



COVER PAGE

| | | | | | |
|---|---|----------------------|---|------------------------------------|--|
| 1. NAME OF COMMITTEE | | | 2. TYPE OF COMMITTEE | | |
| Shaban for AG | | | <input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee | | |
| 3. TREASURER NAME | | | | | |
| First John | MI M | Last Whitcomb | | Suffix | |
| 4. TREASURER ADDRESS | | | | | |
| Street Address 198 Southern Blvd | City Danbury | State CT | Zip Code 06810 | | |
| 5. ELECTION DATE 11/06/2018 | 6. OFFICE SOUGHT (Complete only if Candidate Committee) Attorney General | | | 7. DISTRICT NUMBER (if applicable) | |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | | | |
| First John | MI T | Last Shaban | | Suffix | |
| 9. TYPE OF REPORT | | | | | |
| July 10 Filing - Amendment | | | | | |
| 10. PERIOD COVERED | | | | | |
| Beginning Date | | Ending Date | | | |
| 04/01/2018 | | thru | | 06/30/2018 | |
| 11. CERTIFICATION | | | | | |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | | | |
| Electronic Filing | John Whitcomb | 08/02/2018 5:12:31PM | | | |
| SIGNATURE | PRINT NAME OF THE SIGNER | DATE CERTIFIED | | | |
| | | | | | |
| <p>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</p> | | | | | |

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT | |
|--|----------------------------|-----------------------|
| Shaban for AG | July 10 Filing - Amendment | |
| | COLUMN A This Period | COLUMN B Aggregate |
| 12. Balance on hand from day Committee was formed | | \$0.00 |
| 13. Balance on hand at the beginning of Reporting Period | \$9,240.72 | |
| 14. Contributions received from Individuals (Section A and B) | \$10,350.00 | \$29,258.00 |
| 15. Receipts from Other Committees (Sections C1 and C2) | \$0.00 | \$0.00 |
| 16. Other Monetary Receipts (Section D through I) | \$0.03 | \$1.15 |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1) | \$0.00 | \$0.00 |
| 18. Total Monetary Receipts (add totals for lines 14 through 17) | \$10,350.03 | \$29,259.15 |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B) | \$19,590.75 | \$29,259.15 |
| 20. Expenses Paid by Committee (Section N) | \$13,449.23 | \$23,117.63 |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col) | \$6,141.52 | \$6,141.52 |
| 22. In-Kind Donations not Considered Contributions Received (Section J3) | \$0.00 | \$0.00 |
| 23. In-Kind Donations not Considered Contributions - House Party (Section J4) | \$809.88 | \$1,163.56 |
| 24. In-Kind Contributions Received (Section K) | \$0.00 | \$0.00 |
| 25. Refundable Deposit to Telephone Company (Section L) | \$0.00 | \$0.00 |
| 26. Beginning Loan Balance | \$0.00 | |
| 26a. + Loans Received (Section D) | \$0.00 | \$0.00 |
| 26b. + Interest and Penalties on Loan(s) | \$0.00 | \$0.00 |
| 26c. - Payments on Loan(s) | \$0.00 | \$0.00 |
| 26d. Total Outstanding Loan Amount | \$0.00 | |
| 27. Campaign Expenses Paid By Candidate (Section O) | \$3,097.12 | \$3,969.02 |
| 28. Expenses Incurred on Committee Credit Card (Section P) | \$0.00 | \$0.00 |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q) | \$0.00 | |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q) | \$0.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

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

| | | | |
|---|------------------|---|-------------------------------------|
| Last Name Feindimuro | First Chris | MI | Contribution ID # 0244 |
| Residential Street Address 140 North St | City Stamford | State CT | Zip Code 06901 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Date Received 04/01/2018 | Aggregate Contributions \$100.00 |
| 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 \$100.00 | |

| | | | |
|---|-------------------------------|---|-------------------------------------|
| Last Name Tavlaris | First Linda | MI | Contribution ID # 0237 |
| Residential Street Address 15 Wrenfield Ln | City Darien | State CT | Zip Code 06820 |
| Principal Occupation Homemaker | Name of Employer Homemaker | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Date Received 04/04/2018 | Aggregate Contributions \$200.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Ross | First David | MI | Contribution ID # 0248 |
| Residential Street Address 61 High Ridge Rd | City Redding | State CT | Zip Code 06896 |
| Principal Occupation Attorney | Name of Employer David Eric Ross LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Date Received 04/05/2018 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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

| | | | |
|---|--|---|-------------------------------------|
| Last Name Budkins | First Carmella | MI C | Contribution ID # 0250 |
| Residential Street Address 56 Alexander St | City Greenwich | State CT | Zip Code 06830 |
| Principal Occupation Town Clerk | Name of Employer Town of Greenwich | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/08/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

