SEEC FORM 30

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised February 2015



Electronic Filing

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Page 1 of 19

COVER PAGE

1.NAME OF COMMITTEE						2. TYP	E OF COMMITTEE		
Kurt for CT						x	Candidate Committee Exploratory Committee		
3. TREASURER NAME				,					
First		Suffix							
John			Р	Marini					
4. TREASURER ADDRESS					1				
Street Address		City	_		State	I	Zip Code		
11 Hawley Dr		Anson	nia		СТ		06401		
5. ELECTION DATE	6. OFFICE SOUGHT (Co.	omplete or	nly if Candidate	Committee)		7. DISTRI	ICT NUMBER (if applicable		
11/06/2018	State Comptroller								
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	ommittee	e)						
First			MI	Last			Suffix		
William			К	Miller					
9. TYPE OF REPORT									
Third Additional Itemized Stateme	ent in further support	of app	plication for	r Public Grant - Original		_			
10. PERIOD COVERED									
	Beginning Date			Ending Date					
	10/09/2018	thru	u	10/14/2018					
11. CERTIFICATION									
	on this Itemized Campaign Finance Disclosure Statement for the period covered is true,								
Electronic Filing	John Marini			10/1	15/2018 4:	:06:05PM			
SIGNATURE	PRINT NAME OF THE	E SIGNF	ΞR	DATE	E CERTIFIED				
A Person who is found to have knowing to \$25,000, unless a fine of a larger a			-	• -			of up		

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	TYPE OF REPORT					
Kurt for CT	Third Additional Itemized Statement in furth Public Grant - Original	ner support of application for					
	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	\$5,936.19						
14. Contributions received from Individuals (Section A and B)	\$2,150.00	\$77,960.52					
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$6,594.50					
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.05					
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)	\$2,150.00	\$84,555.07					
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$8,086.19	\$84,555.07					
20. Expenses Paid by Committee (Section N)	\$500.00	\$76,968.88					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$7,586.19	\$7,586.19					
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$40.00					
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00					
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00					
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00					
26. Beginning Loan Balance	\$0.00						
26a. + Loans Received (Section D)	\$0.00	\$0.00					
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00					
26c Payments on Loan(s)	\$0.00	\$0.00					
26d. Total Outstanding Loan Amount	\$0.00						
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$1,062.32					
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)	\$5,500.67						

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						1 age 5 of 15	
I. MONETARY RECEIPT	S (Se	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				PE OF REPORT			
Kurt for CT			Third Additional Itemized Statement in further support of application for Public Grant - Original				
A. Total Contributions from Small Contributors-Received this Period		For Nonpartic \$0.00	ipating Cand	idates ONLY			
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First				MI	Contribution ID #	
Egri		Karen			А	1237	
Residential Street Address	City				State	Zip Code	
1 Morningside Ter		Trumbull			СТ	06611	
Principal Occupation		Name of Employer					
Corporate Trainer		IRI					
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a lot dependent child of		se, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:				x _{No}			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate	Contributions			
an event reported in Section J1?							
X No	10/	13/2018		\$25.00	\$25.00		
If yes, list Event # Money Order X Credit/Debit Card							
Last Name	First				MI	Contribution ID #	
Chiota		Diane			Т	1238	
Residential Street Address	City				State	Zip Code	
35 Iron Gate Rd		Trumbull			СТ	06611	
Principal Occupation		Name of Employer					
retired		retired					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution Yes					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent ennu of	a loodyist:	X No			
Is this contribution associated with Method of contribution:	Date	e Received Aggregate Contributions					
an event reported in Section J1? Yes Cash Personal Check							
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	10/	13/2018	\$25.00			\$25.00	
Last Name	First				МІ	Contribution ID #	
Hammers		Elaine				1239	
Residential Street Address	City				State	Zip Code	
59 Coventry Ln		Trumbull			СТ	06611	
Principal Occupation		Name of Employer					
Business manager		Hamme	ers Healt	hcare			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lob dependent child of		Voc	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		acpondent chird 01	a roodyist!	X No			
government the contract is with.	Date	Received	Aggregate	Contributions	1		
an event reported in Section J1?							
X No	10/	13/2018		\$50.00		\$50.00	

