

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. January 2012



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 Official Use Only

SUMMARY PAGE
RECEIVED SEEC

1. NAME OF COMMITTEE

Connecticut Republican Party

2015 APR 10 P 12:06

150508

3. TREASURER NAME

Title	First	MI	Last	Suffix
	Gary	N	Schaffrick	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
515 Emmett Street Apt. 14	Bristol	CT	06010

5. ELECTION DATE **6. OFFICE SOUGHT (if applicable)** **7. DISTRICT NUMBER (if applicable)**

(mm/dd/yyyy)		
11/03/2015		

8. CANDIDATE NAME

Title	First	MI	Last	Suffix

9. TYPE OF REPORT

- January 10 filing
- April 10 filing
- July 10 filing
- October 10 filing
- Independent Expenditure
 - Primary
 - Election
- 7th day preceding primary
- 30 days following primary
- 7th day preceding election
- 12th day preceding election
(State Central Committees Only)
- 45 days following election not held in November
- 7th day preceding referendum
- 45 days following referendum
- Deficit
- Termination
- Initial Contribution or Disbursement
(PACs ONLY)
- Amendment to Type of Report:

10. PERIOD COVERED

Beginning Date Ending Date

01/01/2015 thru 03/31/2015

11. CERTIFICATION

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.

TREASURER OR DEPUTY TREASURER (SIGNATURE)

Gary M. Schaffrick

PRINTED NAME OF SIGNER

4/8/15

DATE (mm/dd/yyyy)

PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. January 2012



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SUMMARY PAGE

1. NAME OF COMMITTEE

Connecticut Republican Party

3. TREASURER NAME

Title	First	MI	Last	Suffix
	Gary	N	Schaffrick	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
515 Emmett Street Apt. 14	Bristol	CT	06010

5. ELECTION DATE **6. OFFICE SOUGHT (if applicable)** **7. DISTRICT NUMBER (if applicable)**

(mm/dd/yyyy)		
11/03/2015		

8. CANDIDATE NAME

Title	First	MI	Last	Suffix

9. TYPE OF REPORT

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> January 10 filing | <input type="checkbox"/> 7th day preceding primary | <input type="checkbox"/> 7th day preceding referendum | <input type="checkbox"/> Initial Contribution or Disbursement
<i>(PACs ONLY)</i> |
| <input checked="" type="checkbox"/> April 10 filing | <input type="checkbox"/> 30 days following primary | <input type="checkbox"/> 45 days following referendum | <input type="checkbox"/> Amendment to
Type of Report: |
| <input type="checkbox"/> July 10 filing | <input type="checkbox"/> 7th day preceding election | <input type="checkbox"/> Deficit | _____ |
| <input type="checkbox"/> October 10 filing | <input type="checkbox"/> 12th day preceding election
<i>(State Central Committees Only)</i> | <input type="checkbox"/> Termination | |
| <input type="checkbox"/> Independent Expenditure
<input type="checkbox"/> Primary <input type="checkbox"/> Election | <input type="checkbox"/> 45 days following election not
held in November | | |

10. PERIOD COVERED

Beginning Date		Ending Date
01/01/2015	thru	03/31/2015

11. CERTIFICATION

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.

 TREASURER OR DEPUTY TREASURER (SIGNATURE) PRINTED NAME OF SIGNER DATE (mm/dd/yyyy)

PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

SUMMARY PAGE

TOTALS

11. NAME OF COMMITTEE	REPORT TYPE	
Connecticut Republican Party	April 10	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from from day committee was formed for all other committees		\$21,765.95
12. Balance on hand at the beginning of Reporting Period	\$21,765.95	
13. Contributions received from Individuals (Sections A and B)	\$20,540.00	\$20,540.00
14. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Sections D-K)	\$50.32	\$50.32
16a. Total Proceeds from Small Purchases (Section L1 subpart 1 + subpart 3)	\$0.00	\$0.00
16b. Per Public Act 11-48, effective January 1, 2012, Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (L3) <i>Municipal and Town Committees ONLY</i>	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$20,590.32	\$20,590.32
18. Subtotal (add totals in line 12 + line 17 in Column A and in lines 11 + 17 in Column B)	\$42,356.27	\$42,356.27
19. Expenses Paid by Committee (Section P)	\$6,437.92	\$6,437.92
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	\$35,918.35	\$35,918.35
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$99.96	\$99.96
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O) OPTIONAL	\$0.00	\$0.00
25. Beginning Loan Balance	\$0.00	
25a. + Loan(s) Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan(s)	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$1,517.18	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$1,517.18	