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

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

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|-------------------------------------|
| Last Name AURAY | First DEA | MI | Contribution ID # 0238 |
| Residential Street Address 15 Flat Rock Rd | City Easton | State CT | Zip Code 06612 |
| Principal Occupation CEO | Name of Employer Empowering Writers | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 04/09/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|---|--|---|------------------------------------|
| Last Name Tashjian | First Luke | MI | Contribution ID # 0239 |
| Residential Street Address 399 Old Stamford Rd | City New Canaan | State CT | Zip Code 06840 |
| Principal Occupation Attorney | Name of Employer Whitman Breed Abbott Morgan | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 04/10/2018 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

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

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

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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

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

| | | | |
|---|------------------|---|-------------------------------------|
| Last Name Ardery | First Peter | MI B | Contribution ID # 0251 |
| Residential Street Address 394 Mansfield Ave | City Darien | State CT | Zip Code 06820 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Date Received 04/16/2018 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

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

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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

| | | | |
|--|--|--|------------------------------------|
| Last Name Knag | First Paul | MI | Contribution ID # 0260 |
| Residential Street Address 27 Miller Rd | City Darien | State CT | Zip Code 06820 |
| Principal Occupation Attorney | Name of Employer Murtha cullina LLP | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 04/17/2018 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|--|--|------------------------------------|
| Last Name Baldwin | First James | MI | Contribution ID # 0261 |
| Residential Street Address 150 Inwood Rd | City Fairfield | State CT | Zip Code 06825 |
| Principal Occupation attorney | Name of Employer Coles Baldwin & Kaiser LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 04/18/2018 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|--------------------------------|--|------------------------------------|
| Last Name Baldwin | First Louise | MI | Contribution ID # 0262 |
| Residential Street Address 150 Inwood Rd | City Fairfield | State CT | Zip Code 06825 |
| Principal Occupation jewelry designer | Name of Employer in2 design | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 04/18/2018 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|------------------------------------|
| Last Name Book | First Ethan | MI | Contribution ID # 0247 |
| Residential Street Address 144 Coleman St | City Bridgeport | State CT | Zip Code 06604 |
| Principal Occupation Owner | Name of Employer New England Limousine Service of Fairfield | | |
| 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 # <u>04182018a</u> | | Date Received 04/18/2018 | Aggregate Contributions \$30.00 |
| 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 \$30.00 | |

| | | | |
|---|-------------------------------|---|-------------------------------------|
| Last Name Venetos | First James | MI S | Contribution ID # 0252 |
| Residential Street Address 254 Brookside Rd | City Darien | State CT | Zip Code 06820 |
| Principal Occupation Financial Advisor | Name of Employer JP Morgan | | |
| 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 # <u>04202018A</u> | | Date Received 04/20/2018 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

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

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

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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

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

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

| | | | |
|---|--|---|------------------------------------|
| Last Name Solberg | First James | MI | Contribution ID # 0264 |
| Residential Street Address 7 Contentment Island Rd | City Darien | State CT | Zip Code 06820 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 04/20/2018 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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

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

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

| | | | |
|--|---|--|-------------------------------------|
| Last Name Levy | First Leora | MI | Contribution ID # 0266 |
| Residential Street Address 59 Peckslan Rd | City Greenwich | State CT | Zip Code 06831 |
| Principal Occupation retired | Name of Employer retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 04/22/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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

| | | | |
|--|--|---|-------------------------------------|
| Last Name Critelli | First Michael | MI | Contribution ID # 0268 |
| Residential Street Address 39 Shields Rd . | City Darien | State CT | Zip Code 06820 |
| Principal Occupation N/A | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 04/23/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Jewett | First Joshua | MI | Contribution ID # 0269 |
| Residential Street Address Glogan Pl | City Norwalk | State CT | Zip Code 06853 |
| Principal Occupation CFO | Name of Employer CPC Childrens Wear | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 04/23/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

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

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|-------------------------------------|--|-------------------------------------|
| Last Name Tavlaros | First John | MI | Contribution ID # 0271 |
| Residential Street Address 15 Wrenfield Ln | City Darren | State CT | Zip Code 06820 |
| Principal Occupation executive | Name of Employer Gener8 maritime | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 04/26/2018 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