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I. MONETARY RECEIPT	S (Se	ection A-I)	1								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Third Additional Itemized Statement in further support of											
application for Public Grant - Original											
B. Itemized Contributions from	n Ind	lividuals									
Last Name	First			MI	Contribution ID #						
Giampaolo		Justin		Α	1240						
Residential Street Address	City			State	Zip Code						
200 Barton St	<u> </u>	Torrington		СТ	06790						
Principal Occupation Name of Employer											
Vice Presidenr Burlington construction											
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	Vac	Amou	nt of Contribution						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		1	x _{No}								
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions								
an event reported in Section J1?											
If yes, list Event # Cash Credit/Debit Card	10/	13/2018	\$50.00		\$50.00						
LadNers	Fi			M	Ct-ilti ID#						
Last Name	First	Maabaa		MI	Contribution ID #						
Giampaolo Residential Street Address	City	Meghan		O State	1241 Zip Code						
200 Barton St	City	Torrington		CT	06790						
Principal Occupation		Name of Employ	er	Ci	00730						
School Teacher		1 ,	f Torrington								
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution						
	0	dependent child of	of a lobbyist?								
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No								
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions								
an event reported in Section 31?											
If yes, list Event # Cash Credit/Debit Card	10/	13/2018	\$100.00		\$100.00						
Lost Nama	First			MI	Contribution ID #						
Last Name MILLER	FIISt	VALERIE		T	1249						
Residential Street Address	City	VALLINIL		State	Zip Code						
18 Acorn Ln	City	Northford		CT	06472						
Principal Occupation		Name of Employ	er								
RETIRED		RETIR	RED								
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution						
If yes, indicate which branch or branches of	3	dependent child of	-								
government the contract is with: Executive Legislative			x _{No}								
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions								
an event reported in Section 31?											
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	10/	13/2018	\$200.00		\$100.00						
Last Name	First			MI	Contribution ID #						
DeLibero		Tracey			1250						
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code						
31 Martin Ter		Ansonia		СТ	06401						
Principal Occupation		Name of Employ	er								
Water Pollution Control Administrator		City o	f Ansonia								
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or	Amou	nt of Contribution						
If yes, indicate which branch or branches of Executive Legislative		acpendent child (x No								
Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions								
an event reported in Section J1?	Date	20001700									
x No X Cash Personal Check	10/	13/2018	\$100.00		\$100.00						
If yes, list Event #	I -		,	I							

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L MONETARY RECEIPT	S (Se	ection A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Kurt for CT Third Additional Itemized Statement in further support of application for Public Grant - Original									
B. Itemized Contributions from	n Ind	lividuals		<u> </u>					
Last Name	First			MI	Contribution ID #				
Petitti	C'i	Marie		G	1242				
Residential Street Address 34 Westfield Dr	City	Trumbull		State CT	Zip Code 06611				
	<u> </u>		or	CI	00011				
Principal Occupation Name of Employer retired retired									
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	10/	14/2018	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Haddad	11130	Nancy		E	1243				
Residential Street Address	City	runcy		State	Zip Code				
36 Fort St	ا ا	Ansonia		СТ	06401				
Principal Occupation	!	Name of Employ	er						
Registered Nurse		Masoi	nicare						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative	3	dependent child of	of a lobbyist?						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	10/	14/2018	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Guliuzza	1 1150	Susan			1244				
Residential Street Address	City			State	Zip Code				
55 N Spring St		Ansonia		СТ	06401				
Principal Occupation		Name of Employ							
Debairologist			lee Memorial						
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check No	10/	14/2018	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
MOLINA		CRISTINA			1245				
Residential Street Address	City			State	Zip Code				
73 Elm St		Ansonia		СТ	06401				
Principal Occupation		Name of Employ	er						
ADMINISTRATIVE ASSISTANT			OF ANSONIA						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	10/	14/2018	\$100.00		\$100.00				