NAME OF COMMITTEE Connecticut Republican Party	REPORT TYPE April 10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal \$190.00

B. Itemized Contributions from Individuals

Last Name	First	MI	Method of contribution	Contribution ID #	Amount of Contribution	
Seymour	Allyn		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit	2A4791C1-790E-4D1E-	\$100.00	
Residential Street Address 73 Ledyard Rd		City West Hartford	State CT	Zip Code 06117-1706		Date Received 02/12/2015
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions \$100.00		
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
McMahon	Vincent	K.	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit	0462A902-5072-4A3C-	\$10,000.00	
Residential Street Address 14 Hurlingham Dr		City Greenwich	State CT	Zip Code 06831-2739		Date Received 01/29/2015
Principal Occupation Chairman & CEO		Name of Employer Wwe Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions \$10,000.00		
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
McMahon	Linda	E.	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit	185AF7E8-B8E9-4CDE	\$10,000.00	
Residential Street Address 14 Hurlingham Dr		City Greenwich	State CT	Zip Code 06831-2739		Date Received 01/29/2015
Principal Occupation Executive		Name of Employer Self Employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions \$10,000.00		
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Moraski	Gwendolyn	H	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit	59F9B6E2-7E93-49E4-	\$250.00	
Residential Street Address 20 Ruthies Lane		City West Simsbury	State CT	Zip Code 06092-2023		Date Received 01/15/2015
Principal Occupation Anesthesiologist		Name of Employer Woodland Anesthesiology		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> 101714A		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions \$250.00		
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SUBTOTAL Section B-This Page	\$20,350.00
TOTAL of additional Section B Pages	\$0.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)	\$20,540.00

NAME OF COMMITTEE

Connecticut Republican Party

REPORT TYPE

April 10

K. Miscellaneous Monetary Receipts not Considered Contributions

Name				Date of Transaction	Amount Received
Frontier Communications				03/12/2015	\$8.85
Street Address P.O. Box 20550		City Rochester	State NY	Zip Code 14602-0550	
Description Refund From Vendor					
Name Maron Hotel				Date of Transaction 02/27/2015	\$8.00
Street Address 42 Lake Avenue		City Danbury	State CT	Zip Code 06811-5279	
Description Refund From Vendor					
Name Comcast				Date of Transaction 03/06/2015	\$28.47
Street Address P.O. Box 196		City Newark	State NJ	Zip Code 07101-0196	
Description Refund From Vendor					
Name Elavon				Date of Transaction 02/13/2015	\$5.00
Street Address 7300 Chapman Hwy		City Knoxville	State TN	Zip Code 37920-6612	
Description Refund From Vendor					

Total Section K \$50.32

IV. EXPENDITURES

NAME OF COMMITTEE Connecticut Republican Party	REPORT TYPE April 10
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P. Expenses Paid by Committee

