SEEC FORM 30

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



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COVER PAGE

1.NAME OF COMMITTEE						2. TYP	E OF COMMITTEE		
Gary For Senate							Candidate Committee Exploratory Committee		
3. TREASURER NAME									
First Michael			MI J	Last Pinto			Suffix		
4. TREASURER ADDRESS									
Street Address 449 Central Ave		City New I	Haven		State CT		Zip Code 06515		
5. ELECTION DATE	6. OFFICE SOUGHT (Ca	omplete or	nly if Candidate	Committee)	1	7. DISTRI	ICT NUMBER (if applicable		
02/25/2014	State Senator					S010			
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	ommittee	e)						
First Gary			MI A	Last Winfield			Suffix		
9. TYPE OF REPORT									
Itemized Statement accompanying	application for Publ	lic Grar	nt - Origina	ı					
10. PERIOD COVERED									
	Beginning Date			Ending Date					
	01/03/2014	thru	L .	01/31/2014					
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.									
Electronic Filing	Michael Pinto			02/0	03/2014 1:	1:10:50AM	1		
SIGNATURE	PRINT NAME OF THI	E SIGNE							
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 30 Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT						
Gary For Senate	Itemized Statement accompanying application	Itemized Statement accompanying application for Public Grant - Original					
	COLUMN A This Period	COLUMN B Aggregate					
12. Balance on hand from day Committee was formed		\$0.00					
13. Balance on hand at the beginning of Reporting Period	\$0.00						
14. Contributions received from Individuals (Section A and B)	\$17,532.00	\$17,532.00					
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00					
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00					
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)	\$17,532.00	\$17,532.00					
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$17,532.00	\$17,532.00					
20. Expenses Paid by Committee (Section N)	\$3,844.71	\$3,844.71					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$13,687.29	\$13,687.29					
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00					
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00					
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00					
25. Receipts of Organization Expenditures (Section M) OPTIONAL	\$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	\$0.00					
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						

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						Page 3 01 134
I. MONETARY RECEIPT	S (S	ection A-I)	I	TE OF PERONE		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT Itemized Statement accompanying application for Public			
Gary For Senate			Grant - Original			
A. Total Contributions from Small Contributors-Received this Period	od O	NLY		For Nonpartic	ipating Can	didates ONLY
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First				MI	Contribution ID #
Florsheim		Ben				0001
Residential Street Address	City				State	Zip Code
45 Wyllys Ave		Middletown			СТ	06459-3211
Principal Occupation		Name of Employer				
Student		None				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a lob dependent child of		se, or Yes	Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:				x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate	Contributions	1	
fundraising event listed in Section J1?						
If yes, list Event # Cash Personal Check No	01/	13/2014	\$5.00			\$5.00
LadVana	First				LM	Contribution ID#
Last Name	First	Th			MI	Contribution ID #
Harned Residential Street Address	City	Thomas			State	0002 Zip Code
518 Chapel St	City	New Haven		CT	06511-6905	
Principal Occupation	<u> </u>	Name of Employer			CI	00311-0903
Process Engineer		the Ha				
		Is contributor a lob		se, or	Amo	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of		Yes		
If yes, indicate which branch or branches of government the contract is with:				x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate	Contributions	1	
fundraising event listed in Section J1? Yes Cash Personal Check				425.00		105.00
If yes, list Event # No Money Order X Credit/Debit Card	01/	13/2014		\$25.00		\$25.00
Last Name	First				МІ	Contribution ID #
Anderson		Edward				0003
Residential Street Address	City				State	Zip Code
123 York St		New Haven			СТ	06511-5655
Principal Occupation		Name of Employer				•
Real Estate		Self-En	nployed			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lob dependent child of		se, or Yes	Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:				x No		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate	Contributions		
If yes, list Event # Cash Personal Check Money Order Cash Personal Check Cash Personal Check Credit/Debit Card	01/	13/2014		\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Gary For Senate Itemized Statement accompanying applicati					ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Carmon		Sheila			0004			
Residential Street Address	City			State	Zip Code			
326 W Rock Ave	<u> </u>	New Haven		СТ	06515-2106			
Principal Occupation		Name of Employ						
Child Services Consultant Is contributor a principal of a state contractor or prospective state contractor?			of Connecticut obbyist, spouse, or	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	Vac	Amot	int of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	01/	13/2014	\$100.00		\$100.00			
L AV	Б: /			L	I c , i , i , m "			
Last Name Hausladen	First			MI	Contribution ID # 0005			
Residential Street Address	City	Douglas		State	Zip Code			
161 Park St		New Haven		СТ	06511-4807			
Principal Occupation		Name of Employ	er					
Unemployed		Self						
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	0	dependent child of	of a lobbyist?					
government the contract is with:			x No					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	01/	12/2014	* F 00		45.00			
If yes, list Event # No Money Order X Credit/Debit Card	01/	13/2014	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Coughlin		Kevin			0006			
Residential Street Address	City			State	Zip Code			
44 Orange St		New Haven		СТ	06510-3136			
Principal Occupation		Name of Employ	er					
Campaign Manager			for Senate					
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 of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		1	x No					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
No	01/	14/2014	\$10.00		\$10.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Pinto		Michael		J	0007			
Residential Street Address 449 Central Ave	City	Now House		State	Zip Code			
Principal Occupation	<u> </u>	New Haven Name of Employ	er	СТ	06515-2258			
Attorney			y, Oliver, Gould & Crotta					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
	0	dependent child of	or a robbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
- D Corb	٠	45/004						
If yes, list Event # Cash Credit/Debit Card	01/	15/2014	\$25.00		\$25.00			

A MONTH INVIDENCE OF THE ANALYSIS								
I. MONETARY RECEIPT	S (S	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Gary For Senate Itemized Statement accompanying application for Public Grant - Original					on for Public			
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Winfield		Jason			0008			
Residential Street Address	City			State	Zip Code			
174 Catherine St		Westbury		NY	11590-4006			
Principal Occupation		Name of Employ	er					
Bus Operator		MTA						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt 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 a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1? Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	01/	19/2014	\$10.00		\$10.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Tyson		Audrey			0009			
Residential Street Address	City			State	Zip Code			
471 Whalley Ave		New Haven		СТ	06511-3042			
Principal Occupation		Name of Employ	er	•				
Social Worker		Proba	tion Court					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
)	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 a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?								
U No □ □ ·········	01/	19/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Quickmire		Jeanne		L	0015			
Residential Street Address	City			State	Zip Code			
33 Lyon St		New Haven		СТ	06511-4925			
Principal Occupation		Name of Employ	er	•				
Consultant		Self						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a General Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
Tundraising event insect in Section 71:								
U No □ □ ································	01/	19/2014	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Harris		Michael			0010			
Residential Street Address	City			State	Zip Code			
67 Edgewood Ave		New Haven		СТ	06511-4614			
Principal Occupation		Name of Employ	er	•				
Policy Analyst		City o	of New Haven					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	,	dependent child of	of a foodyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions]				
Tundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check No	01/	19/2014	\$20.00		\$20.00			
,, Credit/Debit Card								

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Gary For Senate Itemized Statement accompanying application for Public Grant - Original					ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Holness		Karaine		Α	0011			
Residential Street Address	City			State	Zip Code			
27 Wilbert St		Hamden		СТ	06514-3922			
Principal Occupation		Name of Employ	er	•	•			
Hair Stylist		Hair's	Kay Beauty Salon					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child (x No					
government the contract is with:	D-4-	D i d						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	01/	10/2014	¢50.00		¢Ε0.00			
If yes, list Event # No Money Order Credit/Debit Card	01/	19/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Smith	11130	Honda		1411	0012			
Residential Street Address	City	Tiorida		State	Zip Code			
133 Harper Ave	City	New Haven		CT	06515-1117			
Principal Occupation		Name of Employ	er	<u> </u>	00313 1117			
Inspector			f New Haven					
		-	11.14	Amou	ant 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 Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
No Cash Personal Check	01/	19/2014	\$30.00		\$30.00			
If yes, list Event #		-, -	,					
Last Name	First			MI	Contribution ID #			
Bradley		Kathleen		G	0013			
Residential Street Address	City			State	Zip Code			
21 W Rock Ave		New Haven		СТ	06515-2218			
Principal Occupation	-	Name of Employ	er		•			
RN		Yale-I	New Haven Hospital					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	or a robbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # No Money Order Credit/Debit Card	01/	19/2014	\$25.00		\$25.00			
					La .a			
Last Name	First	Dahast 1		MI	Contribution ID #			
Bradley Residential Street Address	City	Robert James	5	Stata	0016			
Residential Street Address 21 W Rock Ave	City	Now Haven		State CT	Zip Code 06515-2218			
Principal Occupation	<u> </u>	New Haven Name of Employ	or	CI	00313-2218			
Teacher		Retire						
			-11	Amou	ant of Contribution			
Yes X No	0	dependent child of	Vac	1 222700				
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Personal Check No X Cash Personal Check Money Order Credit/Debit Card	01/	19/2014	\$25.00		\$25.00			
1 11 yes, nst Event #				1				

