



**COVER PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE			
<b>Aimee4Ridgefield</b>				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
First <b>Molly</b>		MI	Last <b>McGeehin-Paulish</b>			Suffix	
4. TREASURER ADDRESS							
Street Address <b>51 Tanton Hill Rd</b>			City <b>Ridgefield</b>		State <b>CT</b>	Zip Code <b>06877</b>	
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)				7. DISTRICT NUMBER (if applicable)	
<b>11/06/2018</b>		<b>State Representative</b>				<b>R111</b>	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)							
First <b>Aimee</b>		MI	Last <b>Berger-Girvalo</b>			Suffix	
9. TYPE OF REPORT							
<b>July 10 Filing - Original</b>							
10. PERIOD COVERED							
		Beginning Date				Ending Date	
		<b>05/25/2018</b>		thru		<b>06/30/2018</b>	
11. CERTIFICATION							
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.							
<b>Electronic Filing</b>		<b>Molly McGeehin-Paulish</b>			<b>07/05/2018 4:36:09PM</b>		
SIGNATURE		PRINT NAME OF THE SIGNER			DATE CERTIFIED		
<p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</b></p>							

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
<b>Aimee4Ridgefield</b>	July 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$0.00</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$3,025.00</b>	<b>\$3,025.00</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$5,751.09</b>	<b>\$5,751.09</b>
16. Other Monetary Receipts (Section D through I)	<b>\$0.00</b>	<b>\$0.00</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$8,776.09</b>	<b>\$8,776.09</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$8,776.09</b>	<b>\$8,776.09</b>
20. Expenses Paid by Committee (Section N)	<b>\$1,824.70</b>	<b>\$1,824.70</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$6,951.39</b>	<b>\$6,951.39</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	<b>\$0.00</b>	<b>\$0.00</b>
24. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
25. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$1,600.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$1,600.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Aimee4Ridgefield		July 10 Filing - Original	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b>		For Nonparticipating Candidates ONLY	
		<b>\$0.00</b>	
<b>B. Itemized Contributions from Individuals</b>			

Last Name Godzwon		First Ann		MI	Contribution ID # 0014
Residential Street Address 5 Quail Dr		City Ridgefield		State CT	Zip Code 06877
Principal Occupation self employed			Name of Employer self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
<input type="checkbox"/> Yes <input type="checkbox"/> No Is this contribution associated with an event reported in Section J1? If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/25/2018 Aggregate Contributions \$100.00	

Last Name Harris		First Alex		MI	Contribution ID # 0015
Residential Street Address 37 Christopher Rd		City Ridgefield		State CT	Zip Code 06877
Principal Occupation VP Network Planning			Name of Employer Vyve Broadband		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
<input type="checkbox"/> Yes <input type="checkbox"/> No Is this contribution associated with an event reported in Section J1? If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/25/2018 Aggregate Contributions \$5.00	

Last Name Breckenridge		First Karen		MI K	Contribution ID # 0001
Residential Street Address 15 Lawrence Ln		City Ridgefield		State CT	Zip Code 06877
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this contribution associated with an event reported in Section J1? If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/25/2018 Aggregate Contributions \$5.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Breckenridge	First Mark	MI A	Contribution ID # 0002
Residential Street Address 15 Lawrence Ln	City Ridgefield	State CT	Zip Code 06877
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2018	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Bruno	First Cynthia	MI A	Contribution ID # 0003
Residential Street Address 355 Bennetts Farm Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Registrar of Voters	Name of Employer Town of Ridgefield		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2018	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Marconi	First Rudolph	MI P	Contribution ID # 0004
Residential Street Address 145 Main St	City Ridgefield	State CT	Zip Code 06877
Principal Occupation First Selectman	Name of Employer Town of Ridgefield		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2018	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Cole	First Sky	MI	Contribution ID # 0005
Residential Street Address 57 Prospect St Apt 38	City Ridgefield	State CT	Zip Code 06877
Principal Occupation carpentry	Name of Employer Sky Cole		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2018	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
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Gengo	First Linda	MI D	Contribution ID # 0006
Residential Street Address 21 Ramapoo Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation social worker	Name of Employer West Med 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Weiner	First Alice	MI CT	Contribution ID # 0007
Residential Street Address 74 Bob Hill Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation teacher	Name of Employer White Plains City School District		
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 05/25/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Bruno	First James	MI J	Contribution ID # 0008
Residential Street Address 355 Bennetts Farm Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation logistics mngr	Name of Employer Odyssey Logistics		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2018	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Miller	First Francesca	MI D	Contribution ID # 0009
Residential Street Address 9 Douglas Ln	City Ridgefield	State CT	Zip Code 06877
Principal Occupation teacher	Name of Employer Rye City 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Van der Noll	First April	MI	Contribution ID # 0016
Residential Street Address 120 Limestone 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? <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 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 05/26/2018	Aggregate Contributions \$15.00
		Amount of Contribution \$15.00	