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L MONETARY RECEIPT	S (Se	ection A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT										
Kurt for CT			Third Additional Itemized State application for Public Grant - C		er support of					
B. Itemized Contributions from	n Ind	lividuals		<u> </u>						
Last Name	First			MI	Contribution ID #					
MARTIN		GREG		G	1246					
Residential Street Address	City			State	Zip Code					
13 Granite Ter		Ansonia		СТ	06401					
Principal Occupation Name of Employer										
CITY OF ANSONIA										
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}							
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions							
an event reported in Section J1? X Cash Personal Check										
If yes, list Event #	10/	14/2018	\$100.00		\$100.00					
If yes, list Event #										
Last Name	First			MI	Contribution ID #					
Donofrio		Suzanne			1247					
Residential Street Address	City			State	Zip Code					
4 Nichols Farm Rd	<u> </u>	Trumbull		СТ	06611					
Principal Occupation Office Manager		Name of Employ	A AND DONOFRIO, LLP							
			obbyist, spouse, or	Amou	unt of Contribution					
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No							
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions							
an event reported in Section J1?										
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	10/	14/2018	\$100.00		\$100.00					
in yes, list Event #										
Last Name	First			MI	Contribution ID #					
Findley		Roxana			1248					
Residential Street Address	City			State	Zip Code					
57 Brookfield Rd	<u> </u>	Seymour		СТ	06483					
Principal Occupation		Name of Employ								
Sales Is contributor a principal of a state contractor or prospective state contractor?			bbyist, spouse, or	Amou	unt of Contribution					
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of		7 tinot	ant of Contribution					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}							
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions							
an event reported in Section J1?										
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	10/	14/2018	\$50.00		\$50.00					
Last Name	First			MI	Contribution ID #					
Vazzano	C'i	John		Gr. i	1226					
Residential Street Address 1395 Huntington Tnpk	City	Trumbull		State CT	Zip Code 06611					
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00011					
President			of Wood, Inc							
			.1.1	Amou	unt of Contribution					
Yes X N	0	dependent child of	of a lobbyist?							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No							
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions							
an event reported in Section 31?										
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	10/	14/2018	\$100.00		\$100.00					

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I, MONETARY RECEIPT	S (Se	ection A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT										
Kurt for CT			Third Additional Itemized State application for Public Grant - C		er support of					
B. Itemized Contributions from	n Ind	lividuals	1	J						
Last Name	First			MI	Contribution ID #					
Vazzano		Heidi			1227					
Residential Street Address	City			State	Zip Code					
1395 Huntington Tnpk	L	Trumbull		СТ	06611					
Principal Occupation Name of Employer St Vincont's Hospital										
Registrar St Vincent's Hospital Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Amount of Contribution										
Yes X No	0	dependent child of	Vac							
If yes, indicate which branch or branches of government the contract is with:			x _{No}							
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions							
an event reported in Section 31?										
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	10/	14/2018	\$100.00		\$100.00					
T. AV	F: .			L	I c . i . i . m "					
Last Name Disorbo	First	Drew		MI N	Contribution ID #					
Residential Street Address	City	DIEW		State	Zip Code					
190 Pinerock Ave		Hamden		CT	06514					
Principal Occupation	-	Name of Employ	er							
college student		none								
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution					
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?							
government the contract is with:			X No							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions							
X No Z Cash Personal Check	10/	14/2018	\$100.00		\$100.00					
If yes, list Event #	10/	14/2010	\$100.00							
Last Name	First			MI	Contribution ID #					
Shaham		Al			1229					
Residential Street Address	City			State	Zip Code					
39 High Bridge Rd	<u> </u>	Sandy Hook		СТ	06482					
Principal Occupation		Name of Employ								
Service Manager			ial Toyota							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	dependent child of	obbyist, spouse, or	Amou	unt of Contribution					
If yes, indicate which branch or branches of Executive Legislative			x _{No}							
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions							
an event reported in Section J1? Yes X Cash Personal Check										
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	10/	14/2018	\$100.00		\$100.00					
	l			I						
Last Name	First	\A/:11:		MI	Contribution ID #					
Lobdell Residential Street Address	City	William		D State	1230 Zip Code					
190 Pinerock Ave	City	Hamden		CT	06514					
Principal Occupation		Name of Employ	er	1	1 00011					
college student		none								
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution					
If yes, indicate which branch or branches of		dependent child of	or a robbyist?							
government the contract is with:		D	x _{No}							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions							
X No Cash Personal Check	10/	14/2018	\$100.00		\$100.00					
If yes, list Event #	10/.	1,2010	φ100.00	1	¥100.00					