A MONETA DV DECEMBER (C. C. A. D.								
I. MONETARY RECEIPT	S (Se	ection A-I)	TWDE OF DEDODE					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Itemized Statement accompanying application for Public								
Grant - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Kliger		Steven		J	0014			
Residential Street Address	City			State	Zip Code			
126 McKinley Ave		New Haven		СТ	06515-2008			
Principal Occupation		Name of Employ	er					
Executive Officer		CCSU						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		acpendent enna	x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			1.90.18					
No X Cash Personal Check	01/:	19/2014	\$50.00		\$50.00			
If yes, list Event #			7-2					
Last Name	First			MI	Contribution ID #			
Brown		Michael			0017			
Residential Street Address	City			State	Zip Code			
67 Point Beach Dr		Milford		СТ	06460-7647			
Principal Occupation		Name of Employ	er	<u> </u>	00.00 / 0.1			
Management Consultant			Standard Institute					
			obbyist, spouse, or	Amou	nt of Contribution			
Yes X No)	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 a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
No Cash Personal Check	01/2	20/2014	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card			•					
Last Name	First			MI	Contribution ID #			
Berger		Eric			0018			
Residential Street Address	City			State	Zip Code			
50 Autumn St		New Haven		СТ	06511-2221			
Principal Occupation		Name of Employ	er					
Physician		Self E	mployed					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	a loodyist:					
government the contract is with:			x No					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # Cash Credit/Debit Card	01/	21/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Berger		Ethel			0019			
Residential Street Address	City			State	Zip Code			
50 Autumn St	ļ	New Haven		СТ	06511-2221			
Principal Occupation		Name of Employ						
Book Illustrator			mployed					
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		· F · · · · · · · · · · · · · · · · · ·	x No					
government the contract is with: Legislative Legislative Legislative	D-4	Dagaiyad						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	01/	21/2014	#100 00		¢100 00			
If yes, list Event # Money Order X Credit/Debit Card	I 01/.	21/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Gary For Senate Itemized Statement accompanying application for Grant - Original					ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Coughlin		Kevin			0021			
Residential Street Address	City			State	Zip Code			
44 Orange St	<u> </u>	New Haven		СТ	06510-3136			
Principal Occupation		Name of Employ						
Campaign Manager			for Senate	A				
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	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 a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	01/	22/2014	\$11.00		\$1.00			
I you, is a very order.								
Last Name	First			MI	Contribution ID #			
Gallo		Anthony		J	0029			
Residential Street Address	City	0		State	Zip Code			
82 Farm Hill Rd	<u> </u>	Orange		СТ	06477-2348			
Principal Occupation CEO		Name of Employ	Distributors Inc.					
			obbyict chause 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 a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Cash Responsal Check								
If yes, list Event # Cash No Cash No Noney Order Credit/Debit Card	01/	22/2014	\$100.00		\$100.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Conroy		Theresa			0022			
Residential Street Address	City			State	Zip Code			
177 Skokorat St	<u> </u>	Seymour		СТ	06483-3024			
Principal Occupation		Name of Employ						
APRN Is contributor a principal of a state contractor or prospective state contractor?			eClinic	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of	V	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	01/	22/2014	\$25.00		\$25.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Cole		Joanne			0027			
Residential Street Address	City			State	Zip Code			
119 Branca Ct	<u> </u>	Milford		СТ	06461-2278			
Principal Occupation		Name of Employ						
Service Manager Is contributor a principal of a state contractor or prospective state contractor?			Distributors Inc. obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	О	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 a Mathed of contribution.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Gash Regional Check								
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	01/	22/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Gary For Senate Itemized Statement accompanying a					ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Minor		Nadia			0020			
Residential Street Address	City			State	Zip Code			
516 Christian St		Philadelphia		PA	19147-4008			
Principal Occupation	•	Name of Employ	er	•	•			
Student		None						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant 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 a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes. list Event # Cash Personal Check No Money Order X Credit/Debit Card	01/	22/2014	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Filardi		Eric			0023			
Residential Street Address	City			State	Zip Code			
1 Dover Ct		Stonington		СТ	06378			
Principal Occupation		Name of Employ	er		•			
Beer Distributor		F&F C	Pistributors					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt 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 a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Cash Personal Check								
│	01/	22/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Brezinski		Kim			0024			
Residential Street Address	City			State	Zip Code			
151 Rimmon Rd		North Haven		СТ	06473-2873			
Principal Occupation	-	Name of Employ	er	-	•			
Office Assistant		Star [Distributors Inc.					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	or a roodyrst?					
government the contract is with:			x No					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section J1?								
If yes, list Event # No Money Order Credit/Debit Card	01/	22/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Baptista		Lucy			0025			
Residential Street Address	City			State	Zip Code			
7 Princess Pine Ln		Clinton		СТ	06413-1240			
Principal Occupation		Name of Employ	er					
Marketing Manager			Distributors Inc.					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child (·					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
- X Remark Charles								
If yes, list Event # Cash Credit/Debit Card	01/	22/2014	\$100.00		\$100.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Gary For Senate Itemized Statement accompanying application for Grant - Original					ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Castellano		Patricia			0026			
Residential Street Address	City			State	Zip Code			
46 Hubbard Pl		Hamden		СТ	06517-3620			
Principal Occupation		Name of Employ						
Credit Manager			Distributors Inc.	A	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Cash Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	01/	22/2014	\$100.00		\$100.00			
I Holly olds								
Last Name	First			MI	Contribution ID #			
Gallo		Anthony Roc	ky	J	0028			
Residential Street Address	City			State	Zip Code			
619 S Plains Rd		Litchfield		СТ	06759-4014			
Principal Occupation VP		Name of Employ	lo and Company					
			obbyjet enouge or	Amou	unt of Contribution			
Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Cash Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	01/	22/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Gallo	O.	Peter		M	0030			
Residential Street Address 560 Brentwood Rd	City	Orango		State CT	Zip Code 06477			
Principal Occupation		Orange Name of Employ	or	CI	06477			
VP			Distributors Inc.					
			obbyist, spouse, or	Amou	ant of Contribution			
Yes A No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # No Money Order Credit/Debit Card	01/	22/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Werner	riist	Kristen		V	0031			
Residential Street Address	City	Kristeri		State	Zip Code			
229 Bluebird Dr		Naugatuck		СТ	06770-5120			
Principal Occupation		Name of Employ	er					
Unemployed		Unem	ployed					
Is contributor a principal of a state contractor or prospective state contractor?)		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: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
No Cash Personal Check	04 /	22/2014	4100.00		¢100.00			
If yes, list Event #	I 01/.	22/2014	\$100.00		\$100.00			

I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Gary For Senate Itemized Statement accompanying application for Public							
			Grant - Original				
B. Itemized Contributions from	n Inc	dividuals					
Last Name	First			MI	Contribution ID #		
Asermely	ar.	Andrew		A	0032		
Residential Street Address	City	Killin avva utb		State	Zip Code		
87 Burr Hill Rd Principal Occupation		Killingworth Name of Employ	or	СТ	06419-1138		
National Accounts Manager			Distributors Inc.				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of government the contract is with:		dependent child of	x No				
Is this contribution associated with a Mathod of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1? Yes Yes X Cash Personal Check							
If yes, list Event # X Cash Personal Check Money Order Credit/Debit Card	01/	22/2014	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Demayo	First	Anthony		J J	0033		
Residential Street Address	City	Anthony		State	Zip Code		
28 Dogwood Cir		Woodbridge		CT	06525-1248		
Principal Occupation		Name of Employ	er		00010 11.0		
Sales Director		Star [Distributors Inc.				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution		
- -)	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 a Yes Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1? No	01/	22/2014	\$100.00		\$100.00		
If yes, list Event #							
Last Name	First			MI	Contribution ID #		
Mattei		Mark		Е	0034		
Residential Street Address	City			State	Zip Code		
20 Blue Hills Rd		North Haven		СТ	06473-1001		
Principal Occupation		Name of Employ					
VP Sales Is contributor a principal of a state contractor or prospective state contractor?			Distributors Inc. obbyist, spouse, or	Amou	nt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	dependent child of		Amou	nt of Contribution		
If yes, indicate which branch or branches of			x _{No}				
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event # X Cash Personal Check Money Order Credit/Debit Card	01/	22/2014	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
O'Neill	11150	Thomas			0035		
Residential Street Address	City			State	Zip Code		
24 Gordon St		Hamden		СТ	06517-2009		
Principal Occupation		Name of Employ	er				
Sales		Star [Distributors Inc.				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event # X Cash Personal Check No Money Order Credit/Debit Card	01/	22/2014	\$50.00		\$50.00		

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Gary For Senate Itemized Statement accompanying application for Public Grant - Original					ion for Public			
B. Itemized Contributions from	m Ind	lividuals	-					
Last Name Piscitelli	First	Jimmie		MI	Contribution ID # 0036			
Residential Street Address	City			State	Zip Code			
396 Village St		Northford		СТ	06472-1304			
Principal Occupation		Name of Employ	er	-	•			
Sales Director		Star [Distributors Inc.					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Of a lobbyist?	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 a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1? X Cash Personal Check		22 (224 4	450.00		.50.00			
If yes, list Event # No Money Order Credit/Debit Card	01/2	22/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Quinn		Lindsay			0037			
Residential Street Address	City			State	Zip Code			
49 Ridgewood Ct	<u> </u>	Shelton		СТ	06484-3830			
Principal Occupation		Name of Employ	er					
Paralegal			on Faxon	1				
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # No Cash Personal Check Money Order X Credit/Debit Card	01/2	23/2014	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Graves		Cathy			0038			
Residential Street Address	City			State	Zip Code			
257 Stevenson Rd	<u> </u>	New Haven		СТ	06515-2469			
Principal Occupation		Name of Employ						
VP Special Projects			ommunity Foundation for Gre					
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	V	Amot	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 a Section 119 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # No Money Order X Credit/Debit Card	01/2	23/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Belviso		Frances			0039			
Residential Street Address	City			State	Zip Code			
2 Eld St	L.	New Haven		СТ	06511-3844			
Principal Occupation		Name of Employ						
Receptionist Is contributor a principal of a state contractor or prospective state contractor?			on Faxon obbyist, spouse, or	Amou	unt of Contribution			
Yes X N	0	dependent child of	Vac	Amot	ant of Conditionion			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
Tundraising event fisted in Section 31?								
No Cash Personal Check	01/2	23/2014	\$10.00		\$10.00			

A MONETA DV DE CENTRO (C. C. A. D.									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gary For Senate Itemized Statement accompanying application for Public									
Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Carangelo		Taressa			0040				
Residential Street Address	City			State	Zip Code				
181 Mill St		East Haven		CT	06512-1016				
Principal Occupation		Name of Employ	er	-					
Paralegal		Stratt	on Faxon						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	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 a Grand History of the Contribution of the Contri	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
□ No □ □	01/2	23/2014	\$20.00		\$20.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Gamsby		Jason			0041				
Residential Street Address	City			State	Zip Code				
33 Nicholas Dr		East Haven		СТ	06512-1145				
Principal Occupation		Name of Employ	er						
Attorney		Stratt	on Faxon						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	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 a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
No Cash Personal Check	01/	23/2014	\$25.00		\$25.00				
If yes, list Event # Money Order X Credit/Debit Card		•	•		·				
Last Name	First			MI	Contribution ID #				
Foskey-Cyrus		Brenda			0045				
Residential Street Address	City			State	Zip Code				
545 Sherman Pkwy		New Haven		СТ	06511-1773				
Principal Occupation		Name of Employ	er						
Alderman			f New Haven						
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of							
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
No Cash Personal Check	01/	23/2014	\$10.00		\$10.00				
If yes, list Event #	,	-, -							
Last Name	First			MI	Contribution ID #				
Gilson		Elizabeth		P	0047				
Residential Street Address	City			State	Zip Code				
1175 Whitney Ave		Hamden		СТ	06517-3434				
Principal Occupation		Name of Employ	er						
Attorney		Self	-						
			obbyist, spouse, or	Amou	nt of Contribution				
Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
No Cash X Personal Check	01/	23/2014	\$10.00		\$10.00				
If yes, list Event # Money Order Credit/Debit Card	l "''	23/2017	\$10.00		Ψ10.00				

A MONETA DV DECEMBER (C. C. A. D.									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Itemized Statement accompanying application for Public									
Gary For Senate Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Sayers		Clement			0048				
Residential Street Address	City			State	Zip Code				
22 Trotwood Dr		West Hartfor	d	СТ	06117-1643				
Principal Occupation		Name of Employ	er						
General Manager		Rogo	Distributors						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt 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 a Gundroicing event listed in Section 112	Date	Received	Aggregate Contributions						
X Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	01/	23/2014	\$100.00		\$100.00				
Noney Order Card									
Last Name	First			MI	Contribution ID #				
Pothin		Timothy			0051				
Residential Street Address	City			State	Zip Code				
17 Mill Rd		Guilford		СТ	06437-2414				
Principal Occupation		Name of Employ	er						
Attorney		Stratt	on Faxon						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
)	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 a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check No	01/	23/2014	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Smith		Eric			0052				
Residential Street Address	City			State	Zip Code				
491 Racebrook Rd		Orange		СТ	06477-2515				
Principal Occupation		Name of Employ	er						
Attorney		Stratt	on Faxon						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
Tundraising event insect in Section 31:									
If yes_list Event # Cash Personal Check No Money Order X Credit/Debit Card	01/	23/2014	\$25.00		\$25.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Smith		Leah			0053				
Residential Street Address	City			State	Zip Code				
491 Racebrook Rd		Orange		СТ	06477-2515				
Principal Occupation		Name of Employ	er	•					
Social Worker		Self							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
Tundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	01/	23/2014	\$10.00		\$10.00				
1. jes, like by one in the creative belief the									

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Gary For Senate			Itemized Statement accompan Grant - Original	ying applicat	ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Marx		Amy			0054			
Residential Street Address	City			State	Zip Code			
290 Knollwood Dr	<u> </u>	New Haven		СТ	06515-2414			
Principal Occupation		Name of Employ						
Attorney Is contributor a principal of a state contractor or prospective state contractor?			daven Legal Assistance	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	01/	23/2014	\$40.00		\$40.00			
	I							
Last Name	First			MI	Contribution ID #			
Faxon Residential Street Address	City	Joel		State	0055 Zip Code			
59 Elm St	City	New Haven		CT	06510-2047			
Principal Occupation		Name of Employ	er	CI	1 00310 2047			
Attorney		Self						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31? Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	01/	23/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
McManus	11130	Edward		IVII	0057			
Residential Street Address	City			State	Zip Code			
900 Chapel St		New Haven		СТ	06510-2809			
Principal Occupation	-	Name of Employ	er		•			
Attorney		МсМа	nus Law Firm					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent cinia (x No					
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No Cash Personal Check	01/	23/2014	\$25.00		\$25.00			
If yes, list Event # Money Order X Credit/Debit Card		,	· 		·			
Last Name	First			MI	Contribution ID #			
Weiner		Gerald			0046			
Residential Street Address	City			State	Zip Code			
15 Bishop Dr		Woodbridge		СТ	06525-2301			
Principal Occupation		Name of Employ						
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	-11	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amou	an or Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Mathed of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Gash Regional Check								
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	01/	23/2014	\$50.00		\$50.00			