Last Name Gannalo	First Jasmine	MI	Contribution ID # 0017
Residential Street Address 313 Old Sib Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Makeup Artist	Name of Employer Freelance		
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 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 05/26/2018	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Lindenburg	First Jane	MI G	Contribution ID # 0018
Residential Street Address 317A Limestone Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Development Professional	Name of Employer The Ridgefield Playhouse		
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 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 05/26/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name O'Connell	First Nancy	MI	Contribution ID # 0019
Residential Street Address 23 Catoonah St	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retail	Name of Employer Nancy O		
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 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 05/26/2018	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
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Lozach	First Cheryl	MI A	Contribution ID # 0020
Residential Street Address 94 Danbury Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Owner	Name of Employer Joy of Movement		
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 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 05/26/2018	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name Flegel	First Michelle	MI	Contribution ID # 0021
Residential Street Address 43 Briar Ridge Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Head of Sales	Name of Employer Arctic Glacier		
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 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 05/26/2018	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Barkan	First Alisa	MI	Contribution ID # 0022
Residential Street Address 19 Caudatowa Dr	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Teacher	Name of Employer Newtown 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 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 05/26/2018	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Dilaura	First Jennifer	MI	Contribution ID # 0023
Residential Street Address 7 First Ln	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Volunteer	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 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 05/26/2018	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
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Atkinson-Karashik	First Anna	MI	Contribution ID # 0024
Residential Street Address 43 Mamasco Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation LCSW	Name of Employer WCHN		
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 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 05/26/2018	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Goldberg	First Jeanne	MI	Contribution ID # 0025
Residential Street Address 452 Limestone Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Homemaker	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 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 05/26/2018	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Williams	First Michele	MI	Contribution ID # 0026
Residential Street Address 48 Deer Hill Dr	City Ridgefield	State CT	Zip Code 06877
Principal Occupation self employed	Name of Employer na		
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 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 05/26/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Ward	First David	MI	Contribution ID # 0027
Residential Street Address 127 Mamasco Rd .	City Ridgefield	State CT	Zip Code 06877
Principal Occupation HR manager	Name of Employer Synchrony Financial		
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 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 05/26/2018	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
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Barlow</b>	First <b>Nancy</b>	MI	Contribution ID # <b>0028</b>
Residential Street Address <b>5 Rainbow Dr</b>	City <b>Ridgefield</b>	State <b>CT</b>	Zip Code <b>06877</b>
Principal Occupation <b>Teacher</b>	Name of Employer <b>Ridgefield Public Schools</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>05/26/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Schroppe</b>	First <b>Stephen</b>	MI	Contribution ID # <b>0029</b>
Residential Street Address <b>48 Barry Ave</b>	City <b>Ridgefield</b>	State <b>CT</b>	Zip Code <b>06877</b>
Principal Occupation <b>Finance</b>	Name of Employer <b>Antares</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>05/26/2018</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Baum</b>	First <b>David</b>	MI	Contribution ID # <b>0030</b>
Residential Street Address <b>197 North St</b>	City <b>Ridgefield</b>	State <b>CT</b>	Zip Code <b>06877</b>
Principal Occupation <b>Doctor</b>	Name of Employer <b>CPW-Consierge Physicians of Westport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>05/26/2018</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