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

| | | | |
|--|---------------------------|--|------------------------------------|
| Last Name Alford | First Mary | MI L | Contribution ID # 0281 |
| Residential Street Address 501 Wolcott Rd Unit 2 | City Bristol | State CT | Zip Code 06010 |
| Principal Occupation bookkeeper | Name of Employer ELCCT | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 04/30/2018 | Aggregate Contributions \$50.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$50.00 | |

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

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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

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

| | | | |
|--|---|--|-------------------------------------|
| Last Name Grimes | First Mathew | MI | Contribution ID # 0284 |
| Residential Street Address 11 Orchard St | City Brookfield | State CT | Zip Code 06804 |
| Principal Occupation Town Attorney | Name of Employer Town of New Milford | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05062018A</u> | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Date Received 05/06/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

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

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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

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

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

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

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|---|--|------------------------------------|
| Last Name Dunne | First William | MI | Contribution ID # 0275 |
| Residential Street Address 2 Devils Garden Rd | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation writer/editor | Name of Employer BDCreative | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 05/08/2018 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|---|--|------------------------------------|
| Last Name Dunne | First William | MI | Contribution ID # 0276 |
| Residential Street Address 2 Devils Garden Rd | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation writer/editor | Name of Employer BDCreative | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 05/14/2018 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$25.00 | |

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

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

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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

| | | | |
|---|--|---|-------------------------------------|
| Last Name gallaer | First David | MI | Contribution ID # 0298 |
| Residential Street Address 55 High Ridge Rd | City Easton | State CT | Zip Code 06612 |
| Principal Occupation Consulting | Name of Employer Mind Your Bizzness,LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05202018A</u> | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 05/20/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

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

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

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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

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

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

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

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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

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

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

| | | | |
|--|--|--|------------------------------------|
| Last Name Caravella | First Randy | MI | Contribution ID # 0300 |
| Residential Street Address 230 E Putnam Ave | City Greenwich | State CT | Zip Code 06807 |
| Principal Occupation WINE expert | Name of Employer Post wines and spirits | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 05/23/2018 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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

| | | | |
|---|---|---|-------------------------------------|
| Last Name Kennon | First Aaron | MI | Contribution ID # 0302 |
| Residential Street Address 11 Old Clubhouse Rd | City Greenwich | State CT | Zip Code 06870 |
| Principal Occupation Investments | Name of Employer Clear Harbor Asset Management | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 05/23/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

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

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

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|-------------------------------------|
| Last Name Lewson | First Beth | MI | Contribution ID # 0305 |
| Residential Street Address 86 Drummer Ln | City Redding | State CT | Zip Code 06896 |
| Principal Occupation Registered Dietitian | Name of Employer Beth Lewson | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 06/01/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

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

| | | | |
|---|---|---|-------------------------------------|
| Last Name Ahmed | First Ismail | MI | Contribution ID # 0307 |
| Residential Street Address 77 W Morris Rd | City Washington | State CT | Zip Code 06794 |
| Principal Occupation Self Employed | Name of Employer Student | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 06/04/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

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

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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

| | | | |
|--|--|--|-------------------------------------|
| Last Name Lois | First Dale | MI | Contribution ID # 0310 |
| Residential Street Address 822 Noxon Rd | City Poughkeepsie | State NY | Zip Code 12603 |
| Principal Occupation Attorney | Name of Employer Levine & Levine PLLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 06/28/2018 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

| | | | |
|--|--------------------------|--|---------------------------------------|
| Last Name Scinto | First Robert | MI d | Contribution ID # 0311 |
| Residential Street Address 144 Old Academy Rd | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation real estate developer | Name of Employer self | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 06/29/2018 | Aggregate Contributions \$2,000.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$2,000.00 | |

| | | | |
|--|-----------------------------|--|-------------------------------------|
| Last Name Moccia | First Richard | MI D | Contribution ID # 0312 |
| Residential Street Address 2 Highclift Ter | City Ridgefield | State CT | Zip Code 06877 |
| Principal Occupation retired | Name of Employer retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 06/29/2018 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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

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

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

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

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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

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

Total of Section B **\$10,350.00****TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS** (Sections A + B) (Total on Line 14, Column A of Summary Page)**\$10,350.00****I. MONETARY RECEIPTS (Section A-I)**