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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					
Gary For Senate			Itemized Statement accompan Grant - Original	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Negro		Joseph			0042
Residential Street Address	City			State	Zip Code
90 Marvel Rd	L.,	New Haven		СТ	06515-2118
Principal Occupation		Name of Employ	er		
Glass Dealer Is contributor a principal of a state contractor or prospective state contractor?		Self	obbyist, spouse, or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Voc	Amot	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
rundraising event fisted in Section 31? Cash Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	01/2	23/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Lord	First	Henry		IVII	0056
Residential Street Address	City	rieiii y		State	Zip Code
313 Audubon Ct		New Haven		СТ	06510-1203
Principal Occupation	<u>'</u>	Name of Employ	er		
Investor		N/A			
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	0	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	l				
If yes, list Event # No Money Order X Credit/Debit Card	01/2	23/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Stratton	1 1150	Sabra			0043
Residential Street Address	City			State	Zip Code
162 Huntington St		New Haven		СТ	06511-2017
Principal Occupation		Name of Employ	er	=	-
Student		None			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	· —		
government the contract is with:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Sash Personal Check	01/2	23/2014	\$20.00		\$20.00
If yes, list Event #			·		•
Last Name	First			MI	Contribution ID #
Swanson		Shel			0044
Residential Street Address	City			State	Zip Code
162 Huntington St	L.,	New Haven		СТ	06511-2017
Principal Occupation Midwife		Name of Employ	er		
		None Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	Vac	7 tinot	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
government the contract is with.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes Cash Personal Check					
If yes, list Event # Cash Credit/Debit Card	01/2	23/2014	\$100.00		\$100.00

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Gary For Senate			Itemized Statement accompan	ying applicat	ion for Public			
B. Itemized Contributions from	m Ind	lividuale	Grant - Original					
Last Name	First	iiviuuais		MI	Contribution ID #			
Mancini	FIISt	Kenneth		IVII	0049			
Residential Street Address	City	Kenneur		State	Zip Code			
119 Hopkins Hill Rd	City	West Greenw	vich	RI	02817-1709			
Principal Occupation	<u>' </u>	Name of Employ		<u> </u>				
President		North	east Beverage					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ınt of Contribution			
If yes, indicate which branch or branches of	o	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Representation Cash Representation Cash Cash Representation Cash C								
If yes, list Event # No Money Order Credit/Debit Card	01/2	23/2014	\$100.00		\$100.00			
	L .			l				
Last Name	First	14000		MI	Contribution ID #			
Malitsky Residential Street Address	City	William		State	0050 Zip Code			
200 Gilead St	City	Hebron		CT	06248-1507			
Principal Occupation	_	Name of Employ	er	<u> </u>	00240-1307			
Lobbyist			an and Sage					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution			
	0	dependent child of	of a lobbyist? Yes					
If yes, indicate which branch or branches of government the contract is with:			☐ No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Representation Listed in Section J1? Cash Representation Listed in Section J1?								
If yes, list Event # No Money Order Credit/Debit Card	01/2	23/2014	\$100.00		\$100.00			
	l .			<u> </u>				
Last Name	First	10. 1		MI	Contribution ID #			
Levinsohn Residential Street Address	City	Kirsten		State	0059			
386 Saint Ronan St	City	New Haven		CT	Zip Code 06511-2251			
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	00311-2231			
Exective Director			Haven Reads					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
Yes 🔼 N	0	dependent child of	<u> </u>					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tunidialising event listed in Section 31:								
If yes, list Event # No Money Order X Credit/Debit Card	01/2	24/2014	\$100.00		\$100.00			
	L .			l				
Last Name	First	N4-++		MI	Contribution ID #			
Ritter Residential Street Address	City	Matt		Ctoto	0060			
169 N Beacon St	City	Hartford		State CT	Zip Code 06105-2246			
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	00103 2240			
Attorney			nan & Goodwin LLP					
			obbriet enouge or	Amou	unt of Contribution			
Yes X N	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 a Method of contribution:	Date	Received	Aggregate Contributions	1				
Tunidralising event listed in Section 31:								
If yes, list Event # No	01/2	24/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Gary For Senate			Itemized Statement accompan Grant - Original	ying applicat	ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Diamond		Ann			0058			
Residential Street Address	City			State	Zip Code			
596 Prospect St		New Haven		СТ	06511-2113			
Principal Occupation		Name of Employ	er					
None		None						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with:		D 1 1						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	01/	24/2014	¢E0.00		¢E0.00			
If yes, list Event # No Money Order X Credit/Debit Card	01/.	24/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Heimer	1 1150	Winston			0061			
Residential Street Address	City			State	Zip Code			
799 Prospect St		Wethersfield		СТ	06109-3543			
Principal Occupation		Name of Employ	er		!			
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	01/2	24/2014	\$20.00		\$20.00			
				<u>!</u>	·			
Last Name	First	- 111		MI	Contribution ID #			
Borman	C'i	Judith		Gr. i	0062			
Residential Street Address 1803 Asylum Ave	City	West Hartfor	d	State CT	Zip Code 06117-2602			
Principal Occupation	<u> </u>	Name of Employ		Ci	00117-2002			
Attorney			of Connecticut					
·			obbyist snouse or	Amou	ınt of Contribution			
Yes 🔼 No	0	dependent child of						
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Social Soci	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # No Money Order X Credit/Debit Card	01/2	24/2014	\$20.00		\$20.00			
				<u> </u>				
Last Name	First			MI	Contribution ID #			
Carmon		Stephanie			0063			
Residential Street Address	City	N		State	Zip Code			
328 W Rock Ave Principal Occupation	L .	New Haven Name of Employ		СТ	06515-2106			
Environmental Associate			ા New Haven Hospital					
			abbyist spanse or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	Vac	7 111100	Commonion			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
No	01/2	24/2014	\$10.00		\$10.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Gary For Senate			Itemized Statement accompan	ying applicat	ion for Public			
B. Itemized Contributions from	m Ind	lividuale	Grant - Original					
Last Name	First	iiviuuais		MI	Contribution ID #			
Stanback	FIISt	Anne		IVII	0104			
Residential Street Address	City	Aillie		State	Zip Code			
44 Wright Dr	City	Avon		CT	06001-2106			
Principal Occupation		Name of Employ	er					
Director of State and National Partnerships		Equal	ity Federation					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
If you indicate which brough or broughes of	o	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	01/2	25/2014	\$100.00		\$100.00			
	L .							
Last Name	First			MI	Contribution ID #			
Sachs Residential Street Address	City	June		State	0077 Zip Code			
396 Saint Ronan St	City	New Haven		CT	06511-2251			
Principal Occupation	_	Name of Employ	er	Ci	00311-2231			
Retail Yarn Shop			imployed					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1? Cash Representation Listed in Section J1? Cash Representation Listed in Section J1?								
If yes, list Event # No Money Order Credit/Debit Card	01/2	25/2014	\$50.00		\$50.00			
	L			<u> </u>				
Last Name	First	_		MI	Contribution ID #			
Marquis Residential Street Address	City	Tessa		State	O068 Zip Code			
67 Point Beach Dr	City	Milford		CT	06460-7647			
Principal Occupation		Name of Employ	er	Ci	00400-7047			
Project Coordinator			Standard Institute					
		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
Yes 🔼 N	0	dependent child of	·					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event risted in Section 31?								
If yes, list Event # Cash Credit/Debit Card	01/2	25/2014	\$50.00		\$50.00			
	L .			l				
Last Name	First	Daniania		MI	Contribution ID #			
Barnes Residential Street Address	City	Benjamin		Stata	0109			
28 Brightwood Ave	City	Stratford		State CT	Zip Code 06614-4110			
Principal Occupation		Name of Employ	er	<u> </u>	00014 4110			
Secretary of OPM			of Connecticut					
			-1.1	Amou	ant 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 a Method of contribution:	Date	Received	Aggregate Contributions	1				
Tunidralising event listed in Section 31:								
If yes, list Event # No	01/2	25/2014	\$50.00		\$50.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Gary For Senate			Itemized Statement accompan Grant - Original	ying applicati	on for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
McArdle		Christopher			0103			
Residential Street Address	City			State	Zip Code			
41 Bennetts Bridge Rd		Sandy Hook		СТ	06482-1440			
Principal Occupation		Name of Employ						
Executive Aide			of Connecticut	A				
Is contributor a principal of a state contractor or prospective state contractor?	No	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraicing event listed in Section 112	Date	Received	Aggregate Contributions					
If yes, list Event # No Solution Cash Solution Personal Check No Money Order X Credit/Debit Card	01/	25/2014	\$10.00		\$10.00			
	I			l				
Last Name	First	Danimald		MI	Contribution ID #			
Mayo Residential Street Address	City	Reginald		State	0082 Zip Code			
435 Stevenson Rd	City	New Haven		CT	06515-2471			
Principal Occupation		Name of Employ	er	Ci	00313-2471			
None		None						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	No	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	01/	25/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Mayo		Patsy			0092			
Residential Street Address	City	<u> </u>		State	Zip Code			
435 Stevenson Rd		New Haven		СТ	06515-2471			
Principal Occupation	-	Name of Employ	er	,	-			
None		None						
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	No	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent cinia c	a lobbyist:					
government the contract is with: Executive Legislative	I D.	D : 1						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	01/	25/2014	\$100.00		\$100.00			
If yes, list Event #			7	<u> </u>				
Last Name	First			MI	Contribution ID #			
Heimer		Alyson			0089			
Residential Street Address	City			State	Zip Code			
56 Cold Spring St		New Haven		СТ	06511-2204			
Principal Occupation		Name of Employ						
Press Aide		State		A				
Is contributor a principal of a state contractor or prospective state contractor? Yes X	No	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event #	01/	25/2014	\$25.00		\$25.00			

A MONTH DAY DE GENERAL OF A 1 A 1									
I. MONETARY RECEIPT	S (Se	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Lynch		Thomas			0106				
Residential Street Address	City			State	Zip Code				
21 Highland St		New Haven		СТ	06511-1329				
Principal Occupation		Name of Employ	er						
Physician		Yale l	Jniversity						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt 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 a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	01/2	25/2014	\$100.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Santiago		Hilda			0066				
Residential Street Address	City			State	Zip Code				
86 South Ave		Meriden		СТ	06451-7624				
Principal Occupation		Name of Employ	er						
State legislator		Conne	ecticut General Assembly						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a foodysst?						
government the contract is with:			x No						
Is this contribution associated with a Service H2 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Responsal Check									
If yes, list Event # No Money Order Credit/Debit Card	01/2	25/2014	\$100.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Underwood		Janis		E	0067				
Residential Street Address	City			State	Zip Code				
73 Woodside Ter		New Haven		CT	06515-2020				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a followist:						
government the contract is with:			x No						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # No Money Order Credit/Debit Card	01/2	25/2014	\$25.00		\$25.00				
in yes, its Event in									
Last Name	First			MI	Contribution ID #				
Romano		Patrick			0070				
Residential Street Address	City			State	Zip Code				
38 Pearl St		Guilford		СТ	06437-2706				
Principal Occupation		Name of Employ	er						
Principal		DNA (Campaigns						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section J1?	l								
If yes, list Event # No No Money Order Credit/Debit Card	01/2	25/2014	\$100.00		\$100.00				

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompa					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
McDougal		Robert		М	0072				
Residential Street Address	City			State	Zip Code				
807 Orange St		New Haven		СТ	06511-2507				
Principal Occupation		Name of Employ	er	•	•				
Postdoc Fellow		Yale l	Jniversity						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent china (x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	01/	25/2014	\$25.00		\$25.00				
If yes, list Event #	01/	23/2011	Ψ23.00		Ψ23.00				
Last Name	First			MI	Contribution ID #				
Looney		Martin		М	0074				
Residential Street Address	City			State	Zip Code				
132 Fort Hale Rd		New Haven		СТ	06512-3630				
Principal Occupation		Name of Employ	er						
Attorney/State Senator		State	of CT/Keyes & Looney						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
	0	dependent child of	<u></u>						
If yes, indicate which branch or branches of government the contract is with:			X No						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # No Money Order Credit/Debit Card	01/	25/2014	\$100.00		\$100.00				
I Honey order	<u> </u>								
Last Name	First			MI	Contribution ID #				
Zakur		David		Е	0075				
Residential Street Address	City			State	Zip Code				
95 Kneeland Rd	<u> </u>	New Haven		СТ	06512-5008				
Principal Occupation		Name of Employ							
Scientist		Pfizer							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Dute	10001100	1.6g. egate controlations						
No Cash X Personal Check	01/	25/2014	\$25.00		\$25.00				
If yes, list Event #	,		7-2:22						
Last Name	First			MI	Contribution ID #				
Lawlor		Michael			0078				
Residential Street Address	City			State	Zip Code				
95 Kneeland Rd		New Haven		СТ	06512-5008				
Principal Occupation		Name of Employ	er	-	•				
Attorney		State	of CT						
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: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
- X Personal Charles		25/2011			+100.00				
If yes, list Event #	01/	25/2014	\$100.00		\$100.00				