Last Name <b>Ward</b>	First <b>Meredith</b>	MI	Contribution ID # <b>0031</b>
Residential Street Address <b>220 Nod Rd</b>	City <b>Ridgefield</b>	State <b>CT</b>	Zip Code <b>06877</b>
Principal Occupation <b>Homemaker</b>	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>05/26/2018</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name O'Connell	First Nancy	MI	Contribution ID # 0032
Residential Street Address 23 Catoonah St .	City Ridgefield	State CT	Zip Code 06877
Principal Occupation retailer	Name of Employer nancy O		
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 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 05/26/2018
		Aggregate Contributions \$5.00	Amount of Contribution \$5.00

Last Name Leighton	First Beverly	MI A	Contribution ID # 0033
Residential Street Address 1 Prospect Rdg	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Yoga instructor	Name of Employer The yoga shala		
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 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 05/26/2018
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name Benton	First Suzanne	MI	Contribution ID # 0034
Residential Street Address 22 Donnelly Dr	City Ridgefield	State CT	Zip Code 06877
Principal Occupation artist	Name of Employer self-Suzanne Benton		
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 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 05/26/2018
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name Vredenburgh	First Tish	MI	Contribution ID # 0035
Residential Street Address 22 Little Ridge Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation property manager	Name of Employer Catoonah Street 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 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 05/26/2018
		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
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Skor	First Stephen	MI A	Contribution ID # 0036
Residential Street Address 93 Rising Ridge Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Attorney	Name of Employer Skorlaw		
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 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 05/26/2018	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Skor	First Anita	MI CT	Contribution ID # 0037
Residential Street Address 93 Rising Ridge Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Attorney	Name of Employer Anita Skor, Esq.		
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 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 05/26/2018	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Markham	First Meryl	MI A	Contribution ID # 0038
Residential Street Address 37 Mountain Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Design Director	Name of Employer Summit Golf Brands		
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 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 05/26/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Harris	First Juliane	MI CT	Contribution ID # 0039
Residential Street Address 10 Lakeside Drive Ext	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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 05/26/2018	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
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Bova	First Kim	MI	Contribution ID # 0040
Residential Street Address 617 Barrack Hill Rd .	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Sales and Operations Manager	Name of Employer Candlewood Aesthetics		
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 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 05/27/2018	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Vieltojarvi	First Ville	MI	Contribution ID # 0041
Residential Street Address 5 Quail Dr	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Director Finance	Name of Employer Microsoft 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 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 05/27/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Inall	First Tracy	MI	Contribution ID # 0042
Residential Street Address 54 Adams Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Regulatory compliance manager	Name of Employer Deloitte		
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 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 05/27/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Sidovar	First Susan	MI	Contribution ID # 0043
Residential Street Address 12 Craigmoor Rd S	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Physician	Name of Employer The Pedaitric Center		
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 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 05/27/2018	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
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Hayes	First Alice	MI	Contribution ID # 0044
Residential Street Address 114 Ramapoo Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Designer	Name of Employer Deane, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/27/2018	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Harris	First Meredith	MI	Contribution ID # 0045
Residential Street Address 37 Christopher Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/27/2018	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Simpson	First David	MI	Contribution ID # 0046
Residential Street Address 668 Ridgebury Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Iron Worker	Name of Employer Local 580		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/28/2018	Aggregate Contributions \$150.00
		Amount of Contribution \$150.00	