Running Total

Name of Payee Campaign Solutions		Date of Payment 02/13/2015	Method of Payment <input checked="" type="checkbox"/> Check # EFT <input type="checkbox"/> Debit Card
Street Address 117 N Saint Asaph St		City Alexandria	State VA
		Zip Code 22314-3109	
Purpose of Expenditure (by code) 5100	Description Service Fee	Event #	Amount \$1.24
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought		
Name of Payee Econolodge		Date of Payment 02/22/2015	Method of Payment <input checked="" type="checkbox"/> Check # Debit <input type="checkbox"/> Debit Card
Street Address 251 Greenmanville Avenue		City Mystic	State CT
		Zip Code 06355-1962	
Purpose of Expenditure (by code) 5100	Description Lodging	Event #	Amount \$91.41
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought		
Name of Payee David Hage		Date of Payment 01/28/2015	Method of Payment <input checked="" type="checkbox"/> Check # 1986 <input type="checkbox"/> Debit Card
Street Address 22 Colony Road		City East Lyme	State CT
		Zip Code 06333-1315	
Purpose of Expenditure (by code) 5100	Description Paid Worker-Independent Contractor	Event #	Amount \$525.00
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought		
Name of Payee Dunkin Donuts		Date of Payment 02/23/2015	Method of Payment <input checked="" type="checkbox"/> Check # Debit <input type="checkbox"/> Debit Card
Street Address 407 Main Street		City Danbury	State CT
		Zip Code 06810-4710	
Purpose of Expenditure (by code) 5100	Description Food For Workers	Event #	Amount \$54.72
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought		
Name of Payee Elavon		Date of Payment 01/02/2015	Method of Payment <input checked="" type="checkbox"/> Check # EFT <input type="checkbox"/> Debit Card
Street Address 7300 Chapman Hwy		City Knoxville	State TN
		Zip Code 37920-6612	
Purpose of Expenditure (by code) 5100	Description Service Fee	Event #	Amount \$47.00
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought		
Name of Payee Victoria Laird		Date of Payment 01/28/2015	Method of Payment <input checked="" type="checkbox"/> Check # 1989 <input type="checkbox"/> Debit Card
Street Address 42 Charter Oak Drive		City East Lyme	State CT
		Zip Code 06333-1617	
Purpose of Expenditure (by code) 5100	Description Paid Worker-Independent Contractor	Event #	Amount \$525.00
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought		

SUBTOTAL Section P-This Page	\$1,244.37
TOTAL of additional Section P Pages	\$5,193.55
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)	\$6,437.92

IV. EXPENDITURES

NAME OF COMMITTEE Connecticut Republican Party	REPORT TYPE April 10
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P. Expenses Paid by Committee

Running Total

Name of Payee Ryan Tobin		Date of Payment 01/28/2015	Method of Payment <input checked="" type="checkbox"/> Check # 1988 <input type="checkbox"/> Debit Card
Street Address 313 Boston Post Road		City East Lyme	State CT
		Zip Code 06333-1506	
Purpose of Expenditure (by code) PAID	Description Paid Worker-Independent Contractor		Event #
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Amount \$525.00
Name of Payee John W. Kleinhans		Date of Payment 02/17/2015	Method of Payment <input checked="" type="checkbox"/> Check # 1992 <input type="checkbox"/> Debit Card
Street Address 60 Old Town Road Unit 151		City Vernon	State CT
		Zip Code 06066-6410	
Purpose of Expenditure (by code) PAID	Description Reimburse Committee Worker		Event #
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Amount \$85.00
Name of Payee Maron Hotel		Date of Payment 02/21/2015	Method of Payment <input checked="" type="checkbox"/> Check # Debit <input type="checkbox"/> Debit Card
Street Address 42 Lake Avenue		City Danbury	State CT
		Zip Code 06811-5279	
Purpose of Expenditure (by code) PAID	Description Meeting Expense-Venue		Event #
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Amount \$200.00
Name of Payee State Of Connecticut Secretary Of State		Date of Payment 03/23/2015	Method of Payment <input checked="" type="checkbox"/> Check # 1998 <input type="checkbox"/> Debit Card
Street Address 30 Trinity St		City Hartford	State CT
		Zip Code 06106-1634	
Purpose of Expenditure (by code) PAID	Description Voter File		Event #
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Amount \$300.00
Name of Payee Columbus Park		Date of Payment 02/12/2015	Method of Payment <input checked="" type="checkbox"/> Check # 1991 <input type="checkbox"/> Debit Card
Street Address 56 Howard Street		City New London	State CT
		Zip Code 06320-4971	
Purpose of Expenditure (by code) PAID	Description Utilities, Interest		Event #
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Amount \$314.62
Name of Payee Conquest Communications Group		Date of Payment 03/12/2015	Method of Payment <input checked="" type="checkbox"/> Check # 1997 <input type="checkbox"/> Debit Card
Street Address 2812 Emerywood Parkway Suite 103		City Richmond	State VA
		Zip Code 23294-3728	
Purpose of Expenditure (by code) PAID	Description Robo Call		Event #
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Amount \$250.00