L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Gary For Senate Itemized Statement accompanying application Grant - Original								
B. Itemized Contributions from Individuals								
Last Name Mills	First	Gwendolyn		MI	Contribution ID #			
Residential Street Address	City	- Circinatiyii		State	Zip Code			
49 Livingston St		New Haven		СТ	06511-2430			
Principal Occupation	•	Name of Employ	er		•			
Political Field Organizer		Unite	HERE					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	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 a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # No Cash X Personal Check	01/	25/2014	\$100.00		\$100.00			
Last Name	First			Lva	Contribution ID#			
Smith	First	Tanua		MI M	Contribution ID #			
Residential Street Address	City	Tanya		State	Zip Code			
300 Newhall St		New Haven		СТ	06511-1117			
Principal Occupation		Name of Employ	er					
Self Employed		Self E	mployed					
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	0	dependent child of	of a lobbyist?					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Cash No Money Order Credit/Debit Card	01/	25/2014	\$20.00		\$20.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Poole		Jerry			0080			
Residential Street Address	City			State	Zip Code			
708 George St Principal Occupation	<u> </u>	New Haven Name of Employ	or	СТ	06511-5203			
Consultant		Self	ci					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	*					
government the contract is with:			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Personal Check	0.11	25/224	425.00		105.00			
If yes, list Event # Cash Money Order Credit/Debit Card	01/.	25/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Brokman		Matthew		С	0081			
Residential Street Address	City			State	Zip Code			
120 Dwight St		New Haven		СТ	06511-4570			
Principal Occupation		Name of Employ						
Legislative & Political Representative Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes Note: The principal of a state contractor or prospective state contractor?	0	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	01/	25/2014	\$100.00		\$100.00			
If yes, list Event #	I '	*		I	•			

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Itemized Statement accompanying application for Public								
Grant - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Fitzgerald		Stephanie			0085			
Residential Street Address	City			State	Zip Code			
433 Edgewood Ave	<u> </u>	New Haven		СТ	06511-4052			
Principal Occupation Retired		Name of Employ Retire						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
Yes X No	0	dependent child of						
government the contract is with:			x No]				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check		25/2011	405.00		405.00			
If yes, list Event # No Money Order Credit/Debit Card	01/.	25/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Sullivan		Timothy		J	0086			
Residential Street Address	City	<u> </u>		State	Zip Code			
28 Robin Dr		East Haven		СТ	06513-1243			
Principal Occupation	•	Name of Employ	er	•				
Organizer		New E	England Regional Council of (Carpenters				
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or Gallaboriet Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
Is this contribution associated with a Method of contribution.	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			36 3					
If yes, list Event # Cash No Cash No No Money Order Credit/Debit Card	01/	25/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Gauthier	11130	Nicholas		M	0087			
Residential Street Address	City			State	Zip Code			
7 Brown St		New Haven		СТ	06511-5744			
Principal Occupation	•	Name of Employ	er	•				
Sales		G&R E	Business Group					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or If a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	i u loboyist:					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	01/	25/2014	\$5.00		\$5.00			
T. Al	Б			1	G (3 (B)			
Last Name Gold	First	Lindy		MI	Contribution ID # 0088			
Residential Street Address	City	Liliuy		L	Zip Code			
360 Fountain St	City	New Haven		CT	06515-2610			
Principal Occupation		Name of Employ	er		00010 2010			
Econ Dev		State						
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or for lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	x No					
government the contract is with:	ъ.	Dagaiyy- 4		-				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	01/	25/2014	\$36.00		\$36.00			
If yes_list_Event # Money Order Credit/Debit Card	I/	-,	450.00	1				

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate			Itemized Statement accompan Grant - Original	ying applicat	ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Marchand		Adam			0093				
Residential Street Address	City			State	Zip Code				
101 W Elm St		New Haven		СТ	06515-2119				
Principal Occupation		Name of Employ	er	•	•				
Alderman		City o	f New Haven						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyrst?						
government the contract is with:	Б.	D : 1							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	01/	25/2014	# F0.00		+ F0.00				
If yes, list Event # No Money Order Credit/Debit Card	01/.	25/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Byrne	11130	Emily		P	0094				
Residential Street Address	City	Limiy		State	Zip Code				
70 Fountain St	,	New Haven		СТ	06515-1939				
Principal Occupation		Name of Employ	er	<u> </u>	00010 1505				
Director of Strategic Initiative		State							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant 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 a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # No Money Order Credit/Debit Card	01/	25/2014	\$5.00		\$5.00				
If yes, list Event #					_				
Last Name	First			MI	Contribution ID #				
Pagan		Ernest			0096				
Residential Street Address	City			State	Zip Code				
468 Huntington St	L	New Haven		СТ	06511-1111				
Principal Occupation		Name of Employ							
Carpenter			fort Brothers						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		1	x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No No Personal Check	01/	25/2014	\$10.00		\$10.00				
If yes, list Event # X Money Order Credit/Debit Card	01/		Ψ10.00		410.00				
Last Name	First			MI	Contribution ID #				
McNulty		Carlene		М	0097				
Residential Street Address	City			State	Zip Code				
16 Marlboro St		Hamden		СТ	06517-3208				
Principal Occupation		Name of Employ	er	-	•				
Housing Manager		West	Haven Housing Authority						
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	a loodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X Cook		25/204 :	100.00		+20.00				
If yes, list Event # No Money Order Credit/Debit Card	01/	25/2014	\$20.00		\$20.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompany Grant - Original					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Walker		Colisha Rene	e		0098				
Residential Street Address	City			State	Zip Code				
48 Dayton St		New Haven		СТ	06515-2802				
Principal Occupation		Name of Employ ECM	er						
Supervisor Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
Yes X No)	dependent child of	Vac	7111100	an of contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	01/	25/2014	\$15.00		\$15.00				
Last Name	First			MI	Contribution ID #				
Webster	FIISt	Peter		M	0099				
Residential Street Address	City	i etei		State	Zip Code				
541 Chapel St		New Haven		СТ	06511-6976				
Principal Occupation		Name of Employ	er						
Master Teacher, Stage Director		Self E	mployed						
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	,	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
Cash Rersonal Check									
If yes, list Event # No Money Order Credit/Debit Card	01/	25/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
McCrea		Elizabeth		М	0100				
Residential Street Address	City			State	Zip Code				
9 Enright St		West Haven		СТ	06516-1206				
Principal Occupation		Name of Employ	er	-	•				
Social Worker		State	of Connecticut						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent enna e	x No						
government the contract is with: Is this contribution associated with a Method of contribution:	D-4-	Received							
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	01/	25/2014	\$25.00		\$25.00				
If yes, list Event #			·						
Last Name	First			MI	Contribution ID #				
Frentress		Andrew			0105				
Residential Street Address	City			State	Zip Code				
45 1/2 Woonsocket Ave		Shelton		СТ	06484-5540				
Principal Occupation		Name of Employ							
Lifeguard Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
No	01/	25/2014	\$10.00		\$10.00				

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate			Itemized Statement accompan Grant - Original	ying applicat	ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Tomczak		Stephen			0107				
Residential Street Address	City			State	Zip Code				
142 S Elm St		Wallingford		СТ	06492-4707				
Principal Occupation		Name of Employ	er	-					
Professor		South	ern Connecticut State Univer	rsity					
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 foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	04.0	25/2044	+20.00		+20.00				
If yes, list Event # No Money Order X Credit/Debit Card	01/.	25/2014	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Wilson	FIISt	Wilbur		IVII	0108				
Residential Street Address	City	WIIDUI		State	Zip Code				
12018 Fork Creek Dr	City	Houston		TX	77065-3804				
Principal Occupation		Name of Employ	er	17	77003 3004				
Retired		Retire							
			obbyist, spouse, or	Amou	ant of Contribution				
Yes X No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Personal Check No Cash Personal Check Money Order X Credit/Debit Card	01/	25/2014	\$100.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Casa		Gian-Carl			0110				
Residential Street Address	City			State	Zip Code				
70 N Lake Dr	L	Hamden		СТ	06517-2414				
Principal Occupation		Name of Employ							
Undersecretary			of Connecticut						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		1	x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes Yes	Date	Received	Aggregate Contributions						
No Cash Personal Check	01/	25/2014	\$25.00		\$25.00				
If yes, list Event # Money Order X Credit/Debit Card	01/		¥25.00						
Last Name	First			MI	Contribution ID #				
Forte		Joan			0113				
Residential Street Address	City			State	Zip Code				
30 Front St		New Haven		СТ	06513-3925				
Principal Occupation		Name of Employ	er	-	•				
Retired		Retire	ed						
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: Executive Legislative			X No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
No No Personal Check		25/2014	* E 00		¢E 00				
If yes, list Event # No Money Order Credit/Debit Card	01/	25/2014	\$5.00		\$5.00				

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompa					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Aikens		Talia		С	0083				
Residential Street Address	City			State	Zip Code				
7 Chatham St		New Haven		СТ	06513-3213				
Principal Occupation		Name of Employ	er						
Court Planner		State	of CT						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent china (x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Dute	10001100	1.66.06ate continuations						
No Cash X Personal Check	01/	25/2014	\$25.00		\$25.00				
If yes, list Event #		<u>, </u>			·				
Last Name	First			MI	Contribution ID #				
Nunez		Paul			0084				
Residential Street Address	City			State	Zip Code				
7 Chatham St		New Haven		СТ	06513-3213				
Principal Occupation		Name of Employ	er						
Lobbyist		DePin	o Associates	_					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with:			□ No						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	01/	25/2014	\$25.00		\$25.00				
I w	F: .			\ <i>a</i>	Louis B"				
Last Name Walker	First	Toni		MI E	Contribution ID # 0065				
Residential Street Address	City	10111		State	Zip Code				
1643 Ella T Grasso Blvd	City	New Haven		CT	06511-2801				
Principal Occupation	<u>. </u>	Name of Employ	er	C.	00311 2001				
State legislator		1 ,	ecticut General Assembly						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
Yes 🔼 N	D	dependent child of	-						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section J1?									
If yes, list Event # No Money Order Credit/Debit Card	01/	25/2014	\$100.00		\$100.00				
T. SV					La . a . a . b . a				
Last Name Lembo	First	Kevin		MI	Contribution ID # 0071				
Residential Street Address	City	Keviii		State	Zip Code				
11 Redcoat Ln	City	Guilford		CT	06437-1946				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	00.07 13.0				
Comptroller			of Connecticut						
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunidaising event listed in Section 31?									
If yes, list Event # Cash Credit/Debit Card	01/	25/2014	\$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					
Gary For Senate			Itemized Statement accompan Grant - Original	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Perlo		Arthur			0095
Residential Street Address	City			State	Zip Code
17 Hobart St	L	New Haven		СТ	06511-4030
Principal Occupation		Name of Employ			
Retired		Retire	·		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	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 a Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes, list Event # No Money Order Credit/Debit Card	01/2	25/2014	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Fishman		Joelle			0069
Residential Street Address	City			State	Zip Code
17 Hobart St	<u> </u>	New Haven		СТ	06511-4030
Principal Occupation None		Name of Employ None	er		
			obbyist, spouse, or	Amoi	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	Vac	7 111100	an or controllion
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
In this contribution associated with a Mathed of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes Gash Fundraising event listed in Section J1? Fundraising event listed in Section J1?					
No I Total Control	01/2	25/2014	\$15.00		\$15.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Green		Dorthula			0091
Residential Street Address	City			State	Zip Code
30 Beers St		New Haven		СТ	06511-4402
Principal Occupation		Name of Employ			
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire		Amou	ant of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or	Amot	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
Tundraising event listed in Section 31?					
If yes, list Event # No Money Order Credit/Debit Card	01/2	25/2014	\$25.00		\$25.00
I money of the second care					1
Last Name	First			MI	Contribution ID #
Miller	a:	Patricia Billie		a	0064
Residential Street Address	City	Champfoud		State CT	Zip Code
95 Liberty St Principal Occupation	<u> </u>	Stamford Name of Employ	er	CI	06902-4732
State Legislature		State			
			obbvist, spouse, or	Amou	ınt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or Yes Yes		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
Tunidaising event listed in Section 31?					
If yes, list Event # Cash Credit/Debit Card	01/2	25/2014	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompa Grant - Original					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Rodriguez		Sergio			0101				
Residential Street Address	City			State	Zip Code				
142 Judwin Ave	L.,	New Haven		СТ	06515-2317				
Principal Occupation		Name of Employ							
Self Employed			mployed						
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	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 a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Representation Listed in Section J1?									
If yes, list Event # No Money Order Credit/Debit Card	01/2	25/2014	\$50.00		\$50.00				
	L .				I				
Last Name	First			MI	Contribution ID #				
Rubin Rodriguez Residential Street Address	City	Randi		State	O102 Zip Code				
142 Judwin Ave	City	New Haven		CT	06515-2317				
Principal Occupation		Name of Employ	er	CI	00313-2317				
Executive Director			ds Inc.						
			obbyist, spouse, or	Amou	ınt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Representation Listed in Section J1?									
If yes, list Event # No Money Order Credit/Debit Card	01/2	25/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Sykes	l list	Jeanette		1411	0090				
Residential Street Address	City			State	Zip Code				
129 Hazel St		New Haven		СТ	06511-1838				
Principal Occupation		Name of Employ	er						
Dean of Students		Pathw	ays School						
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with: Executive Legislative			X No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	01/	25/2014	\$100.00		\$100.00				
If yes, list Event #	01/.	25/2014	¥100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Bronick		Lydia			0073				
Residential Street Address	City			State	Zip Code				
100 York St	L	New Haven		СТ	06511-5620				
Principal Occupation		Name of Employ							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	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			x _{No}						
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			20 0						
If yes, list Event # Cash No Credit/Debit Card	01/2	25/2014	\$25.00		\$25.00				

I, MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	TYPE OF PEROPE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Itemized Statement accompanying application for Public									
Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Douglass		Frank		E	0112				
Residential Street Address	City			State	Zip Code				
570 Elm St		New Haven		CT	06511-4137				
Principal Occupation		Name of Employ	er						
Alderman		City o	f New Haven						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event instea in section 11:									
If yes, list Event # Cash Personal Check No Money Order Credit/Debit Card	01/2	25/2014	\$25.00		\$25.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Engel		Tagan			0111				
Residential Street Address	City			State	Zip Code				
376 Central Ave		New Haven		СТ	06515-2250				
Principal Occupation		Name of Employ	er	<u> </u>	00313 2230				
Community Food Systems Coordinator		CitySo							
		-	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	iit of Collification				
If yes, indicate which branch or branches of		1							
government the contract is with: Executive Legislative									
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	01/2	25/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Henderson		Leonora			0132				
Residential Street Address	City			State	Zip Code				
397 Valley St		New Haven		CT	06515-1221				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	or a robbyist:						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
rundraising event insect in section 31:									
U No F cash F cash F cash	01/2	26/2014	\$20.00		\$20.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Henderson		Maxine			0133				
Residential Street Address	City			State	Zip Code				
354 Shelton Ave		New Haven		СТ	06511-1148				
Principal Occupation		Name of Employ	er	C.	00311 11 10				
Retired		Retire							
			abbyigt groups or	Amon	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	Vac	Amou	in or Contribution				
If yes, indicate which branch or branches of Executive Legislative		=	x _{No}						
government the contract is with:	D.	D i d							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
— III Cook XI Removed Charle		26/2011			+10.00				
If yes, list Event # Cash Credit/Debit Card	01/2	26/2014	\$10.00		\$10.00				

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Stretch		Cynthia		А	0127				
Residential Street Address	City			State	Zip Code				
98 Marshall St		West Haven		СТ	06516-5412				
Principal Occupation		Name of Employ	er						
Professor		South	ern Ct State University						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child (x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	01/	26/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	01/		Ψ100.00						
Last Name	First			MI	Contribution ID #				
Sanchez		Robert			0117				
Residential Street Address	City			State	Zip Code				
269 Washington St		New Britain		СТ	06051-1024				
Principal Occupation		Name of Employ	er		•				
State Legislator		Conne	ecticut General Assembly						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	01/	26/2014	\$100.00		\$100.00				
I w	F: .				Louis B"				
Last Name	First			MI	Contribution ID # 0134				
Bromage Residential Street Address	City	Billy		State	Zip Code				
49 W Rock Ave	City	New Haven		CT	06515-2220				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	1 00010 1110				
Social Worker		Yale l	Jniversity						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
	0	dependent child of	-						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section J1?									
If yes, list Event # No Money Order X Credit/Debit Card	01/	26/2014	\$25.00		\$25.00				
T. M	Б								
Last Name McKinley	First	Susan		MI	Contribution ID # 0129				
Residential Street Address	City	Jusan		State	Zip Code				
40 Cambridge St	City	New Britain		CT	06051-3903				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	1 00001 0500				
Social Worker			of Connecticut						
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraicing event listed in Section 112	Date	Received	Aggregate Contributions						
Tandarasing event instead in Section 31:									
If yes, list Event # No Anney Order X Credit/Debit Card	01/	26/2014	\$25.00		\$25.00				

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompan					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
McDonald		Curlena			0128				
Residential Street Address	City			State	Zip Code				
30 Beers St		New Haven		СТ	06511-4402				
Principal Occupation		Name of Employ							
Community Activist		Retire	11.14	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amot	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	01/	26/2014	\$30.00		\$30.00				
				l					
Last Name	First			MI	Contribution ID #				
Ewing Residential Street Address	City	Kevin		State	O114 Zip Code				
271 Winthrop Ave	City	New Haven		CT	06511-5137				
Principal Occupation		Name of Employ	er	CI	06311-3137				
Community Organizer		Self	Ci						
			obbyist, spouse, or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or Yes Yes						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	01/	26/2014	\$75.00		\$75.00				
Last Name	First	-		MI	Contribution ID #				
Sternbach	FIISt	Mary		IVII	0115				
Residential Street Address	City	inal y		State	Zip Code				
315 Central Ave		New Haven		СТ	06515-2205				
Principal Occupation		Name of Employ	er						
Retired		None							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of)	dependent child of	or a roodyrst?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Parsonal Cheek									
If yes, list Event # No Money Order Credit/Debit Card	01/.	26/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Bombero		Rebecca		L	0116				
Residential Street Address	City			State	Zip Code				
122 W Rock Ave		New Haven		СТ	06515-2223				
Principal Occupation		Name of Employ	er	-	•				
Legislative Liaison		City o	f New Haven						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date		opropare Commounding						
No Cash Y Personal Check	01/	26/2014	\$100.00		\$100.00				
If yes, list Event #	1			I					

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate			Itemized Statement accompan Grant - Original	ying applicat	ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Codianni		Beatrice			0118				
Residential Street Address	City			State	Zip Code				
300 Eastern St		New Haven		СТ	06513-2524				
Principal Occupation		Name of Employ							
Managing Editor			y Central						
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	ınt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		aepenaem emia (x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
No Cash X Personal Check	01/	26/2014	\$25.00		\$25.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Walsh		Kathleen		М	0119				
Residential Street Address	City			State	Zip Code				
21 Grant Ave		Stafford Spri	ngs	СТ	06076-1213				
Principal Occupation		Name of Employ	er						
Retired		Retire		•					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ınt of Contribution				
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with: Executive Legislative	Б.	D : 1							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	01/	26/2014	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	01/.	20/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Walsh		David		F	0120				
Residential Street Address	City			State	Zip Code				
21 Grant Ave		Stafford Spri	ngs	СТ	06076-1213				
Principal Occupation		Name of Employ	er	-	-				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	01/	26/2014	\$100.00		\$100.00				
If yes, list Event #	01/.	20/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Cuevas		Victor			0121				
Residential Street Address	City			State	Zip Code				
PO Box 2421		Waterbury		СТ	06722-2421				
Principal Occupation		Name of Employ	er	•	•				
Executive Director Parks and Rec.		City o	f Waterbury						
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		dependent ennu (x No						
government the contract is with: Executive Legislative Is this contribution associated with a Method of contribution:	Det	Dagaiya4							
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	01/	26/2014	\$100.00		\$100.00				
If yes, list Event # Money Order	I/.	-,	¥200.00		,				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Jaminson		Cheryl		V	0123				
Residential Street Address	City			State	Zip Code				
80 Dickerman St	L	New Haven		СТ	06511-3212				
Principal Occupation		Name of Employ							
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire		Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child o		Amou	iit of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	01/2	26/2014	\$10.00		\$10.00				
in yes, in 2 sea.									
Last Name	First			MI	Contribution ID #				
McLean	C'i	Scott		Gr. 4	0124				
Residential Street Address	City	Now Haven		State CT	Zip Code 06515-2030				
162 Willard St Principal Occupation	<u> </u>	New Haven Name of Employe	er	CI	06515-2030				
Professor			piac University						
			obbyist, spouse, or	Amou	ınt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	01/2	26/2014	\$25.00		\$25.00				
	L								
Last Name	First	Decide		MI	Contribution ID #				
Moakley Residential Street Address	City	David		State	0125 Zip Code				
31 Mtn Spring Rd	City	Chittenden		VT	05737-9843				
Principal Occupation	<u> </u>	Name of Employe	er	V 1	03737 3043				
Retierd		Retire							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	0	dependent child of							
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	01/2	26/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Albis	FIISt	James		IVII	0126				
Residential Street Address	City	James		State	Zip Code				
369 Coe Ave		East Haven		СТ	06512-4188				
Principal Occupation		Name of Employ	er						
Development Associate		Cente	rplan Development						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	`	dependent child of	a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cach Personal Cheek	C	26/2014	+25.00		±25.00				
If yes list Event # No Money Order X Credit/Debit Card	I 01/2	26/2014	\$25.00		\$25.00				

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I, MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	TYPE OF PEROPE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Courtmanche		John		J	0130				
Residential Street Address	City			State	Zip Code				
62 W Rock Ave		New Haven		CT	06515-2221				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Cash Resonal Check									
If yes, list Event # No Money Order Credit/Debit Card	01/2	26/2014	\$25.00		\$25.00				
in yea, included and a circumstance and									
Last Name	First			MI	Contribution ID #				
Courtmanche		Betse			0131				
Residential Street Address	City			State	Zip Code				
62 W Rock Ave		New Haven		CT	06515-2221				
Principal Occupation		Name of Employ	er						
ACES - Teacher		City o	f New Haven						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt 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 a Yes Yes	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	01/2	26/2014	\$10.00		\$10.00				
in yes, his Event ii et care best care									
Last Name	First			MI	Contribution ID #				
Melita		Enrico			0122				
Residential Street Address	City			State	Zip Code				
5 Maplewood Rd		New Haven		CT	06515-1814				
Principal Occupation		Name of Employ	er						
Lobbyist		Self							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	a tobbyist:						
government the contract is with:			□ No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # No Money Order Credit/Debit Card	01/2	26/2014	\$100.00		\$100.00				
in yes, his Event ii Create Deort Card									
Last Name	First			MI	Contribution ID #				
Holder-Winfield		Natalie			0135				
Residential Street Address	City			State	Zip Code				
480 Winchester Ave		New Haven		CT	06511-1920				
Principal Occupation		Name of Employ	er						
Attorney		Quest	<u>:</u>						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
Tundraising event listed in Section J1?	l								
If yes, list Event # Cash Cash Personal Check No	01/2	27/2014	\$100.00		\$100.00				