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I. MONETARY RECEIP	TS (Se	ection A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Kurt for CT Third Additional Itemized Statement in further support of application for Public Grant - Original									
B. Itemized Contributions from	om Inc	lividuals	1 ''						
Last Name	First			MI	Contribution ID #				
Lanardo		Samuel		Α	1231				
Residential Street Address	City			State	Zip Code				
190 Pinerock Ave		Monroe		СТ	06468				
Principal Occupation Name of Employer Stop % Shop									
Deli Clerk Stop & Shop Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Amount of Contribution									
Yes	No	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event #	10/	14/2018	\$100.00		\$100.00				
T. W	F: /			L	I c . i . i . i . ii . ii .				
Last Name Slate	First			MI	Contribution ID # 1232				
Residential Street Address	City	Anthony		State	Zip Code				
1889 Little Meadow Rd		Guilford		CT					
Principal Occupation	-	Name of Employ	er		!				
Deli Clerk		Deli U	Inited						
Is contributor a principal of a state contractor or prospective state contractor?	No		obbyist, spouse, or Yes	Amount of Contribution					
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			X No						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
x No Cash Personal Check	10/	14/2018	\$100.00		\$100.00				
If yes, list Event #	10/	14/2010	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Sigmantanis		Michael			1233				
Residential Street Address	City			State	Zip Code				
186 School St		Hamden		СТ					
Principal Occupation		Name of Employ							
Customer Service Clerk		Walm							
Is contributor a principal of a state contractor or prospective state contractor?	No	dependent child of	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes X Cash Personal Check									
If yes, list Event # X No	10/	14/2018	\$100.00		\$100.00				
	1			l	La va v pu				
Last Name Basualto	First	Vanessa		MI	Contribution ID # 1234				
Residential Street Address	City	Variessa		State	Zip Code				
112 Highridge Dr		Monroe		СТ	06468				
Principal Occupation	•	Name of Employ	er		•				
Production Planner Asst		North	east Lazer						
Is contributor a principal of a state contractor or prospective state contractor?	No		obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	Yes No dependent child of a lobbyist?								
			x						
government the contract is with:	Data	Received	Aggregate Contributions						
Evacutiva Lagislativa	Date	Received	Aggregate Contributions						

I. MONETARY REG		Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Comm	TYPE OF		mont in fur	ther cumpert of							
Kurt for CT	Third Additional application for P			mer support or							
B. Itemized Contributi	ons from I	ndividuals	_								
Last Name	F	irst			MI	Contribution ID #					
England		Zack				1235					
Residential Street Address	C	ity			State	Zip Code					
61 Blake St		Monroe			СТ	06468					
Principal Occupation Name of Employer											
Intern Northeast Lazer											
Is contributor a principal of a state contractor or prospective state contractor? Yes	x No	Is contributor a legendent child	obbyist, spouse, or of a lobbyist?	Yes	Amo	ount of Contribution					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna	7 u 1000 y 151.	x No							
Is this contribution associated with Method of contribution:	D	ate Received	Aggregate Contribut								
an event reported in Section J1?											
If yes, list Event #	1	0/14/2018	\$1	00.00		\$100.00					
					Lie	To					
Last Name	F	Oventin			MI	Contribution ID #					
Osiecki Residential Street Address		Quentin			D State	1236 Zip Code					
97 Hill St		Ansonia			CT	06401					
Principal Occupation		Name of Employ	er		Ci	00401					
Emblamer		1 ,	-Ward Funeral Ho	ome							
Is contributor a principal of a state contractor or prospective state contractor?	x No		obbyist, spouse, or	Yes	Amo	ount of Contribution					
If yes, indicate which branch or branches of	INO NO	dependent child	of a lobbyist?								
government the contract is with: Executive Legislative				x No							
Is this contribution associated with Yes Yes	D	ate Received	Aggregate Contribut	ions							
an event reported in Section 31?	Check										
If yes, list Event #	bit Card 1	0/14/2018	\$1	00.00		\$100.00					
I											
				Total of S	Section B	\$2,150.00					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sec	ctions A + B)	(Total on Line	14, Column A of Su	mmary Page)		\$2,150.00					
I. MONETARY RE	CEIPTS	(Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commi	ission)			TYP	E OF REF	PORT					
Kurt for CT				Third Addition	onal Itemize	d Statement in					
Kuit loi C1				further supp Grant - Origi		ation for Public					
C1. Contributions from C	Other Com	mittees									
	Com										
Name of Committee		Name of Treasu	rer								
Address											
		ontribution associated ported in Section J1?	with an	Yes	No 4	Amount of Contribution					
	event le	•	ш								
State Zip Code	<u> </u>	If yes, list Event te Received	1	butions							
City State Zip Code	l Dai	e received	Aggregate Contri	outions							
			7	Total of Sect	ion C1						

