candy for memorial day parades				
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure # (if applicable)		Event #	Amount
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					\$89.76
If yes, assign an Expenditure # and completes Itemization in Addendum R					

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:	
Davis	Daniel		05/30/2018	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Name of Vendor Paid by Committee Worker/Consultant					
Costco					
Street Address of Vendor		City		State	Zip Code
405 Hartford Rd		New Britain		CT	06053
Purpose of Expenditure (by code)	Description				
TRVL	gas				
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure # (if applicable)		Event #	Amount
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					\$50.35
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Eisenberg	First Albert	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
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Name of Vendor Paid by Committee Worker/Consultant Crown Street Garage

Street Address of Vendor Crown Street College Street	City New Haven	State CT	Zip Code 06510
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Purpose of Expenditure (by code) TRVL	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$7.00
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Eisenberg	First Albert	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
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Name of Vendor Paid by Committee Worker/Consultant Albert Eisenberg
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Street Address of Vendor 155 W Laurel St	City Philadelphia	State PA	Zip Code 19123
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Purpose of Expenditure (by code) TRVL	Description mileage related to GOP Convention May 2-May 30
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$546.98
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Schriefer	First Russ	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
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Name of Vendor Paid by Committee Worker/Consultant Amtrak
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Street Address of Vendor 50 Massachusetts Ave	City Washington	State DC	Zip Code 20002
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Purpose of Expenditure (by code) TRVL	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$95.00
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Schriefer	First Russ	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
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Name of Vendor Paid by Committee Worker/Consultant Warwick Taxi
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Street Address of Vendor 481 Chestnut St	City Warwick	State RI	Zip Code 02886
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Purpose of Expenditure (by code) TRVL	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$10.38
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
David Sterman for Governor, Inc.	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:
Schriefer	Russ		05/31/2018	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant Crown Plaza Warwick

Street Address of Vendor 801 Greenwich Ave	City Warwick	State RI	Zip Code 02886
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Purpose of Expenditure (by code) TRVL	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$305.58
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Schriefer	Russ		05/31/2018	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant Amtrak
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Street Address of Vendor 50 Massachusetts Ave	City Washington	State DC	Zip Code 02886
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Purpose of Expenditure (by code) TRVL	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$276.00
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Schriefer	First Russ	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
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Name of Vendor Paid by Committee Worker/Consultant Warwick Taxi
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Street Address of Vendor 481 Chestnut St	City Warwick	State RI	Zip Code 02886
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Purpose of Expenditure (by code) TRVL	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$38.15
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Schriefer	First Russ	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
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Name of Vendor Paid by Committee Worker/Consultant United Airlines

Street Address of Vendor 77 W Wacker Driev	City Chicago	State IL	Zip Code 60601
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Purpose of Expenditure (by code) TRVL	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$305.00
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Moroney	First Margaret	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 39 Norwich-Westerly Rd		City Ledyard		State CT
Zip Code 06338				
Purpose of Expenditure (by code) Misc *	Description GOP 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 \$251.79
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Moroney	First Margaret	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 Dollar Tree				
Street Address of Vendor 461 Voluntown Rd		City Jewett City		State CT
Zip Code 06351				
Purpose of Expenditure (by code) Misc *	Description GOP 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 \$39.35
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
David Stemerman for Governor, Inc.	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:
Moroney	Margaret		05/31/2018	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant Margaret Moroney
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Street Address of Vendor	City	State	Zip Code
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Purpose of Expenditure (by code)	Description
TRVL	mileage related to GOP Convention

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #	Amount
	<input checked="" type="checkbox"/> No			\$129.80
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Moroney	Margaret		05/31/2018	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant Crown Plaza

Street Address of Vendor	City	State	Zip Code
2701 Summer St	Stamford	CT	06615

Purpose of Expenditure (by code)	Description
TRVL	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #	Amount
	<input checked="" type="checkbox"/> No			\$200.10
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
David Sterman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Moroney	First Margaret	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 Staples				
Street Address of Vendor 2299 Summer St		City Stamford		State CT
Zip Code 06905				
Purpose of Expenditure (by code) OFFICE	Description			
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 \$36.15
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Moroney	First Margaret	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 Staples				
Street Address of Vendor 2299 Summer St		City Stamford		State CT
Zip Code 06615				
Purpose of Expenditure (by code) OFFICE	Description			
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 \$66.37
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
David Sterman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Moroney	First Margaret	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
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Name of Vendor Paid by Committee Worker/Consultant The Paper Store