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A MONETA DV DECEMBER (C. C. A. D.									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompanying application of Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Schaffer		Michael			0136				
Residential Street Address	City			State	Zip Code				
50 Edgehill Rd		New Haven		СТ	06511-1338				
Principal Occupation		Name of Employ	er						
Real Estate Development		C.A. \	White Inc						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	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 a	Date	Received	Aggregate Contributions						
tundraising event listed in Section 31?									
No Cash Personal Check	01/	27/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		-							
Last Name	First			MI	Contribution ID #				
Tesfasilasie		Tsion			0137				
Residential Street Address	City			State	Zip Code				
56 Norton St		New Haven		СТ	06511-4285				
Principal Occupation		Name of Employ	er	<u> </u>	00311 1203				
Construction Worker		N/A	•						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	D-4-	D							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check			45.00		\ -				
If yes, list Event # No Money Order Credit/Debit Card	01/.	27/2014	\$5.00		\$5.00				
1				! !					
Last Name	First			MI	Contribution ID #				
Jackson-Brooks		Andrea		J	0138				
Residential Street Address	City			State	Zip Code				
102 Dewitt St		New Haven		СТ	06519-2131				
Principal Occupation		Name of Employ							
Executive Assistant		State	of Connecticut						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child (•						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
Tundraising event instead in Section 31:									
If yes, list Event #	01/	27/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Brown		Sally		J	0139				
Residential Street Address	City			State	Zip Code				
1235 Forest Rd		New Haven		СТ	06515-2448				
Principal Occupation		Name of Employ	er						
Deputy City Clerk		City o	f New Haven						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	01/	27/2014	\$50.00		\$50.00				
11 Jos, 150 Event " Cledit/Debit Cald									

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A MONETA DV DECEMBER (C. C. A. D.										
I, MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gary For Senate Itemized Statement accompanying application for Public										
Grant - Original										
B. Itemized Contributions from Individuals										
Last Name	First			MI	Contribution ID #					
Nelson		Whitney			0140					
Residential Street Address	City			State	Zip Code					
1235 Forest Rd		New Haven		СТ	06515-2448					
Principal Occupation		Name of Employ	er							
Library Staff University of New Haven										
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt 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 a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions							
fundraising event listed in Section J1? X Cash Personal Check										
If yes, list Event # No Money Order Credit/Debit Card	01/2	27/2014	\$25.00		\$25.00					
in yes, list Event #										
Last Name	First			MI	Contribution ID #					
Chauncey		Henry			0143					
Residential Street Address	City			State	Zip Code					
100 York St		New Haven		СТ	06511-5611					
Principal Occupation		Name of Employ	er							
Retired		None								
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution					
)	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 a Method of contribution:	Date	Received	Aggregate Contributions							
fundraising event listed in Section J1?										
If yes, list Event # Cash Personal Check No	01/2	27/2014	\$50.00		\$50.00					
If yes, list Event #										
Last Name	First			MI	Contribution ID #					
Celestin		Ruth		М	0145					
Residential Street Address	City			State	Zip Code					
108 Colony Rd		New Haven		СТ	06511-1620					
Principal Occupation		Name of Employ	er							
Retired		Retire	ed							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution					
)	dependent child of								
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}							
To this contribution are cited with a	Date	Received	Aggregate Contributions							
fundraising event listed in Section J1?										
No Cash X Personal Check	01/2	27/2014	\$10.00		\$10.00					
If yes, list Event #		<i>'</i>								
Last Name	First			MI	Contribution ID #					
Slattery		Michael			0146					
Residential Street Address	City			State	Zip Code					
72 Barnett St		New Haven		СТ	06515-2025					
Principal Occupation		Name of Employ	er	<u> </u>						
Programmer			Networks							
			obbyjet enouse or	Amou	nt of Contribution					
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	1						
If yes, indicate which branch or branches of Executive Legislative			x _{No}							
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions							
fundraising event listed in Section J1?	Date	10001100	1.551-5ate Contributions							
No Cash X Personal Check	01/	27/2014	\$50.00		\$50.00					
If yes, list Event # Money Order Credit/Debit Card	l 01/	21/2014	\$50.00		420.00					

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate	Itemized Statement accompan Grant - Original	ying applicat	ion for Public						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Speiser		Alexander		F	0147				
Residential Street Address	City			State	Zip Code				
1262 Forest Rd		New Haven		СТ	06515-2447				
Principal Occupation		Name of Employ	er	•	•				
Teacher		Darie	n Board of Education						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child (x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	01/	27/2014	\$10.00		\$10.00				
If yes, list Event #	01/		¥10.00		410.00				
Last Name	First			MI	Contribution ID #				
Berg		David			0148				
Residential Street Address	City			State	Zip Code				
146 McKinley Ave		New Haven		СТ	06515-2008				
Principal Occupation		Name of Employ	er		1				
Psychologist		Self							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant 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 a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # No Money Order Credit/Debit Card	01/	27/2014	\$20.00		\$20.00				
In you, in 2 teams of the income and income									
Last Name	First			MI	Contribution ID #				
Prasanna		Sasidharan			0149				
Residential Street Address	City			State	Zip Code				
564 Central Ave	ļ	New Haven		СТ	06515-2148				
Principal Occupation		Name of Employ							
Assembler		Conpi							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
No Cash Personal Check	01/	27/2014	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Carey		Hugh		В	0150				
Residential Street Address	City			State	Zip Code				
208 McKinley Ave	<u> </u>	New Haven		СТ	06515-2010				
Principal Occupation		Name of Employ	er						
Physician		Self							
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 of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Mathed of contribution.	Data	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date								
No Cash Personal Check	01/	27/2014	\$15.00		\$15.00				
If yes, list Event # Money Order	1	,	¥25.00	l	,				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Skoczen		Kathleen			0151				
Residential Street Address	City			State	Zip Code				
13 Thrush Cross Rd	L .	Clinton		СТ	06413-2433				
Principal Occupation Professor		Name of Employ South	^{er} Iern Connecticut State Univel	rsity					
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 Executive Legislative		dependent child of	at a lobbyist?						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	•					
fundraising event listed in Section J1?	Duic	received	Aggregate Contributions						
If yes, list Event #	01/2	27/2014	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Nixon		John			0152				
Residential Street Address	City			State	Zip Code				
179 Alden Ave		New Haven		СТ	06515-2109				
Principal Occupation		Name of Employ	er						
Homemaker		N/A							
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	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:		dependent emid e	x _{No}						
Is this contribution associated with a Section 119 Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash Personal Check	01/2	27/2014	\$5.00		\$5.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Seger		Shane			0153				
Residential Street Address	City			State	Zip Code				
2 Lynwood Pl	<u> </u>	New Haven		СТ	06511-4742				
Principal Occupation Communications Officer		Name of Employ	Iniversity						
			<u> </u>	Amou	unt of Contribution				
Yes 🔼 N	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 a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	01/2	27/2014	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Stack		Suzanne			0155				
Residential Street Address	City			State	Zip Code				
21 Richmond Ave		New Haven		СТ	06515-2013				
Principal Occupation		Name of Employ							
Ballet Teacher		ACES							
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	Is contributor a le 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 a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1? Yes Cash Personal Check									
If yes, list Event # No	01/2	27/2014	\$10.00		\$10.00				

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate	ying applicat	tion for Public							
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Pettigrew		David			0156				
Residential Street Address	City			State	Zip Code				
403 Whitney Ave		New Haven		СТ	06511-2355				
Principal Occupation		Name of Employ							
Professor			ern Connecticut State Univer		unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amot	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	01/	27/2014	\$100.00		\$100.00				
In you, and I want of the control of				<u> </u>					
Last Name	First			MI	Contribution ID #				
Wheeler		Molly			0141				
Residential Street Address	City			State	Zip Code				
49 W Rock Ave	<u> </u>	New Haven		СТ	06515-2220				
Principal Occupation Archivist		Name of Employ	Iniversity						
			11.14	Amor	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 a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check No	01/	27/2014	\$10.00		\$10.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Goode		Aaron			0144				
Residential Street Address	City			State	Zip Code				
45 William St	<u> </u>	New Haven		СТ	06511-4930				
Principal Occupation		Name of Employ							
Principal Is contributor a principal of a state contractor or prospective state contractor?			Haven Book Company obbyist, spouse, or	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of		Amot	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	01/	27/2014	\$25.00		\$25.00				
I you, is a very order.				l					
Last Name	First			MI	Contribution ID #				
Wilkinson		John			0142				
Residential Street Address	City	Name Harran		State	Zip Code				
100 York St Principal Occupation	<u> </u>	New Haven Name of Employ	or .	СТ	06511-5620				
Educator		Retire							
			-11	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 a Method of contribution:	Date	Received	Aggregate Contributions	1					
Parameter in Section 51:									
If yes, list Event # No Anney Order X Credit/Debit Card	01/	27/2014	\$100.00		\$100.00				

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate	ying applicat	ion for Public							
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Yaro		Jennifer			0154				
Residential Street Address	City			State	Zip Code				
518 Chapel St		New Haven		СТ	06511-6905				
Principal Occupation		Name of Employ	er						
Nurse Practitioner		StayV	Vell Health Care						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent china (x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes Fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	01/	27/2014	\$10.00		\$10.00				
If yes, list Event # Money Order X Credit/Debit Card	01/		¥10.00						
Last Name	First			MI	Contribution ID #				
Stanford		Kevin			0226				
Residential Street Address	City			State	Zip Code				
44 Orange St		New Haven		СТ	06510-3136				
Principal Occupation		Name of Employ	er		•				
Social Worker		St. Ma	ary's Hospital						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ınt of Contribution				
If yes, indicate which branch or branches of	_	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # No Money Order Credit/Debit Card	01/	28/2014	\$5.00		\$5.00				
T. AV	Б				Louis Bu				
Last Name Abraham	First	Libby		MI	Contribution ID # 0166				
Residential Street Address	City	Libby		State	Zip Code				
259 Alden Ave	City	New Haven		CT	06515-2111				
Principal Occupation		Name of Employ	er	<u> </u>	00313 2111				
Teacher		1 ,	nia Board of Education						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution				
Yes 🔼 No)	dependent child of	-						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # No Money Order X Credit/Debit Card	01/	28/2014	\$10.00		\$10.00				
Lad Name	Eit				Contribution ID #				
Last Name Mujahid	First	Isa		MI	Contribution ID # 0221				
Residential Street Address	City	130		State	Zip Code				
835 Elm St	City	New Haven		CT	06511-4067				
Principal Occupation		Name of Employ	er	<u> </u>	00011 .007				
Field organizer		ACLU							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
- D Corb									
If yes, list Event # No No Money Order X Credit/Debit Card	01/	28/2014	\$5.00		\$5.00				

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Heerema		Rachel			0223				
Residential Street Address	City			State	Zip Code				
425 Lighthouse Rd	L	New Haven		СТ	06512-4302				
Principal Occupation Executive Director		Name of Employ Cityw	^{er} ide Youth Coalition						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	28/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Murphy		Grayson			0209				
Residential Street Address	City			State	Zip Code				
31 Highland St	<u> </u>	New Haven		СТ	06511-1329				
Principal Occupation		Name of Employ	er						
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes Cash Personal Check									
If yes, list Event # Cash No Money Order Credit/Debit Card	01/	28/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Hitt		John			0178				
Residential Street Address	City			State	Zip Code				
184 E Rock Rd		New Haven		СТ	06511-1326				
Principal Occupation		Name of Employ	er						
writer		self	-11i.4		ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	obbyist, spouse, or of a lobbyist?	Aillou	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	١								
If yes, list Event # No Money Order X Credit/Debit Card	01/	28/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Short		Matthew H			0203				
Residential Street Address	City			State	Zip Code				
481 George St		New Haven		СТ	06511-5403				
Principal Occupation		Name of Employ							
real estate			ea Company	A					
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	01/	28/2014	\$50.00		\$50.00				