									Page 10 of 19		
I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE TYPE OF REPO							ΓΥΡΕ OF REPOR	Т			
Kurt for CT Third Additional Itemized St. of application for Public Gra											
C2. Reimbursements or Surplus Distributions from other Committees											
Name of Committee											
Address Date Received								d	Amount of Receipt		
City		State	Zip Code		Payment	Туре	!				
						mbursement for					
Expenditure #	Description										
							T	otal of Section C2	2		
	I. MON	NETARY R	ECEIPT	TS (Sect	tion A-	I)					
NAME OF COMMITTEE							TYPI	E OF REPORT			
Kurt for CT								ional Itemized Stater on for Public Grant -	nent in further support Original		
	D. Loa	ns Received	this Peri	od			•				
Name of Lender				Source of	Loan:				Date of Receipt		
			_	Bank	ζ	Candidate	Individ	ual Other			
Street Address			City				State	Zip Code	Is there a cosigner or Guarantor of this loan?		
									Yes No		
Name of Cosigner/Guarantor (if applicable									Amount Received		

City

State Zip Code

Total of Section D

Street Address

	I. MO	ONETARY RECE	IPTS (Section A-	·I)						
NAME OF COMMITTEE TYPE OF REPORT										
Kurt for CT Third Additional Itemized Statement in further support of application for Public Grant - Original										
E. Personal	Funds of the Candidate	Received this Perio	od (Candidate Com	mittees ON	LY)					
Date of Receipt	Method of Payment Cash	Personal C	l'heck Ci	redit/Debit Card			A	Amount		
					To	otal of Section E				
	I	. Monetary Receip	ots (Section A-I)							
NAME OF COMMITTEE						TYPE OF RE	EPOR	Т		
Kurt for CT Third Additional Itemized Statement in further support of application for Public Grant - Original										
G. Interest from Deposits in Authorized Accounts										
Name of Institution					Date Reco	eived		Amount		
Street Address		City		State		Zip Code				
						Total of Section	n G			
	I. MO	NETARY RECEI	PTS (Section A-l							
NAME OF COMMITTEE						TYPE OF REPO	ORT			
Kurt for CT						ird Additional Itemize				
	H. Public Grant F	funds Received fron	the Citizens' Elec	tion Fund						
Purpose of Grant:		Grant Cycle:				Date Received		Amount		
Initial Supplementa	Grant Adjustment	Primary	General Election	Special El	lection					
						Total of Section	н			

	I. MONE	TARY RECE	IPTS (Section A-I)					
NAME OF COMMITTEE						TYPE OF R	EPORT		
Kurt for CT						Third Additional Itemized Statement in further support of application for Public Grant - Original			
I	. Miscellaneous Mone	etary Receipts n	ot Cons	sidered Contril	outions				
Name					Ι	ate of Transaction		Amou	nt Received
Street Address		City			State	Zip Code			
Description						•			
						Total of S	ection I		
	II. EVENT AC	CTIVITY (Sec	tions J	1 - J4)		_			
NAME OF COMMITTEE (Provide Con	nplete Name as Registere	d with Commission	on)			TYPE	OF REPO	RT	
Kurt for CT						Third Additional I			
	J1. Ev	ent Information	1						
Event # Date of Event	Description						Was this a	fundraisin	g event?
Letter								Yes	No
Location: Street Address					City			State	Zip Code
Was this event hosted at a personal residence?			Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.						ed
Did this fundraiser include items donated by a busine donated by an individual of up to \$100?	ess entity of up to \$200 or items		Yes No	complete required information.					
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of purchases from an individual of up to \$100?	of donated items with		Yes						