Street Address of Vendor 2321 Summer St	City Stamford	State CT	Zip Code 06615
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Purpose of Expenditure (by code) OFFICE	Description
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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 If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$9.56
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Last Name of Worker/Consultant Sweeney	First Patrick	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
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Name of Vendor Paid by Committee Worker/Consultant Staples

Street Address of Vendor 400 Chapelview Blvd Ste 30	City Cranston	State RI	Zip Code 02921
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Purpose of Expenditure (by code) OFFICE	Description
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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 If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$129.72
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IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Sweeney	First Patrick	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
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Name of Vendor Paid by Committee Worker/Consultant Uber
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Street Address of Vendor 182 Howard St	City San Francisco	State CA	Zip Code 94105
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Purpose of Expenditure (by code) TRVL	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$13.90
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Sweeney	First Patrick	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
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Name of Vendor Paid by Committee Worker/Consultant Uber
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Street Address of Vendor 182 Howard St	City San Francisco	State CA	Zip Code 94105
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Purpose of Expenditure (by code) TRVL	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$3.00
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Moroney	First Margaret	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
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Name of Vendor Paid by Committee Worker/Consultant Staples

Street Address of Vendor 2299 Summer St	City Stamford	State CT	Zip Code 06905
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Purpose of Expenditure (by code) OFFICE	Description
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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 If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$45.62
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Last Name of Worker/Consultant Moroney	First Margaret	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
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Name of Vendor Paid by Committee Worker/Consultant US Postal Service

Street Address of Vendor 19 High Ridge Rd	City Stamford	State CT	Zip Code 06905
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Purpose of Expenditure (by code) OFFICE	Description
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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 If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$50.00
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IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Moroney	First Margaret	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
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Name of Vendor Paid by Committee Worker/Consultant
US Postal Service

Street Address of Vendor 19 High Ridge Rd	City Stamford	State CT	Zip Code 06905
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Purpose of Expenditure (by code) OFFICE	Description
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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 If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$50.00
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Last Name of Worker/Consultant Moroney	First Margaret	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
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Name of Vendor Paid by Committee Worker/Consultant
Stamford Crowne Plaze

Street Address of Vendor 2701 Summer St	City Stamford	State CT	Zip Code 06905
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Purpose of Expenditure (by code) TRVL	Description
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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 If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$188.60
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IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Moroney	First Margaret	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 Stamford Crowne Plaze				
Street Address of Vendor 2701 Summer St		City Stamford	State CT	Zip Code 06905
Purpose of Expenditure (by code) OFFICE	Description			
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 \$198.60
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Moroney	First Margaret	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 Stamford Crowne Plaze				
Street Address of Vendor 2701 Summer St		City Stamford	State CT	Zip Code 06905
Purpose of Expenditure (by code) TRVL	Description			
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 \$169.85
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Moroney	First Margaret	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 FedEx				
Street Address of Vendor 942 S Shady Grave Rd		City Memphis		State TN
Zip Code 38120				
Purpose of Expenditure (by code) OFFICE	Description			
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 \$7.65
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Moroney	First Margaret	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 FedEx				
Street Address of Vendor 942 S Shady Grove Rd		City Memphis		State TN
Zip Code 38120				
Purpose of Expenditure (by code) OFFICE	Description			
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 \$7.65
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Davis	First Daniel	MI	Date of Payment to Vendor 06/02/2018	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
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Name of Vendor Paid by Committee Worker/Consultant
Costco

Street Address of Vendor 405 Hartford Rd	City New Britain	State CT	Zip Code 06053
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Purpose of Expenditure (by code) TRVL	Description gas
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$51.73
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Callaghan	First Kendall	MI	Date of Payment to Vendor 06/03/2018	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
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Name of Vendor Paid by Committee Worker/Consultant
Stop and Shop

Street Address of Vendor 2200 Bedford St	City Stamford	State CT	Zip Code 06905
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Purpose of Expenditure (by code) FOOD	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$211.91
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Moroney	First Margaret	MI	Date of Payment to Vendor 06/06/2018	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 Staples				
Street Address of Vendor 2299 Summer St		City Stamford		State CT
		Zip Code 06905		
Purpose of Expenditure (by code) OFFICE	Description			
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 \$101.80
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Davis	First Daniel	MI	Date of Payment to Vendor 06/06/2018	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 Costco				
Street Address of Vendor 405 Hartford Rd		City New Britain		State CT
		Zip Code 06053		
Purpose of Expenditure (by code) TRVL	Description gas			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	Amount \$43.81
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
David Sterman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Moroney	First Margaret	MI	Date of Payment to Vendor 06/06/2018	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
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Name of Vendor Paid by Committee Worker/Consultant Hampton Inn