I MONETA DV DECEDTO (CC A. D.									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gary For Senate Itemized Statement accompanying application for Public									
Gary For Senate			Grant - Original	тупту аррпсат	ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Bialecki		Anthony			0218				
Residential Street Address	City			State	Zip Code				
130 Lakeview Ter		New Haven		CT	06515-1811				
Principal Occupation		Name of Employ	er	-	-				
Real Estate Associate		Indep	endent Contractor						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution				
)	dependent child of	of a fobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event listed in Section 31?									
If yes list Event #	01/	28/2014	\$10.00		\$10.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Shafner		Denise			0216				
Residential Street Address	City			State	Zip Code				
90 Jupiter Point Rd		Groton		СТ	06340-6015				
Principal Occupation		Name of Employ	er						
retired		NA							
			obbyist, spouse, or	Amou	ant of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	111100	an or commount				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
Cash Personal Check		20/2011	105.00						
If yes, list Event # No Money Order X Credit/Debit Card	01/.	28/2014	\$25.00		\$25.00				
-					1				
Last Name	First			MI	Contribution ID #				
Casper		Stewart			0161				
Residential Street Address	City			State	Zip Code				
6 Sunset Ln		Pound Ridge		NY	10576-2318				
Principal Occupation		Name of Employ							
Attorney		Caspe	er & DeToledo, LLC						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or of a labbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist:						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
Tundraising event instead in Section 31:									
If yes, list Event # No Money Order X Credit/Debit Card	01/	28/2014	\$50.00		\$50.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Anifalaje		Adetokunbo			0175				
Residential Street Address	City			State	Zip Code				
24 Batter Ter		New Haven		СТ	06511-5206				
Principal Occupation		Name of Employ	er	•					
Accountant		MNI							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
)	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?									
No Cash X Personal Check	01/	28/2014	\$5.00		\$5.00				
If yes, list Event #	I '	-		1	•				

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A MONETA DV DECEMBER (C. C. A. D.									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Itemized Statement accompanying application for Public									
Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Bartlett-Josie		Christine		Н	0173				
Residential Street Address	City			State	Zip Code				
1 University PI		New Haven		CT	06511-3240				
Principal Occupation		Name of Employ	er						
Finance and Management Consultant		DNA (Campaigns						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt 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 a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	01/2	28/2014	\$25.00		\$25.00				
in yes, his Event ii									
Last Name	First			MI	Contribution ID #				
Bergenn		James			0201				
Residential Street Address	City			State	Zip Code				
50 Castlewood Rd		West Hartfor	d	СТ	06107-2903				
Principal Occupation		Name of Employ	er						
attorney		Shipn	nan & Goodwin LLP						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			No						
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	01/2	28/2014	\$25.00		\$25.00				
n yes, nst Event # Creativ Deon Card									
Last Name	First			MI	Contribution ID #				
Nair		Vijay			0169				
Residential Street Address	City			State	Zip Code				
61 Bear Hills Rd		Newtown		CT	06470-2738				
Principal Occupation		Name of Employ	er		•				
Librarian		Weste	ern Connecticut State Univers	sity					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	a lobbyist:						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
□ No □ □	01/2	28/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Nastri		Kathleen			0182				
Residential Street Address	City			State	Zip Code				
554 Busk Ct		Cheshire		CT	06410-4155				
Principal Occupation		Name of Employ	er						
Trial Lawyer		Kosko	off, Koskoff & Bieder						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
Tundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	01/2	28/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Gary For Senate			Itemized Statement accompan Grant - Original	ying applicati	on for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Anderson		Christopher			0195				
Residential Street Address	City			State	Zip Code				
139 Miller Rd	L.,	North Stonin		СТ	06359-1005				
Principal Occupation		Name of Employ							
Attorney Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
Yes X No)	dependent child of	37	rinou	in or contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section 31?									
If yes, list Event # Cash Credit/Debit Card	01/2	28/2014	\$100.00		\$100.00				
Lov	F: /				0 13 5 B#				
Last Name Groher	First	Andrew		MI	Contribution ID # 0189				
Residential Street Address	City	Andrew		State	Zip Code				
33 Summit Crest Dr	City	South Glasto	nburv	CT	06073-2941				
Principal Occupation		Name of Employ	· · · · · · · · · · · · · · · · · · ·						
attorney		riscas	si & davis, p.c.						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check No Cash Personal Check Money Order X Credit/Debit Card	01/2	28/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Kennedy		John			0179				
Residential Street Address	City			State	Zip Code				
770 S Brooksvale Rd		Cheshire		СТ	06410-3577				
Principal Occupation		Name of Employ	er						
attorney			edy Johnsson schwab &Rober						
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/2	28/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Casillo		Carolyn			0184				
Residential Street Address	City			State	Zip Code				
38 Old Farm Hill Rd	L	Newtown		CT	06470-1146				
Principal Occupation		Name of Employ	er						
consulting Is contributor a principal of a state contractor or prospective state contractor?		self Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
Yes X No)	dependent child o	of a lobbyist?	7111100					
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event fisted in Section 31?									
If yes, list Event # Cash Credit/Debit Card	01/2	28/2014	\$50.00		\$50.00				

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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					
Gary For Senate			Itemized Statement accompan Grant - Original	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Joyner		Edward		Т	0157
Residential Street Address	City			State	Zip Code
130 Judwin Ave	L	New Haven		СТ	06515-2317
Principal Occupation College Admin/Professor		Name of Employ Self	er		
			obbyist, spouse, or	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:			x _{No}		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
rundraising event fisted in Section 31? Cash Rersonal Check					
If yes, list Event # No Money Order Credit/Debit Card	01/2	28/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Joyner	First	Shirley		M	0158
Residential Street Address	City	Similey		State	Zip Code
130 Judwin Ave		New Haven		СТ	06515-2317
Principal Occupation	_	Name of Employ	er		!
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant 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 a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	01/	20/2014	±100.00		±100.00
If yes, list Event #	01/.	28/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Lozon		Tyler			0159
Residential Street Address	City			State	Zip Code
203 Willard St		New Haven		СТ	06515-2031
Principal Occupation		Name of Employ	er		
Construction Spuerintendent			Builders		
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?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}		
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	01/2	28/2014	\$10.00		\$10.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Nemerson		Matthew			0160
Residential Street Address	City	Name Harran		State	Zip Code
35 Huntington St Principal Occupation		New Haven Name of Employ	or	СТ	06511-1332
Economic Development			f New Haven		
Is contributor a principal of a state contractor or prospective state contractor?			-librariat annual an	Amou	unt of Contribution
	0	dependent child of			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		<u> </u>	x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Parsonal Charles					
If yes, list Event # No Anney Order Credit/Debit Card	01/2	28/2014	\$100.00		\$100.00

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A MONETA DV DE CENTRO (C. C. A. D.									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Itemized Statement accompanying application for Public									
Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Elkin		Deborah			0162				
Residential Street Address	City			State	Zip Code				
136 Oliver Rd		New Haven		СТ	06515-2734				
Principal Occupation		Name of Employ	er						
Assister		New H	laven Free Public Library						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Gallaboriet Yes		ant of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1? Cash Personal Check									
□ No □ □	01/2	28/2014	\$15.00		\$15.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Dudley		John			0163				
Residential Street Address	City			State	Zip Code				
10 Grove St		Branford		СТ	06405-6259				
Principal Occupation		Name of Employ	er						
Retired		Retire	d						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?			35 -5						
No Cash Personal Check	01/	28/2014	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card	01/.	20,2014	Ψ30.00		Ψ30.00				
Last Name	First			MI	Contribution ID #				
Walker	1 1130	Tyisha		IVII	0165				
Residential Street Address	City	Tylsila		State	Zip Code				
	City	Now Haven		CT	06511-5154				
225 Winthrop Ave Principal Occupation		New Haven Name of Employ	24	Ci	00311-3134				
Cook Helper		1 ,	Iniversity						
·			·	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	v	Amot	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
government the contract is with:	Б.	D : 1		-					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash Personal Check	04.	20/2014	+40.00		+10.00				
If yes, list Event # Money Order X Credit/Debit Card	01/.	28/2014	\$10.00		\$10.00				
				1					
Last Name	First			MI	Contribution ID #				
Gold		Heather			0168				
Residential Street Address	City			State	Zip Code				
99 Clark St		New Haven		СТ	06511-3803				
Principal Occupation		Name of Employ	er						
Editorial Assistant		Yale							
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		dependent child of	i a lobbyist?						
government the contract is with:			x _{No}	1					
Is this contribution associated with a Method of contribution: Yes Yes	Date	Received	Aggregate Contributions						
Tundraising event listed in Section J1?	l								
If yes, list Event # Cash Credit/Debit Card	01/2	28/2014	\$5.00		\$5.00				

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I. MONETARY RECEIPT	'S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT		
Gary For Senate			Itemized Statement accompan Grant - Original	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals	Grant - Original		
Last Name	First			MI	Contribution ID #
McGill		Kenneth			0170
Residential Street Address	City			State	Zip Code
1274 Forest Rd		New Haven		СТ	06515-2447
Principal Occupation		Name of Employ	er	-	•
Professor		South	ern Connecticut State Univer	rsity	
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant 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 a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	01/	28/2014	\$50.00		\$50.00
	L			l	T
Last Name	First			MI	Contribution ID #
Wilkinson		Tyler			0171
Residential Street Address	City			State	Zip Code
78 Greenwood Dr	<u> </u>	Manchester		СТ	06042-3438
Principal Occupation		Name of Employ			
Digital Media Coordinator			of Connecticut	۸	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}		
government the contract is with: Is this contribution associated with a Method of contribution:	D-4-	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Cash Personal Check	01/	28/2014	\$20.00		\$20.00
If yes, list Event # Money Order X Credit/Debit Card	01/.	20/2014	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
O'Donnell	1 1130	Eileen		1111	0172
Residential Street Address	City	Liiceii		State	Zip Code
97 Norton St		New Haven		СТ	06511-4235
Principal Occupation		Name of Employ	er	!	
Teacher		N/A			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution
Yes 🔼 N	D	dependent child of	-		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes Cash Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	01/	28/2014	\$50.00		\$50.00
in yes, list Event #					
Last Name	First			MI	Contribution ID #
Graves Dexter		Shelley			0174
Residential Street Address	City			State	Zip Code
93 Camp Moween Rd		Lebanon		СТ	06249-2704
Principal Occupation		Name of Employ	er		
Attorney			ner & Graves, PC		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		acpendent ennu (
government the contract is with: Executive Legislative		D : 1	☐ No		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check		20/2014	430.00		¢20.00
If yes, list Event # No Money Order X Credit/Debit Card	01/	28/2014	\$20.00		\$20.00

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L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT		
Gary For Senate			Itemized Statement accompan Grant - Original	ying applicat	ion for Public
B. Itemized Contributions from	n Ind	lividuals	Grant - Original		
Last Name	First			MI	Contribution ID #
O'Keefe		Timothy			0177
Residential Street Address	City			State	Zip Code
29 Stratford Rd		West Hartfor	d	СТ	06117-2839
Principal Occupation		Name of Employ	er	-	•
Trial Lawyer		Kenny	,, O'Keefe & Usseglio, P.C.		
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		dependent child of	x No		
government the contract is with: Is this contribution associated with a Method of contribution:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	01/	28/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	01/.	20,2014	Ψ100.00		Ψ100.00
Last Name	First			MI	Contribution ID #
Obrien		Gregory			0185
Residential Street Address	City			State	Zip Code
285 Daybreak Ln		Southport		СТ	06890-1011
Principal Occupation		Name of Employ	er	!	
Attorney		Moore	e, Obrien, Yelenak & Foti		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
)	dependent child of	<u></u>		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # No Money Order X Credit/Debit Card	01/	28/2014	\$100.00		\$100.00
Tryon, ast Events					
Last Name	First			MI	Contribution ID #
Dowd		Karolina			0186
Residential Street Address	City			State	Zip Code
33 Kellogg Rd		Marlborough		СТ	06447-1239
Principal Occupation		Name of Employ			
Attorney			awsher & Walsh, LLC		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with: Is this contribution associated with a Method of contribution:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes Yes	Date	Received	Aggregate Contributions		
No Cash Personal Check	01/	28/2014	\$10.00		\$10.00
If yes, list Event # Money Order X Credit/Debit Card	01/	20,2011	Ψ10.00		
Last Name	First			MI	Contribution ID #
Buckley		John			0187
Residential Street Address	City			State	Zip Code
6 Oliver Dr		North Haven		СТ	06473-3040
Principal Occupation		Name of Employ	er	-	•
attorney - Buckley & Wynne		buckle	ey & wynne attorneys at law		
Is contributor a principal of a state contractor or prospective state contractor?)	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		acpendent child (x No		
government the contract is with: Executive Legislative	-				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	<u>,,,,</u>	20/204 4	450.00		¢50.00
If yes, list Event # No Money Order X Credit/Debit Card	01/	28/2014	\$50.00		\$50.00