SUBTOTAL Section P-This Page	\$1,674.62
TOTAL of additional Section P Pages	\$4,763.30
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)	\$6,437.92

IV. EXPENDITURES

NAME OF COMMITTEE Connecticut Republican Party	REPORT TYPE April 10
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P. Expenses Paid by Committee

Running Total

Name of Payee East Lyme Community Center		Date of Payment 03/06/2015	Method of Payment <input checked="" type="checkbox"/> Check # 1996 <input type="checkbox"/> Debit Card
Street Address 37 Society Road		City Niantic	State CT
		Zip Code 06357-1106	
Purpose of Expenditure (by code) RENT	Description Rent	Event #	Amount \$177.50
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought		
Name of Payee Comcast		Date of Payment 02/23/2015	Method of Payment <input checked="" type="checkbox"/> Check # 1995 <input type="checkbox"/> Debit Card
Street Address P.O. Box 196		City Newark	State NJ
		Zip Code 07101-0196	
Purpose of Expenditure (by code) UTILITY	Description Utility Equipment	Event #	Amount \$300.00
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought		
Name of Payee Steakloft		Date of Payment 02/22/2015	Method of Payment <input checked="" type="checkbox"/> Check # Debit <input type="checkbox"/> Debit Card
Street Address 27 Coogan Boulevard		City Mystic	State CT
		Zip Code 06355-1920	
Purpose of Expenditure (by code) FOOD	Description Food For Workers	Event #	Amount \$65.00
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought		
Name of Payee Benjamin Hartmann		Date of Payment 01/28/2015	Method of Payment <input checked="" type="checkbox"/> Check # 1990 <input type="checkbox"/> Debit Card
Street Address 26627 Decker Prairie Rosehill Road		City Magnolia	State TX
		Zip Code 77355-7918	
Purpose of Expenditure (by code) TRAV	Description Mileage Reimbursement	Event #	Amount \$601.30
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought		
Name of Payee Elavon		Date of Payment 02/02/2015	Method of Payment <input checked="" type="checkbox"/> Check # EFT <input type="checkbox"/> Debit Card
Street Address 7300 Chapman Hwy		City Knoxville	State TN
		Zip Code 37920-6612	
Purpose of Expenditure (by code) SALES	Description Service Fee	Event #	Amount \$40.00
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought		
Name of Payee Campaign Solutions		Date of Payment 03/13/2015	Method of Payment <input checked="" type="checkbox"/> Check # EFT <input type="checkbox"/> Debit Card
Street Address 117 N Saint Asaph St		City Alexandria	State VA
		Zip Code 22314-3109	
Purpose of Expenditure (by code) SALES	Description Service Fee	Event #	Amount \$1.24
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought		

SUBTOTAL Section P-This Page	\$1,185.04
TOTAL of additional Section P Pages	\$5,252.88
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)	\$6,437.92

IV. EXPENDITURES

NAME OF COMMITTEE Connecticut Republican Party	REPORT TYPE April 10
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P. Expenses Paid by Committee