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

C1. Contributions from Other Committees

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

Total of Section C1

I. MONETARY RECEIPTS (Section A-I)

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

I. MONETARY RECEIPTS (Section A-I)

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

I. MONETARY RECEIPTS (Section A-I)

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

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

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

I. Monetary Receipts (Section A-I)

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

G. Interest from Deposits in Authorized Accounts

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

I. MONETARY RECEIPTS (Section A-I)

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

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

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

I. MONETARY RECEIPTS (Section A-I)

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

II. EVENT ACTIVITY (Sections J1 - J4)

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

J1. Event Information

| | | | |
|---|-------------|--|---|
| Event # Date of Event 04/08/2018 | Letter a | Description Meet and Greet Event | Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address 245 Hartford Rd | | City New Britain | State CT |
| Zip Code 06053 | | | |
| Was this event hosted at a personal residence? | | <input type="checkbox"/> Yes | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |
| | | <input checked="" type="checkbox"/> No | |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | <input type="checkbox"/> Yes | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. |
| | | <input checked="" type="checkbox"/> No | |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | <input type="checkbox"/> Yes | (If yes, enter Total Receipts here.) |
| | | <input checked="" type="checkbox"/> No | \$0.00 |

| | | | |
|---|-------------|--|---|
| Event # Date of Event 04/18/2018 | Letter a | Description Meet and Greet Event | Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Location: Street Address 16 River Rd | | City Norwalk | State CT |
| Zip Code 06854 | | | |
| Was this event hosted at a personal residence? | | <input type="checkbox"/> Yes | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |
| | | <input checked="" type="checkbox"/> No | |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | <input type="checkbox"/> Yes | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. |
| | | <input checked="" type="checkbox"/> No | |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | <input type="checkbox"/> Yes | (If yes, enter Total Receipts here.) |
| | | <input checked="" type="checkbox"/> No | \$0.00 |

| | | | |
|---|-------------|---|---|
| Event # Date of Event 04/20/2018 | Letter A | Description Home Fundraiser | Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address 15 Wrenfield Ln | | City Darren | State CT |
| Zip Code 06820 | | | |
| Was this event hosted at a personal residence? | | <input checked="" type="checkbox"/> Yes | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |
| | | <input type="checkbox"/> No | |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | <input type="checkbox"/> Yes | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. |
| | | <input checked="" type="checkbox"/> No | |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | <input type="checkbox"/> Yes | (If yes, enter Total Receipts here.) |
| | | <input checked="" type="checkbox"/> No | \$0.00 |

II. EVENT ACTIVITY (Sections J1 - J4)

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

J1. Event Information

| | | | |
|---|-------------|---|---|
| Event # Date of Event 05/06/2018 | Letter A | Description Home Fundraiser | Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address 11 Orchard St | | City Brookfield | State CT |
| Zip Code 06804 | | | |
| Was this event hosted at a personal residence? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div> |

| | | | |
|---|-------------|---|---|
| Event # Date of Event 05/20/2018 | Letter A | Description Meet and Greet Event | Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address 38 Ladder Hill Rd | | City Weston | State CT |
| Zip Code 06883 | | | |
| Was this event hosted at a personal residence? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div> |

| | | | |
|---|-------------|---|---|
| Event # Date of Event 06/05/2018 | Letter A | Description Meet and Greet Event | Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Location: Street Address 970 Summer St | | City Stamford | State CT |
| Zip Code 06905 | | | |
| Was this event hosted at a personal residence? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div> |

| | |
|----------------------------|---------------|
| Total of Section J1 | \$0.00 |
|----------------------------|---------------|

II. EVENT ACTIVITY (Sections J1 - J4)

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

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

| | | | |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

| Donation Given by: | Description of Donation | | | Fair Market Value of Donation |
|---------------------|-------------------------|---------|--------------------------------|-------------------------------|
| Individual | | | | |
| Business Entity | Date Received | Event # | Aggregate value for this event | |
| Sole Proprietorship | | | | |

| | |
|----------------------------|--|
| Total of Section J3 | |
|----------------------------|--|

II.EVENT ACTIVITY (Sections J1 - J4)