Total of Section J1

	II.EV	ENT ACTIVITY (Sections	J1 - J	4)					
NAME OF COMMITTEE (Provide	Complete Name as Reg	gistered with Commission)				TYPE OF REP	ORT	,	
I NULLIOLULI					Third Additional Itemized Statement in further support of application for Public Grant - Original				
	J3. In-Kind Donat	tions Not Considered Contrib	utions		•				
Name of the Donor									
Street Address			City					State	Zip Code
Donation Given by: Individual								arket Value of Donation	
Business Entity Sole Proprietorship	Date Received	Event # Aggregate val			regate value f	gate value for this event			
						Total of Section J3			
	II	.EVENT ACTIVITY (Sect	ions J	1 - J4)					
NAME OF COMMITTEE (Provide	Complete Name as Reg	gistered with Commission)				TYPE OF RE	POR	Т	
Kurt for CT							emized Statement in further tion for Public Grant -		
J4. In-K	ind Donations Not C	onsidered Contributions Asso	ciated	with a Ho	use Part	y			
Name of Host					Is this event	supporting more than one If yes, No Addet	, comp	olete Iter	nization in
Street Address			City	•				State	Zip Code
Description of Donation									arket Value of onation
Event #	Aggregate value of this Ev	rent - all hosts	A	ggregate value	e of all Event	s - this host/candidate			
						Total of Section J4			

III. NONMONE	TA	RY RE	CEIPTS (Section	ns K - L)				
NAME OF COMMITTEE (Provide Complete Name as Registered w	vith C	Commiss	ion)		TYPE OF REPORT			
Kurt for CT					Third Additional support of applic			
K. In-Kind	Coı	ntributi	ons					
Name								
Street Address				City			State	Zip Code
Is this contribution associated with an event reported in Section J1? Yes No If yes, list Event#	I	Description	of In-Kind Contribution				•	
Is Contributor a lobbyist, spouse, or dependent child Yes Is contributor a lobbyist? Is contributor a lobbyist?	tor? yes, ir	ndicate which	of a state contractor or prosp th branch or branches of tract is with:	pective state Execu	utive I	Yes No Legislative		arket Value of this Contribution
Type of Contributor: Individual Committee Sole Prop	orietor	ship	Date Received		Aggregate contrib	outions		
					Total of S	action K	<u> </u>	
					Total of S	ection ix		
III. Non Mone	etar	y Recei	ipts (Sections K -	L)				
NAME OF COMMITTEE (Provide Complete Name as Registered w	vith (Commiss	ion)		ТҮРІ	E OF REP	ORT	
Kurt for CT					Third Additiona support of appl			
L. Refundable Deposit to	Tel	ephone	Company					
Last Name of Individual		First Nan	ne		MI	Date De	eposit Made	
Residential Street Address	Ci	ty		State	Zip Code			mount of Deposit
Name of Telephone company					1			
Street Address	City			State	Zip Code			
					Total of S	ection L		

	IV	. EXPENDITURE	CS (Sections N	- S)					
NAME OF COMMITTE	E (Provide Complete Name as R	egistered with Commiss	ion)			TYPE OF	REPORT		
Kurt for CT						nird Additional Ite		ement in further ic Grant - Original	
	N.	Expenses Paid By C	Committee		Γ.			o o o o o o o o o o o o o o o o o o o	
Name of Payee JOHN MARINI					Date of Payme		=	neck# <u>1026</u> ebit Card	
Street Address 11 Hawley Dr			City Ansonia		•		State	Zip Code 06401	
Purpose of Expend WAGE	Description							Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # Event # (if applicable)						\$500.00			
						Total of Se	ection N	\$500.00	
	IV.	EXPENDITURES	S (Sections N -	- S)					
NAME OF COMMITTE	E (Provide Complete Name as Ro	egistered with Commissi	ion)			ТҮРЕ	PE OF REPORT		
						I .		tatement in further ublic Grant - Original	
O. Expenses Paid By Candidate							cation for r		
	O. Expe	enses Paid By Candid	late			<u> </u>			
Name of Payee (Name of vendor		enses Paid By Candid	late		Date of Payme			ment Claimed? Yes No	
Name of Payee (Name of vendor Street Address		city	late	State	Date of Payme	nt		ment Claimed?	
			late	State		nt		ment Claimed? Yes No	