Street Address of Vendor 26 Mill River St	City Stamford	State CT	Zip Code 06902
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Purpose of Expenditure (by code) TRVL	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$251.86
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Cooney	First Brendan	MI	Date of Payment to Vendor 06/07/2018	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
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Name of Vendor Paid by Committee Worker/Consultant Uber
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Street Address of Vendor 555 Market St	City San Francisco	State CA	Zip Code 94105
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Purpose of Expenditure (by code) TRVL	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$18.37
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Davis	First Daniel	MI	Date of Payment to Vendor 06/08/2018	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
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Name of Vendor Paid by Committee Worker/Consultant

Shell

Street Address of Vendor 1144 Corbin Ave	City New Britain	State CT	Zip Code 06050
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Purpose of Expenditure (by code) TRVL	Description gas
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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 If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$40.00
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Last Name of Worker/Consultant Moroney	First Margaret	MI	Date of Payment to Vendor 06/08/2018	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
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Name of Vendor Paid by Committee Worker/Consultant

Crowne Plaza

Street Address of Vendor 2701 Summer St	City Stamford	State CT	Zip Code 06905
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Purpose of Expenditure (by code) TRVL	Description
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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 If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$372.52
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IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Cooney	First Brendan	MI	Date of Payment to Vendor 06/10/2018	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 Brendan Cooney				
Street Address of Vendor 39 Aspetuck Vlg		City New Milford		State CT
Zip Code 06776				
Purpose of Expenditure (by code) TRVL	Description mileage			
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 \$96.25
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Cooney	First Brendan	MI	Date of Payment to Vendor 06/11/2018	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 Brendan Cooney				
Street Address of Vendor 39 Aspetuck Vlg		City New Milford		State CT
Zip Code 06776				
Purpose of Expenditure (by code) TRVL	Description mileage			
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 \$82.50
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
David Stemerman for Governor, Inc.	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:
Darula	Joe		06/11/2018	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Joe Darula

Street Address of Vendor	City	State	Zip Code
15 Overlook Dr	Greenwich	CT	06830

Purpose of Expenditure (by code)	Description
TRVL	mileage

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #	Amount
	<input checked="" type="checkbox"/> No			\$140.25
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Weaver	Courtney		06/11/2018	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Crowne Plaza

Street Address of Vendor	City	State	Zip Code
2701 Summer St	Stamford	CT	06905

Purpose of Expenditure (by code)	Description
TRVL	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #	Amount
	<input checked="" type="checkbox"/> No			\$152.00
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Weaver	First Courtney	MI	Date of Payment to Vendor 06/11/2018	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 Crowne Plaza				
Street Address of Vendor 2701 Summer St		City Stamford		State CT
Zip Code 06905				
Purpose of Expenditure (by code) TRVL	Description parking garage			
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 \$10.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Weaver	First Courtney	MI	Date of Payment to Vendor 06/11/2018	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 Courtney Weaver				
Street Address of Vendor 5353 Columbia Pike Apt 407		City Arlington		State VA
Zip Code 22204				
Purpose of Expenditure (by code) TRVL	Description mileage			
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 \$221.00
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Palmieri	First Nicole	MI	Date of Payment to Vendor 06/11/2018	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
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Name of Vendor Paid by Committee Worker/Consultant
Nicole Palmieri

Street Address of Vendor 20 Julie Rd Unit C14	City Plainville	State CT	Zip Code 06062
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Purpose of Expenditure (by code) TRVL	Description mileage
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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 If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$236.50
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Last Name of Worker/Consultant Moroney	First Margaret	MI	Date of Payment to Vendor 06/11/2018	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
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Name of Vendor Paid by Committee Worker/Consultant
Margaret Moroney

Street Address of Vendor 511 Rylan St	City Richmond	State VA	Zip Code 23220
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Purpose of Expenditure (by code) TRVL	Description mileage
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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 If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$518.89
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IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	July 10 Filing - Original
R. Itemization of Reimbursements and Secondary Payees	