Last Name Dougherty	First Mary	MI C	Contribution ID # 0047
Residential Street Address 43 Rippowam Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Business Owner	Name of Employer Rodan + Fields Skincare		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/28/2018	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
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Miller	First Harvey	MI S	Contribution ID # 0010
Residential Street Address 9 Douglas Ln	City Ridgefield	State CT	Zip Code 06877
Principal Occupation periodontist	Name of Employer Harvey S. Miller, DMD		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 05/28/2018	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Greenfield	First Steven	MI J	Contribution ID # 0011
Residential Street Address 237 Mountain Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 05/29/2018	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Kloth	First Howard	MI H	Contribution ID # 0012
Residential Street Address 86 Governor St	City Ridgefield	State CT	Zip Code 06877
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 05/29/2018	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Kent	First Mara	MI	Contribution ID # 0048
Residential Street Address 18 North St	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Compliance administrator	Name of Employer Silverpeak Strategic 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 type="checkbox"/> No If yes, list Event #		Date Received 05/29/2018	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
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Martin	First Stacy	MI	Contribution ID # 0049
Residential Street Address 330 Silver Spring Rd .	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Principal	Name of Employer SMM Consulting and Coaching		
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 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 Byrne	First Robert	MI F	Contribution ID # 0050
Residential Street Address 27 Topstone Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation VP, Supply Chain Solutions	Name of Employer E2open		
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 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 \$100.00
		Amount of Contribution \$100.00	

Last Name Kloeckner	First Kristof	MI R	Contribution ID # 0051
Residential Street Address 76 Keeler Dr	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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 \$25.00
		Amount of Contribution \$25.00	

Last Name Griggs	First Beverly	MI J	Contribution ID # 0052
Residential Street Address 32 Arrowhead Pl	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Homemaker	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name cutter	First Anne	MI	Contribution ID # 0053
Residential Street Address 3 Nettle Ln	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received 05/29/2018	Aggregate Contributions \$50.00
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 \$50.00	

Last Name Lee	First Eva	MI	Contribution ID # 0054
Residential Street Address 44 Old Mill Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Artist	Name of Employer Christianson Lee Studios		
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 type="checkbox"/> No If yes, list Event #		Date Received 05/29/2018	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 Bouffard	First Jack	MI	Contribution ID # 0055
Residential Street Address 32 Gilbert St	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Event Specialist	Name of Employer Ann's Place, INC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received 05/29/2018	Aggregate Contributions \$5.00
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 \$5.00	

Last Name sherman	First s	MI	Contribution ID # 0056
Residential Street Address 253 George Washington Hwy	City Ridgefield	State CT	Zip Code 06877
Principal Occupation consulting	Name of Employer accompli 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 type="checkbox"/> No If yes, list Event #		Date Received 05/29/2018	Aggregate Contributions \$50.00
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 \$50.00	



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Bigelow	First Jill	MI A	Contribution ID # 0057
Residential Street Address 707 Ridgebury Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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 \$10.00
		Amount of Contribution \$10.00	

Last Name Bigelow	First Dan	MI	Contribution ID # 0058
Residential Street Address 707 Ridgebury Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Photographer	Name of Employer Dan Bigelow Photography		
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 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 \$5.00
		Amount of Contribution \$5.00	

Last Name Boris	First Christine	MI	Contribution ID # 0059
Residential Street Address 7 Morganti Ct	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? <input type="checkbox"/> Yes <input 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 \$5.00
		Amount of Contribution \$5.00	

Last Name Bowler	First Courtney	MI P	Contribution ID # 0060
Residential Street Address 128 High Ridge Ave	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Self-employed	Name of Employer Page Bowler Marketing Consultant		
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 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
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Markus	First William	MI	Contribution ID # 0061
Residential Street Address 18 Pilgrim Hill Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/29/2018	Aggregate Contributions \$25.00
			\$25.00

Last Name Edelman	First Bonnie	MI	Contribution ID # 0062
Residential Street Address 133 Spring Valley Rd .	City Ridgefield	State CT	Zip Code 06877
Principal Occupation photographer	Name of Employer Bonnie Edelman Photography		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2018	Aggregate Contributions \$250.00
			\$250.00