Running Total

Name of Payee Dunkin Donuts		Date of Payment 02/21/2015	Method of Payment <input checked="" type="checkbox"/> Check # Debit <input type="checkbox"/> Debit Card
Street Address 242 Greenmanville Avenue		City Mystic	State CT
Zip Code 06355-1945			
Purpose of Expenditure (by code) Food For Workers	Description Food For Workers	Event #	Amount \$52.24
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought		
Name of Payee Campaign Solutions		Date of Payment 01/09/2015	Method of Payment <input checked="" type="checkbox"/> Check # EFT <input type="checkbox"/> Debit Card
Street Address 117 N Saint Asaph St		City Alexandria	State VA
Zip Code 22314-3109			
Purpose of Expenditure (by code) Service Fee	Description Service Fee	Event #	Amount \$1.24
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought		
Name of Payee Luisa's Diner		Date of Payment 02/21/2015	Method of Payment <input checked="" type="checkbox"/> Check # Debit <input type="checkbox"/> Debit Card
Street Address 289 Enterprise Dr		City Bristol	State CT
Zip Code 06010-8410			
Purpose of Expenditure (by code) Food For Workers	Description Food For Workers	Event #	Amount \$10.42
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought		
Name of Payee Tuscanero's Pizza		Date of Payment 02/21/2015	Method of Payment <input checked="" type="checkbox"/> Check # Debit <input type="checkbox"/> Debit Card
Street Address 113 Mill Plain Road		City Danbury	State CT
Zip Code 06811-5277			
Purpose of Expenditure (by code) Food For Workers	Description Food For Workers	Event #	Amount \$170.00
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought		
Name of Payee Gulf PartyLine		Date of Payment 01/28/2015	Method of Payment <input checked="" type="checkbox"/> Check # 1985 <input type="checkbox"/> Debit Card
Street Address 4000 Lake Beau Pre Blvd.		City Baton Rouge	State LA
Zip Code 70820-4265			
Purpose of Expenditure (by code) Graphic Design	Description Graphic Design	Event #	Amount \$250.00
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought		
Name of Payee Noah Goff		Date of Payment 01/28/2015	Method of Payment <input checked="" type="checkbox"/> Check # 1987 <input type="checkbox"/> Debit Card
Street Address 180 Daniel Peck Road		City East Haddam	State CT
Zip Code 06423-1229			
Purpose of Expenditure (by code) Paid Worker-Independent Contractor	Description Paid Worker-Independent Contractor	Event #	Amount \$525.00
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought		

SUBTOTAL Section P-This Page	\$1,008.90
TOTAL of additional Section P Pages	\$5,429.02
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)	\$6,437.92

III. NONMONETARY RECEIPTS (Sections M-O)

NAME OF COMMITTEE Connecticut Republican Party	REPORT TYPE April 10
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M. In-Kind Contributions

Name Robert D. Belden Jr.			
Street Address 7 Red Barn Lane		City Brookfield	State CT Zip Code 06804-3700
Type of Contributor: <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other	Date Received 01/14/2015	Aggregate Contributions \$99.96	Description of In-Kind Contribution Meeting Refreshments and Office Supplies
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fair Market Value of this Contribution \$99.96
Is this contribution associated with a fundraising event listed in Section L.1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		

SUBTOTAL Section M-This Page	\$99.96
TOTAL of additional Section M Pages	\$0.00
TOTAL OF ALL IN-KIND CONTRIBUTIONS FROM INDIVIDUALS (Enter total on Line 22 of Summary Page)	\$99.96

IV. EXPENDITURES

NAME OF COMMITTEE Connecticut Republican Party	REPORT TYPE April 10
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P. Expenses Paid by Committee

Running Total

Name of Payee 1343 Boston Post Road LLC		Date of Payment 02/23/2015	Method of Payment <input checked="" type="checkbox"/> Check # 1994 <input type="checkbox"/> Debit Card
Street Address P.O. Box 431		City Madison	State CT
Zip Code 06443-0431			
Purpose of Expenditure (by code) Utilities	Description Utilities	Event #	Amount \$1,236.64
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought		
Name of Payee Illiano's Grill		Date of Payment 02/22/2015	Method of Payment <input checked="" type="checkbox"/> Check # Debit <input type="checkbox"/> Debit Card
Street Address 228 Flanders Road		City Niantic	State CT
Zip Code 06357-1201			
Purpose of Expenditure (by code) Food For Workers	Description Food For Workers	Event #	Amount \$84.53
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought		
Name of Payee Campaign Solutions		Date of Payment 02/27/2015	Method of Payment <input checked="" type="checkbox"/> Check # EFT <input type="checkbox"/> Debit Card
Street Address 117 N Saint Asaph St		City Alexandria	State VA
Zip Code 22314-3109			
Purpose of Expenditure (by code) Service Fee	Description Service Fee	Event #	Amount \$3.82
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought		