Last Name of Worker/Consultant Callaghan	First Kendall	MI	Date of Payment to Vendor 06/11/2018	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 Kendall Callaghan				
Street Address of Vendor 32 Aberdeen Way		City Southport		State CT
Zip Code 06890				
Purpose of Expenditure (by code) TRVL	Description mileage			
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 \$187.48
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Verdone	First Gabriella	MI	Date of Payment to Vendor 06/12/2018	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 Gabriella Verdone				
Street Address of Vendor 285-8 Asharoken Ave		City Northport		State NY
Zip Code 11768				
Purpose of Expenditure (by code) TRVL	Description Mileage			
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 \$252.00
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Gustafson	First Heather	MI	Date of Payment to Vendor 06/12/2018	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
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Name of Vendor Paid by Committee Worker/Consultant Amtrak
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Street Address of Vendor 50 Massachusetts Ave	City Washington	State DC	Zip Code 20002
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Purpose of Expenditure (by code) TRVL	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$610.00
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Gustafson	First Heather	MI	Date of Payment to Vendor 06/14/2018	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
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Name of Vendor Paid by Committee Worker/Consultant New Jersey Turnpike

Street Address of Vendor PO Box 5402	City Woodbridge	State NJ	Zip Code 07095
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Purpose of Expenditure (by code) TRVL	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$5.00
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Gustafson	First Heather	MI	Date of Payment to Vendor 06/14/2018	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 Burger King				
Street Address of Vendor 5 Hartford Rd		City Mount Laurel		State NJ
Zip Code 08054				
Purpose of Expenditure (by code) FOOD	Description			
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 \$5.95
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Gustafson	First Heather	MI	Date of Payment to Vendor 06/14/2018	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 Colony Grill				
Street Address of Vendor 172 Myrtle Ave		City Stamford		State CT
Zip Code 06902				
Purpose of Expenditure (by code) TRVL	Description			
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 \$60.65
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Gustafson	First Heather	MI	Date of Payment to Vendor 06/14/2018	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
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Name of Vendor Paid by Committee Worker/Consultant
Enzos Italian

Street Address of Vendor 2802 Summer St	City Stamford	State CT	Zip Code 06905
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Purpose of Expenditure (by code) FOOD	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$32.30
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Gustafson	First Heather	MI	Date of Payment to Vendor 06/14/2018	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
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Name of Vendor Paid by Committee Worker/Consultant
Cafe La France

Street Address of Vendor 73 Empire St	City Providence	State RI	Zip Code 02903
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Purpose of Expenditure (by code) FOOD	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$14.95
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Gustafson	First Heather	MI	Date of Payment to Vendor 06/14/2018	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
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Name of Vendor Paid by Committee Worker/Consultant Heather Gustafson

Street Address of Vendor 1851 A McGuckan St	City Annapolis	State MD	Zip Code 21401
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Purpose of Expenditure (by code) TRVL	Description Mileage
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$320.46
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Moroney	First Margaret	MI	Date of Payment to Vendor 06/15/2018	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
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Name of Vendor Paid by Committee Worker/Consultant Crowne Plaza
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Street Address of Vendor 2701 Summer St	City Stamford	State CT	Zip Code 06905
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Purpose of Expenditure (by code) TRVL	Description Mileage
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$472.25
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Palmieri	First Nicole	MI	Date of Payment to Vendor 06/15/2018	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
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Name of Vendor Paid by Committee Worker/Consultant

Dunkin Donuts

Street Address of Vendor 19 East St	City Plainville	State CT	Zip Code 06062
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Purpose of Expenditure (by code) FOOD	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$15.58
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Gustafson	First Heather	MI	Date of Payment to Vendor 06/15/2018	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
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Name of Vendor Paid by Committee Worker/Consultant

Freehand Hotel

Street Address of Vendor 23 Lexington Ave	City New York	State NY	Zip Code 10001
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Purpose of Expenditure (by code) TRVL	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$192.13
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
David Stemerman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Moroney	First Margaret	MI	Date of Payment to Vendor 06/19/2018	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
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Name of Vendor Paid by Committee Worker/Consultant Crowne Plaza
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Street Address of Vendor 2701 Summer St	City Stamford	State CT	Zip Code 06905
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Purpose of Expenditure (by code) TRVL	Description
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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 If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$184.63
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Last Name of Worker/Consultant Darula	First Joe	MI	Date of Payment to Vendor 06/19/2018	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
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Name of Vendor Paid by Committee Worker/Consultant Uber
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Street Address of Vendor 555 Market St	City San Francisco	State CA	Zip Code 94105
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Purpose of Expenditure (by code) TRVL	Description
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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 If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$23.24
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IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Moroney	First Margaret	MI	Date of Payment to Vendor 06/21/2018	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 Frank Pepe's Pizza				
Street Address of Vendor 157 Wooster St		City New Haven	State CT	Zip Code 06511
Purpose of Expenditure (by code) FOOD	Description			
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 \$22.67	
If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				\$14,853.81

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	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				
Total of Section S				

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

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

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

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

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