Last Name Norwitt	First Richard	MI	Contribution ID # 0063
Residential Street Address 143 High Ridge Ave	City Ridgefield	State CT	Zip Code 06877
Principal Occupation executive	Name of Employer Amphenol Corp.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2018	Aggregate Contributions \$25.00
			\$25.00

Last Name Escola	First Dwayne	MI	Contribution ID # 0064
Residential Street Address 52 Catoonah St -	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Engineer	Name of Employer Northeast Smart Energy 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	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2018	Aggregate Contributions \$5.00
			\$5.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name David	First Susan	MI	Contribution ID # 0065
Residential Street Address 121 Holmes Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Homemaker	Name of Employer N/A		
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 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 Cordano	First Amanda	MI S	Contribution ID # 0066
Residential Street Address 160 Florida Hill Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation part time development assistant	Name of Employer Wooster School		
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 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 McGerald	First Evan	MI P	Contribution ID # 0067
Residential Street Address 345 North St	City Ridgefield	State CT	Zip Code 06877
Principal Occupation finance	Name of Employer Cornerstone Global		
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 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 \$5.00
			Amount of Contribution \$5.00

Last Name Rose	First Melene	MI	Contribution ID # 0068
Residential Street Address 9 Hawthorne Hill Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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 05/31/2018	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
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Burgess	First Irene	MI C	Contribution ID # 0069
Residential Street Address 9 Twixt Hills Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation n/a	Name of Employer n/a		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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	Amount of Contribution Date Received 05/31/2018 Aggregate Contributions \$25.00 \$25.00

Last Name Miller	First Mary	MI	Contribution ID # 0070
Residential Street Address 20 Acre Ln	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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	Amount of Contribution Date Received 05/31/2018 Aggregate Contributions \$5.00 \$5.00

Last Name Amler	First Lynn	MI	Contribution ID # 0071
Residential Street Address 41 Lake Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Vice President	Name of Employer Mill Management Inc.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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	Amount of Contribution Date Received 05/31/2018 Aggregate Contributions \$5.00 \$5.00

Last Name Liebowitz	First Lisa	MI	Contribution ID # 0072
Residential Street Address 11 Lake Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Teacher	Name of Employer Ridgefield 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	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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	Amount of Contribution Date Received 05/31/2018 Aggregate Contributions \$25.00 \$25.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Arms	First Thomas	MI C	Contribution ID # 0073
Residential Street Address 63 Pine Mountain Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Audio Engineer	Name of Employer Disney/ABC		
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 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 05/31/2018	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Sauter	First Kimberly	MI CT	Contribution ID # 0074
Residential Street Address 83 Sugarloaf Mountain Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Sales	Name of Employer Codesters		
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 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 05/31/2018	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Rogers	First Rachel	MI M	Contribution ID # 0075
Residential Street Address 34 Madeline Dr	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Educator	Name of Employer Woodcock Nature Center		
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 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 05/31/2018	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Rogers	First Brian	MI CT	Contribution ID # 0076
Residential Street Address 34 Madeline Dr	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Human Resources	Name of Employer Clinton Foundation		
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 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 05/31/2018	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
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Fisher	First Siobhán	MI	Contribution ID # 0077
Residential Street Address 325 Main St	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Attorney	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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 05/31/2018	Aggregate Contributions \$50.00
			\$50.00

Last Name Holz	First Kathleen	MI	Contribution ID # 0078
Residential Street Address 3 Ninth Ln	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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 05/31/2018	Aggregate Contributions \$25.00
			\$25.00

Last Name Cavalcanti	First Mario	MI	Contribution ID # 0079
Residential Street Address 166 Minuteman Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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 06/01/2018	Aggregate Contributions \$25.00
			\$25.00