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

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

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

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

Total of Section J4**\$809.88**

III. NONMONETARY RECEIPTS (Sections K - L)

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

K. In-Kind Contributions

| | | | |
|---|-----------|--|--------------------------------------|
| Name | | | |
| Street Address | | City | State Zip Code |
| Is this contribution associated with an event reported in Section J1? | Yes No | Description of In-Kind Contribution | |
| If yes, list Event# | | | |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? | Yes No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | Yes No Executive Legislative |
| Type of Contributor: | | Date Received | Aggregate contributions |
| Individual Committee Sole Proprietorship | | | |
| 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 |
| Shaban for AG | July 10 Filing - Amendment |

L. Refundable Deposit to Telephone Company

| | | | |
|----------------------------|------------|-------|-------------------|
| Last Name of Individual | First Name | MI | Date Deposit Made |
| Residential Street Address | City | State | Zip Code |
| 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 |
| Shaban for AG | July 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

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

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

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

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Shaban for AG | July 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|-------------------------------------|----------------------------------|---|-------------------|
| Name of Payee Anedot, Inc | | Date of Payment 04/18/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 5555 Hilton Ave Ste 106 | | City Baton Rouge | State LA | Zip Code 70808 |
| Purpose of Expend BNK | Description Merchant Account fee | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$20.10 |

| | | | | |
|---|----------------------------------|----------------------------------|---|-------------------|
| Name of Payee Banc House | | Date of Payment 04/18/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 16 River St | | City Norwalk | State CT | Zip Code 06850 |
| Purpose of Expend FOOD | Description meet & greet food | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # 04182018a | \$230.32 |

| | | | | |
|---|---|----------------------------------|---|-------------------|
| Name of Payee Voicent Communications, Inc | | Date of Payment 04/21/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 2665 Marine Way # 1140 | | City Mountain View | State CA | Zip Code 94043 |
| Purpose of Expend Misc * | Description test web based auto phone dialer service | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$1.71 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Shaban for AG | July 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|-------------------------------------|----------------------------------|---|-------------------|
| Name of Payee Anedot, Inc | | Date of Payment 04/25/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 5555 Hilton Ave Ste 106 | | City Baton Rouge | State LA | Zip Code 70808 |
| Purpose of Expend BNK | Description Merchant Account fee | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$36.70 |

| | | | | |
|---|---|----------------------------------|---|-------------------|
| Name of Payee John M Whitcomb | | Date of Payment 04/26/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 198 Southern Blvd | | City Danbury | State CT | Zip Code 06810 |
| Purpose of Expend CNSLT | Description treasurer contract payment | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$500.00 |

| | | | | |
|---|---|----------------------------------|---|-------------------|
| Name of Payee ImageWorks | | Date of Payment 04/30/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1007</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 7 Keynote Dr Ste A | | City Vernon | State CT | Zip Code 06066 |
| Purpose of Expend CNSLT | Description oversee video mailer etc design and production | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$2,250.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Shaban for AG | July 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

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

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

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

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Shaban for AG | July 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

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

| | | | | |
|---|-------------------------------------|--|---|-------------------|
| Name of Payee Anedot, Inc | | Date of Payment 05/09/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 5555 Hilton Ave Ste 106 | | City Baton Rouge | State LA | Zip Code 70808 |
| Purpose of Expend BNK | Description Merchant Account fee | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$4.70 |

| | | | | |
|---|--|--|---|-------------------|
| Name of Payee Foxwoods | | Date of Payment 05/11/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 350 Trolley Line Blvd | | City Mashantucket | State CT | Zip Code 06338 |
| Purpose of Expend PRNT | Description copies at business center | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$22.54 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Shaban for AG | July 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---|--|---|------------------------|
| Name of Payee Foxwoods Resort Casino | | Date of Payment 05/12/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 350 Trolley Line Blvd | | City Mashantucket | State CT | Zip Code 06338 |
| Purpose of Expend TRVL | Description Treasurer travel to Rep convention | | | Amount \$251.79 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

| | | | | |
|---|---|--|---|------------------------|
| Name of Payee Ardmore Printing & Promotional | | Date of Payment 05/14/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 455 Yellowbrick Rd | | City Orange | State CT | Zip Code 06477 |
| Purpose of Expend A-OTH | Description 500 promo items for convention | | | Amount \$646.62 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

| | | | | |
|---|-------------------------------------|--|---|----------------------|
| Name of Payee Anedot, Inc | | Date of Payment 05/16/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 5555 Hilton Ave Ste 106 | | City Baton Rouge | State LA | Zip Code 70808 |
| Purpose of Expend BNK | Description Merchant Account fee | | | Amount \$9.90 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Shaban for AG | July 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