	IV. EXPENDITURES (Secti	ons N -	S)					
NAME OF COMMITTEE (F	Provide Complete Name as Registered with Commission	on)			TYPE OF REPORT			
Kurt for CT					Third Additional Itemized Statement in further support of application for Public Grant - Original			
	P. Expenses Incurred on Commi	ttee Cre	dit Card					
Name of Issuing Institution			Type of Credit Card: Visa Other	Master C	ard Discove	er	American Express	
Name of Vendor						Date of Tran	nsaction	
Street Address			City			State	Zip Code	
Purpose of Expenditure (by code)	Description	•					Amount	
Is this expenditure coordinated w which reimbursement is sought? If yes, assign an Expenditure # an	rith another candidate for Yes No nd complete Itemization in Addendum		Expenditure # (if applicable)	Event #	‡			
					Total of Section F	,		
						_		
	IV. EXPENDITURES (Se	ections I	N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commissi	on)			TYPE O	F REPORT	,	
Kurt for CT						emized Statement in further tion for Public Grant - Original		
	Q. Expenses Incurred By Committee but N	Not Paid	During this Period					
Name of Creditor						Date Incurr	red	
Street Address		City				State	Zip Code	
Purpose of Expenditure (by code)	scription						ount Incurred mate or Actual)	
Is this expenditure coordinated with a reimbursement is sought?	another candidate for which Yes No		Expenditure # (if applicable)	Event #				
If yes, assign an Expenditure # and co	ompletes Itemization in Addendum Q							
				Tota	l of Section Q			

		IV. EXPEND	OITURES	(Sections N -	· S)					
NAME OF COMMITTE	EE (Provide Complete N	ame as Registere	ed with Comr	mission)			TYPE OF RE	EPORT		
Kurt for CT							Third Additional Itemized Statement in further support of application for Public Grant - Original			
	R. Itemizatio	on of Reimburs	sements and	l Secondary Pa	ayees					
Last Name of Worker/Consultar	nt	First			MI	Date of Payn	nent to Vendor	-	onsul	mburse Committee tant as reported in
									Checl	k #
									Debit	Card
									EFT	
Name of Vendor Paid by Comm	nittee Worker/Consultant	!								
									_	
Street Address of Vendor				City				State		Zip Code
Purpose of Expenditure (by code)	Description							•		
(c) code)										
Is this expenditure coordinated which reimbursement is sought			Yes	Expenditure # (if applicable)		Event	#			Amount
If yes, assign an Expenditure #	and completes Itemization in A		No							
				'		Total	of Section R			
		IV. EXPE	ENDITUR	ES (Sectuibs	N - S)					
NAME OF COMMITTE	EE (Provide Complete N	Name as Register	ed with Com	mission)			TYPE OF RE	EPORT		
Kurt for CT							dditional Itemized			
	S.	Surplus Distril	bution of E	quipment and	Furniture					
Name of Recipient										
Name of Recipient										
Street Address			City			State	Zip Code			Original Purchase Amount of Item
Description of Item			•			•	1			
							Total of S	Section S		

	Section J4. ADDENDUM		
NAME OF COMMITTEE			TYPE OF REPORT
J4. In - Kind Donati	ions Not Considered Contribution Ass	ociated with a Hou	se Party - Addendum
Event #			
Name of Candidate			
	Section N. ADDENDUM		
NAME OF COMMITTEE			TYPE OF REPORT
	N. Expenses Paid By Committee - A	ddendum	
Expenditure #		,	Amount of Expenditure
Name of Candidate		Offic	ee Sought
	Section P. ADDENDUM		
NAME OF COMMITTEE			TYPE OF REPORT
1	P. Expenses Incurred on Committee C	redit Card - Adden	ndum
Expend	liture #		Amount of Expenditure
Name of Candidate		•	Office Sought

	TYPE OF REPORT				
Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum					
	Amount of Expenditure				
	Office Sought				

Section R. ADDENDUM		1			
NAME OF COMMITTEE		TYPE OF REPORT			
R. Itemization of Reimbursements and Secondary Payees - Addendum					
Expenditure #	Amount of Expenditure				