Last Name Fostervold	First Brian	MI M	Contribution ID # 0080
Residential Street Address 17 Halpin Ln Apt 20	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Data Syndication	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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 06/01/2018	Aggregate Contributions \$5.00
			\$5.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Mindell	First Andrea	MI C	Contribution ID # 0081
Residential Street Address 23 Woodchuck Ln	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Communication/Change Management	Name of Employer Aon		
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 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 06/01/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Bowen	First Kathleen	MI CT	Contribution ID # 0082
Residential Street Address 59 Yankee Hill Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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 06/01/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Gallagher	First Sheilah	MI CT	Contribution ID # 0083
Residential Street Address 172 N Salem Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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 06/01/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Cyr	First Ken	MI CT	Contribution ID # 0084
Residential Street Address 41 Round Lake Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retailer	Name of Employer Wilton Sport Shop		
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 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 06/01/2018	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
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Michel	First Amanda	MI E	Contribution ID # 0085
Residential Street Address 131 Mamasco Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Occupational Therapist	Name of Employer Sensational Achievements, 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 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 06/01/2018	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name heyman	First joseph	MI	Contribution ID # 0086
Residential Street Address 7 Ketcham Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation real estate management	Name of Employer joseph heyman		
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 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 06/01/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Brockway	First Sally	MI	Contribution ID # 0087
Residential Street Address 64 Old Washington Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation systems analyst	Name of Employer Mediaocean, 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 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 06/01/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Taylor	First Michael	MI J	Contribution ID # 0088
Residential Street Address 39 Catoonah St	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Controller	Name of Employer Ridgefield Apartments		
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 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 06/01/2018	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
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Pallant	First Mary	MI D	Contribution ID # 0089
Residential Street Address 102 Mimosa Cir	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retail	Name of Employer Nancy O		
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 06/01/2018	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	

Last Name Slavin	First Sabina	MI	Contribution ID # 0090
Residential Street Address 86 Governor St	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 06/01/2018	Aggregate Contributions \$10.00
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 \$10.00	

Last Name Slavin	First Walter	MI	Contribution ID # 0091
Residential Street Address 86 Governor St	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 06/01/2018	Aggregate Contributions \$10.00
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 \$10.00	

Last Name Inall	First Tim	MI	Contribution ID # 0092
Residential Street Address 54 Adams Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Manager	Name of Employer Johnson Outdoors		
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 06/01/2018	Aggregate Contributions \$5.00
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 \$5.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name girvalo	First jeff	MI I	Contribution ID # 0093
Residential Street Address 389 Bennetts Farm Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Construction manager	Name of Employer BPC Green Builders, 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 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 06/01/2018	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name robson	First john	MI	Contribution ID # 0094
Residential Street Address 4 Edelweiss Ln	City Ridgefield	State CT	Zip Code 06877
Principal Occupation scientist	Name of Employer boehringer		
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 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 06/01/2018	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Ramamurthy	First Bhargavi	MI	Contribution ID # 0095
Residential Street Address 60 Riverside Dr	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Adjunct Professor	Name of Employer Western CT State University		
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 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 06/01/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Comer	First Mary	MI E	Contribution ID # 0096
Residential Street Address 138 Ramapoo Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Executive	Name of Employer Kantar		
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 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 06/01/2018	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
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Merrill	First Adeline	MI	Contribution ID # 0097
Residential Street Address 433 Limestone Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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 06/01/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Giordano	First Vincent	MI	Contribution ID # 0098
Residential Street Address 28 Fairview Ave	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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 06/01/2018	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Siegel	First Eve	MI	Contribution ID # 0099
Residential Street Address 120-70 Prospect St	City Ridgefield	State CT	Zip Code 06877
Principal Occupation graphic designer	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 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 06/01/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Marker	First Jordan	MI L	Contribution ID # 0100
Residential Street Address 607 Ridgebury Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Media Guide Editor	Name of Employer Webedia Movies Pro		
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 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 06/01/2018	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Richards	First Kathleen	MI M	Contribution ID # 0101
Residential Street Address 23 Revere Pl	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/01/2018	Aggregate Contributions \$5.00
			\$5.00