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

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

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

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Shaban for AG | July 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

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

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

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

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Shaban for AG | July 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

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

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

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

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Shaban for AG | July 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

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

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

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

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Shaban for AG | July 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

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

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

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

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Shaban for AG | July 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

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

| | | | | |
|---|-----------------------------|--|---|-------------------|
| Name of Payee Anedot, Inc | | Date of Payment 06/30/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 10202 Perkins Rowe Ste 2006 | | City Baton Rouge | State LA | Zip Code 70810 |
| Purpose of Expend BNK | Description merchant fee | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$101.80 |

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

IV. EXPENDITURES (Sections N - S)

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

O. Expenses Paid By Candidate

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

IV. EXPENDITURES (Sections N - S)

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

O. Expenses Paid By Candidate

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

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

| | | | |
|---|--|-------------------------------|---------------------|
| Name of Issuing Institution | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other | | |
| Name of Vendor | | | Date of Transaction |
| Street Address | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Yes No | Expenditure # (if applicable) | Event # |
| If yes, assign an Expenditure # and complete Itemization in Addendum | | | |

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

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

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

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

Total of Section Q

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

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

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

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

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

| | | | | |
|---|--|-------------------------------|---------|----------|
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # | Amount |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | | \$194.53 |

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

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

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

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

| | | | | |
|---|--|-------------------------------|-----------|----------|
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # | Amount |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | 05202018A | \$331.56 |

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

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

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

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

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

| | | | |
|---|-------------------------------|----------------------|-------------------|
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # 05202018A | Amount \$15.48 |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | |

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

Name of Vendor Paid by Committee Worker/Consultant
Stop and Shop

| | | | |
|--|------------------|-------------|-------------------|
| Street Address of Vendor 1790 Post Rd E | City Westport | State CT | Zip Code 06880 |
|--|------------------|-------------|-------------------|

| | |
|--|------------------------------|
| Purpose of Expenditure (by code) FNDR * | Description food for fndr |
|--|------------------------------|

| | | | |
|---|-------------------------------|----------------------|-------------------|
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # 05202018A | Amount \$55.31 |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | |

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

| | | | | |
|--------------------------------|--------|----|---------------------------|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor | Payment to Reimburse Committee Worker/Consultant as reported in Section N: |
| Lerner | Britta | | 05/20/2018 | <input checked="" type="checkbox"/> Check # 1011 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| |
|--|
| Name of Vendor Paid by Committee Worker/Consultant |
| The Weston Field Club |

| | | | |
|--------------------------|--------|-------|----------|
| Street Address of Vendor | City | State | Zip Code |
| 38 Ladder Hill Rd S | Weston | CT | 06883 |

| | |
|----------------------------------|-------------|
| Purpose of Expenditure (by code) | Description |
| FNDR * | room rental |

| | | | | |
|---|--|-------------------------------|-----------|----------|
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # | Amount |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | 05202018A | \$110.00 |

| | | | | |
|--------------------------------|--------|----|---------------------------|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor | Payment to Reimburse Committee Worker/Consultant as reported in Section N: |
| Lerner | Britta | | 05/20/2018 | <input checked="" type="checkbox"/> Check # 1011 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| |
|--|
| Name of Vendor Paid by Committee Worker/Consultant |
| Caraluzzi's |

| | | | |
|--------------------------|--------|-------|----------|
| Street Address of Vendor | City | State | Zip Code |
| 920 Danbury Rd | Wilton | CT | 06897 |

| | |
|----------------------------------|---------------------|
| Purpose of Expenditure (by code) | Description |
| FNDR * | food reimb for fndr |

| | | | | |
|---|--|-------------------------------|-----------|---------|
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # | Amount |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | 05202018A | \$68.53 |

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

| | | | | |
|---|------------------------------------|----------------------|---|--|
| Last Name of Worker/Consultant Young | First Holly | MI | Date of Payment to Vendor 05/31/2018 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |
| Name of Vendor Paid by Committee Worker/Consultant Foxwoods | | | | |
| Street Address of Vendor 350 Trolley Line Blvd | | City Mashantucket | State CT | Zip Code 06338 |
| Purpose of Expenditure (by code) TRVL | Description hotel at convention | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # | Amount \$572.58 | |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | | |
| Total of Section R | | | | \$1,347.99 |

IV. EXPENDITURES (Sections N - S)

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

S. Surplus Distribution of Equipment and Furniture

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

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

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

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

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

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