SUBTOTAL Section P-This Page	\$1,324.99
TOTAL of additional Section P Pages	\$5,112.93
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)	\$6,437.92

IV. EXPENDITURES

NAME OF COMMITTEE Connecticut Republican Party	REPORT TYPE April 10
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S. Expenses Incurred by Committee but Not Paid During this Period

Name of Payee Airnet (formerlysmartech)			Date Incurred 03/24/2015
Street Address PO Box 11181		City Chattanooga	State TN
Zip Code 37401-2181			
Purpose of Expenditure (by code) A DU DNV	Description GOTV Calls	Event #	Amount <i>(actual or estimate)</i> \$366.00
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought		
Name of Payee Airnet (formerlysmartech)			Date Incurred 02/23/2015
Street Address PO Box 11181		City Chattanooga	State TN
Zip Code 37401-2181			
Purpose of Expenditure (by code) A DU DNV	Description Equipment Rental	Event #	Amount <i>(actual or estimate)</i> \$508.55
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought		
Name of Payee Airnet (formerlysmartech)			Date Incurred 02/28/2015
Street Address PO Box 11181		City Chattanooga	State TN
Zip Code 37401-2181			
Purpose of Expenditure (by code) A DU DNV	Description GOTV Calls	Event #	Amount <i>(actual or estimate)</i> \$134.08
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought		
Name of Payee Airnet (formerlysmartech)			Date Incurred 01/23/2015
Street Address PO Box 11181		City Chattanooga	State TN
Zip Code 37401-2181			
Purpose of Expenditure (by code) A DU DNV	Description Equipment Rental	Event #	Amount <i>(actual or estimate)</i> \$508.55
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with Reimbursement sought		

SUBTOTAL Section S-This Page	\$1,517.18
TOTAL of additional Section S Pages	\$0.00
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE (Enter total on Line 19 of Summary Page)	\$1,517.18

IV. EXPENDITURES

NAME OF COMMITTEE	REPORT TYPE
Connecticut Republican Party	April 10

T. Itemization of Reimbursement to Committee Workers and Consultants

Last Name of Worker/Consultant John	First Kleinhans	MI	Date of Payment 02/17/2015	Method of Payment	Amount
Secondary Payee East Lyme RTC				<input type="checkbox"/> Check # <u>1992</u> <input type="checkbox"/> Debit Card	\$60.00
Street Address P.O. Box 188		City Niantic	State CT	Zip Code 06357-0188	
Purpose of Expenditure (by code) ATT	Description Event Ticket			Event #	
Expenditure Number (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Ren <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				

Last Name of Worker/Consultant John	First Kleinhans	MI	Date of Payment 01/30/2015	Method of Payment	Amount
Secondary Payee Brooklyn RTC				<input type="checkbox"/> Check # <u>1992</u> <input type="checkbox"/> Debit Card	\$25.00
Street Address 26 Barrett Hill Road		City Brooklyn	State CT	Zip Code 06234-1500	
Purpose of Expenditure (by code) ATT	Description Event Ticket			Event #	
Expenditure Number (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Ren <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				

SUBTOTAL Section T-This Page	\$85.00
TOTAL of additional Section T Pages	\$0.00
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS	\$85.00

Connecticut Republican SCC
Gary M. Schaffrick, Treasurer
515-14 Emmett Street
Bristol, CT 06010

Report Due - April10, 2015
Period: 01/01 -03/31/15
Schedule P - Addendum

Expenditure #	Supported/Opposed	Amount	Candidate	Office Sought	Allocation %
1985	Supported	\$ 250.00	Foley	Governor	100
1997	Supported	\$ 250.00	Harding	State Representative	100