Last Name Thompson	First Doug	MI R	Contribution ID # 0102
Residential Street Address 27 Wilridge Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Wine Salesman	Name of Employer Cellar XV Wine Market		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/01/2018	Aggregate Contributions \$5.00
			\$5.00

Last Name Weston	First Terri	MI O	Contribution ID # 0103
Residential Street Address 30 Powdermaker Dr	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Sales	Name of Employer Cellar XV Wine Market		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/01/2018	Aggregate Contributions \$5.00
			\$5.00

Last Name Sikora	First Daniela	MI L	Contribution ID # 0104
Residential Street Address 141 Great Hill Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Musician	Name of Employer Self-Daniela Sikora		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/01/2018	Aggregate Contributions \$5.00
			\$5.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Kinne	First Richard	MI T	Contribution ID # 0105
Residential Street Address 141 Great Hill Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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 \$5.00
			\$5.00

Last Name Kinne	First Alberta	MI	Contribution ID # 0106
Residential Street Address 141 Great Hill Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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 \$5.00
			\$5.00

Last Name Schecter	First Sherri	MI	Contribution ID # 0107
Residential Street Address 87 Ned's Mountain Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Physical Therapist	Name of Employer NYP Hudson Valley Hospital		
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 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 \$25.00
			\$25.00

Last Name Pickett	First Corinne	MI	Contribution ID # 0108
Residential Street Address 16 Fisher Ln	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Homemaker	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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 \$50.00
			\$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aimee4Ridgefield	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Berger	First George	MI T	Contribution ID # 0013
Residential Street Address 24 Pine Mountain Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2018	Aggregate Contributions \$5.00
			\$5.00

<b>Total of Section B</b>			<b>\$3,025.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A + B) (Total on Line 14, Column A of Summary Page)			<b>\$3,025.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aimee4Ridgefield	July 10 Filing - Original

**C1. Contributions from Other Committees**

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

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

NAME OF COMMITTEE				TYPE OF REPORT	
Aimee4Ridgefield				July 10 Filing - Original	
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>					
Name of Committee Aimee4Ridgefield			Name of Treasurer Molly McGeehin		
Address 51 Tanton Hill Rd				Date Received 06/15/2018	Amount of Receipt  \$5,751.09
City Ridgefield	State CT	Zip Code 06877	Payment Type <input type="checkbox"/> Reimbursement for shared expense <input checked="" type="checkbox"/> Surplus distribution from exploratory committee		
Expenditure #	Description				
<b>Total of Section C2</b>					<b>\$5,751.09</b>

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

NAME OF COMMITTEE				TYPE OF REPORT		
Aimee4Ridgefield				July 10 Filing - Original		
<b>D. Loans Received this Period</b>						
Name of Lender			Source of Loan:		Date of Receipt	
			Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)					Amount Received	
Street Address		City	State	Zip Code		
<b>Total of Section D</b>						

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

NAME OF COMMITTEE	TYPE OF REPORT
Aimee4Ridgefield	July 10 Filing - Original

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

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

**Total of Section E**

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

NAME OF COMMITTEE	TYPE OF REPORT
Aimee4Ridgefield	July 10 Filing - Original

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

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

**Total of Section G**

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

NAME OF COMMITTEE	TYPE OF REPORT
Aimee4Ridgefield	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	
Aimee4Ridgefield				July 10 Filing - Original	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
<b>Total of Section I</b>					

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Aimee4Ridgefield				July 10 Filing - Original	
<b>J1. Event Information</b>					
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes                      No		
Location: Street Address			City	State	Zip Code
Was this event hosted at a personal residence?		Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
		No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		No			
<b>Subpart 1:</b>		Yes	(If yes, enter Total Receipts here.)		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		No			
<b>Total of Section J1</b>					

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aimee4Ridgefield	July 10 Filing - Original

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

Name of the Donor

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aimee4Ridgefield	July 10 Filing - Original

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

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

<b>Total of Section J4</b>	
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**III. NONMONETARY RECEIPTS (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aimee4Ridgefield	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?	Yes No	Description of In-Kind Contribution	
If yes, list Event#			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	Yes No Executive   Legislative
Type of Contributor:		Date Received	Aggregate contributions
Individual      Committee      Sole Proprietorship			
			Fair Market Value of this Contribution

**Total of Section K**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aimee4Ridgefield	July 10 Filing - Original

**L. Refundable Deposit to Telephone Company**

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

**Total of Section L**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aimee4Ridgefield	July 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Day Campaign		Date of Payment 05/25/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 112 Bloomfield Ave .		City Windsor	State CT	Zip Code 06095
Purpose of Expend Misc *	Description online merchant service set-up/filing fe			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 #	\$200.00

Name of Payee Constant Contact		Date of Payment 06/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>91</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1601 Trapelo Rd Ste 329		City Waltham	State MA	Zip Code 02451
Purpose of Expend Misc *	Description on-line marketing			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 #	\$96.96

Name of Payee USPO		Date of Payment 06/22/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>92</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 26 Catoonah St		City Ridgefield	State CT	Zip Code 06877
Purpose of Expend POST	Description 200 stamps			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aimee4Ridgefield	July 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Squash's Ridgefield Office Supplies		Date of Payment 06/22/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>93</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 389 Main St		City Ridgefield	State CT	Zip Code 06877
Purpose of Expend OFFICE	Description 200 envelopes			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$36.06

Name of Payee Alex HARRIS		Date of Payment 06/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>300</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 37 Christopher Rd		City Ridgefield	State CT	Zip Code 06877
Purpose of Expend RMB	Description registration of 3 domain names			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 #
				\$29.38

Name of Payee Red Horse Strategies		Date of Payment 06/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>302</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Washington St Ste 702		City Brooklyn	State NY	Zip Code 11201
Purpose of Expend CHAR	Description Field Targeting Package			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,000.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aimee4Ridgefield	July 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Moments by Melanie		Date of Payment 06/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>301</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 41 Brighton Dr		City East Granby	State CT	Zip Code 06026
Purpose of Expend Misc *	Description photo 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 type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$212.70

Name of Payee Day Campaign		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 112 Bloomfield Ave .		City Windsor	State CT	Zip Code 06095
Purpose of Expend Misc *	Description on-line merchant fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$149.60

**Total of Section N****\$1,824.70**

IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
					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? Yes                      No
Street Address			City	State	Zip Code	<b>Amount</b>
Purpose of Expenditure (by code)	Description			Event #		
<b>Total of Section O</b>						

IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Aimee4Ridgefield					July 10 Filing - Original	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit Card: Visa                      Master Card                      Discover                      American Express  Other		
Name of Vendor					Date of Transaction	
Street Address			City	State	Zip Code	<b>Amount</b>
Purpose of Expenditure (by code)	Description					
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Yes No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum						
<b>Total of Section P</b>						

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Aimee4Ridgefield		July 10 Filing - Original	
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>			
Name of Creditor Red Horse Strategies		Date Incurred 05/25/2018	
Street Address 55 Washington St Ste 702	City Brooklyn	State NY	Zip Code 11201
Purpose of Expenditure (bv code)  Misc *	Description  Design, print and deliver walk cards	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$1,600.00
<b>Total of Section Q</b>			<b>\$1,600.00</b>



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aimee4Ridgefield	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:  Check #  Debit Card  EFT
Name of Vendor Paid by Committee Worker/Consultant				
Street Address of Vendor		City	State	Zip Code
Purpose of Expenditure (by code)	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes  No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**Total of Section R**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Aimee4Ridgefield	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 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 N. ADDENDUM		
NAME OF COMMITTEE	TYPE OF REPORT	
N. Expenses Paid By Committee - Addendum		
Expenditure #	Amount of Expenditure	
Name of Candidate	Office Sought	

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

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

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

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