NAME OF COMMITTEE (Provide Complete Name as Rejisted with Commission TYPE OF REPORT		~ /~				
Substitution Subs		S (S	ection A-I)	I		
Control Cont					udaa aaaliaat	ion for Dublic
Test Condy					iying applicat	ion for Public
Recidential States, Authors Carely State	B. Itemized Contributions from	n Ind	lividuals			
Columbiant a promotion of a fact contractor or prospective state contractor? vas	Last Name	First			MI	Contribution ID #
Package Pack	Robinson		Cindy			0188
Name of Impulsy: Tremot & Sheldon, P.C. Name of Impulsy: Tremot & Sheldon, P.C. Name of Impulsy: Yes No Sheldon, P.C. Name of Impulsy: Yes Ye	Residential Street Address	City			State	Zip Code
Actorney	86 Fallowfield Rd		Fairfield		СТ	06824-1616
Securible are a principal of a state commenter or prospective state controlled You You Note Security You Note You Yo	Principal Occupation		Name of Employ	er		
Tyes, inclicate which branches of security is with. Substitution of the contributions associated with a flavor decontribution. The contribution associated with a flavor deco	Attorney		Treme	ont & Sheldon, P.C.	_	
Executive Legislative Le	Is contributor a principal of a state contractor or prospective state contractor?	,		Vac	Amou	int of Contribution
Executive Legislative Le		,	dependent child of	of a fobbyist?		
Freed Personal Check Personal Check Personal Check State Personal Check State State Centification D # O O O O O O O O O	Evacutiva I acidativa			X No		
Each Name Section of the Section of Personal Check O1/28/2014 \$100.00 \$100.0	Vac	Date	Received	Aggregate Contributions		
Last Name Greenwood Resident Street Address City Substitution Contribution Resident Street Address Substitution Substitution Street Address Substitution Substitut	Cash Personal Check					
Annual Name First Succession First Succession	│	01/	28/2014	\$100.00		\$100.00
Series S	In yes, list Event in a cleane Debit Cana					
Redefinial Street Address Principal Occupation Principal Content Plants Principal Content Plant	Last Name	First			MI	Contribution ID #
New Haven Section New Haven Section Section New Haven New Haven Section New Haven New Have	Greenwood		Barbara			0190
Principal Occupation retirred teacher Security Se	Residential Street Address	City			State	Zip Code
retired teacher Countribution a principal of a state contractor or prospective state contractor?	252 W Elm St		New Haven		СТ	06515-2035
Executive	Principal Occupation		Name of Employ	er		
If yes, indicate which branch or branches of contract is with: Is this contribution associated with a find a section 1? If yes, list Event # Ves Legislative Legislative Date Received Aggregate Contributions (and a section 1) Ves Method of contribution (and a section	retired teacher		retire	d New Haven Board of Ed		
If yes, indicate which branch or branches of socontinuous associated with a fundaming event listed in Section J1?	Is contributor a principal of a state contractor or prospective state contractor?	,		Voc	Amou	int of Contribution
Secretary the contract is with: Last Name Carter Residential Street Address Becurity Cash Personal Check Perso		,	dependent child of	of a fobbyist?		
It yes, list Event #	Evacutiva Lagislativa			x _{No}		
Last Name Carter Residential Street Address attorney If yes, list Event # Last Name Carter Residential Street Address Amount of Contribution If yes, list Event # Robert Carter Robert City Southbury City Code Code#Robert City Southbury City Southbury City Southbury City Amount of Contribution Benefit of a lobbyist? Yes Southbury Date Received Aggregate Contributions If yes, indicate which branch or branches of Southbury Last Name Horgan Residential Street Address City City No Southbury Date Received Aggregate Contributions O1/28/2014 \$100.00 \$1	Vac	Date	Received	Aggregate Contributions		
Tyes, list Event # No	fundraising event listed in Section J1?					
Last Name Carter Carter Robert City Robert City Southbury City	U No I□ □	01/	28/2014	\$5.00		\$5.00
Residential Street Address	in yes, list event #					
Residential Street Address 1826 Bucks Hill Rd Principal Occupation attorney Southbury Name of Employer self Southburd a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Last Name Horgan Residential Street Address 111 Huntington St Is contributor a principal of a state contractor or prospective state contractor? Yes No Method of contribution: Cash Money Order City New London New London New London New London New London New London Tame of Employer Name of Employer Norgan law Is contribution abobysis, spouse, or dependent child of a lobbysis? Yes Norgan law State Norgan law Norgan law Norgan law State Norgan law Norgan law State Norgan law Norg	Last Name	First			MI	Contribution ID #
Southbury CT 06488-2473	Carter		Robert			0191
Principal Occupation attorney Is contributor a principal of a state contractor or prospective state contractor? Yes X No Scontributor a principal of a state contractor or prospective state contractor? Yes X No Scontributor a lobbyist, spouse, or Yes Amount of Contribution	Residential Street Address	City			State	Zip Code
Self	1826 Bucks Hill Rd		Southbury		СТ	06488-2473
If yes, indicate which branch or branches of government the contract is with: Security Legislative Legislat	Principal Occupation		Name of Employ	er	-	-
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Legislative Legisl	attorney		self			
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Method of contribution: Cash Personal Check O1/28/2014 \$100.00 \$100.00	Is contributor a principal of a state contractor or prospective state contractor?				Amou	nt of Contribution
Security Legislative Legislative Legislative Date Received Aggregate Contributions Security Se		,	dependent child of	of a foodyist:		
fundraising event listed in Section J1? If yes, list Event # Last Name Horgan Residential Street Address 111 Huntington St Principal Occupation lawyer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of envernment the contract is with: Is this contribution associated with a fundraising event listed in Section J1? We held of contribution: Date Received Aggregate Contributions \$50.00 \$100.	Evacutiva Lagislativa			x _{No}		
Indidatising event insted in Section 31? If yes, list Event # Last Name Horgan Residential Street Address 111 Huntington St Principal Occupation Iawyer 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: Is this contribution associated with a fundraising event listed in Section J1? MI Contribution ID # O193 Cash Personal Check O1/28/2014 \$100.00	Vos	Date	Received	Aggregate Contributions		
If yes, list Event # \$100.00 \$100.00 Last Name Horgan Principal Street Address City New London CT 06320-6619 Principal Occupation lawyer Scontributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a principal of a state contractor or prospective state contractor? Legislative Section J1? Yes X No Is contributor a principal of a state contractor or prospective state contractor? Legislative Adgregate Contributions Method of contribution: D1/28/2014 \$100.00 \$100.	Tundraising event listed in Section 31?					
Last Name Horgan Residential Street Address City New London Name of Employer lawyer 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: Is this contribution associated with a fundraising event listed in Section J1? MI Contribution ID # O193 Name of Employer Name of Employer Name of Employer horgan law Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Method of contribution: Date Received Aggregate Contributions \$50,00	U No I□	01/	28/2014	\$100.00		\$100.00
Horgan Residential Street Address City New London Principal Occupation 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: Is this contribution associated with a fundraising event listed in Section J1? Passidential Street Address City New London New London Name of Employer horgan law Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Amount of Contribution Aggregate Contributions \$50,00\$	in yes, list event #					
Residential Street Address 111 Huntington St New London Name of Employer I scontributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Pressonal Check O1/28/2014 State Zip Code CT 06320-6619 Name of Employer horgan law Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Amount of Contribution Aggregate Contributions \$50.00	Last Name	First			MI	Contribution ID #
Principal Occupation 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: Is this contribution associated with a fundraising event listed in Section J1? New London Name of Employer Name of Employer Name of Employer Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with a fundraising event listed in Section J1? No CT 06320-6619 Amount of Contribution Amount of Contribution Amount of Contribution Aggregate Contributions \$50,00\$	Horgan		Daniel			0193
Principal Occupation Iawyer 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: Is this contribution associated with a fundraising event listed in Section J1? Name of Employer horgan law Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution a lobbyist? In legislative In legislati	Residential Street Address	City			State	Zip Code
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: Is this contribution associated with a fundraising event listed in Section J1? No Cash Personal Check 01/28/2014 \$50.00 \$50.00	111 Huntington St		New London		СТ	06320-6619
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: Is this contribution associated with a fundraising event listed in Section J1? No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution a lobbyist? Is contribution a lobbyist, spouse, or dependent child of a lobbyist? Is no Is contribution a lobbyist? Is no Is n	Principal Occupation		Name of Employ	er		·
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? No	lawyer		horga	ın law		
If yes, indicate which branch or branches of government the contract is with: Legislative Legislative Date Received Aggregate Contributions No No No No No No No No No N	Is contributor a principal of a state contractor or prospective state contractor?	,		Vac	Amou	ant of Contribution
government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? No Cash Personal Check 01/28/2014 \$50.00		,	dependent child of	of a foodyist?		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Aggregate Contributions O1/28/2014 \$50.00 \$50.00	Evacutiva I acidativa			x _{No}		
Tundraising event listed in Section J1? Cash Personal Check 01/28/2014 \$50.00 \$50.00	Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions]	
□ No □ □ □ 01/28/2014 \$50.00 \$50.00	Tundraising event listed in Section J1?					
		01/	28/2014	\$50.00		\$50.00

I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Gary For Senate			Itemized Statement accompan Grant - Original	ying applicati	on for Public
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Koskoff		Michael			0194
Residential Street Address	City			State	Zip Code
350 Fairfield Ave	<u> </u>	Bridgeport		СТ	06604-6023
Principal Occupation		Name of Employ	er off Koskoff & Bieder PC		
Attorney Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No.)	dependent child of		rinou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section 31?					
If yes, list Event # Cash Credit/Debit Card	01/2	28/2014	\$100.00		\$100.00
Lov	г: .			\ r_	0 13 5 B#
Last Name Lichtenstein	First	Joel		MI	Contribution ID # 0199
Residential Street Address	City	Joei		State	Zip Code
350 Fairfield Ave	City	Bridgeport		CT	06604-6023
Principal Occupation		Name of Employ	er		00000
Attorney		Kosko	off, Koskoff & Bieder		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?		
Is this contribution associated with a Method of contribution:	Date 1	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check No Cash Personal Check Money Order Credit/Debit Card	01/2	28/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Mahoney		Douglas			0196
Residential Street Address	City			State	Zip Code
39 Whitewood Rd		Newtown		СТ	06470-1560
Principal Occupation		Name of Employ	er		
Lawyer			ont & Sheldon, P.C.		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		-	x _{No}		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event risted in Section 31?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/2	28/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Roberts		Susanner			0197
Residential Street Address	City			State	Zip Code
166 E Rock Rd		New Haven		СТ	06511-1326
Principal Occupation		Name of Employ			
retired Is contributor a principal of a state contractor or prospective state contractor? Yes X No		retire Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	· ·		
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date !	Received	Aggregate Contributions		
fundraising event fisted in Section 31?		20/2011	10		+25.00
If yes, list Event # Cash Credit/Debit Card	01/2	28/2014	\$25.00		\$25.00

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L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT		
Gary For Senate			Itemized Statement accompan Grant - Original	ying applicat	ion for Public
B. Itemized Contributions from	n Ind	lividuals	Ordin. Original		
Last Name	First			MI	Contribution ID #
Filson		Paul			0198
Residential Street Address	City			State	Zip Code
20 Beverly Rd		West Hartfor		СТ	06119-1710
Principal Occupation		Name of Employ			
Director Is contributor a principal of a state contractor or prospective state contractor?			CT State Council obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	IAI Vaa	Amot	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			□ No		
Is this contribution associated with a Sociated William Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # No Money Order X Credit/Debit Card	01/	28/2014	\$25.00		\$25.00
				l	1
Last Name	First			MI	Contribution ID #
Goldman	O.	Maxwell		- C	0200
Residential Street Address	City	New Heyes		State	Zip Code
101 Lawrence St Principal Occupation		New Haven Name of Employ	er	СТ	06511-2543
Outreach assistant		U.S S			
			11.14	Amou	unt of Contribution
Yes X No)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes Cash Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	01/	28/2014	\$10.00		\$10.00
Last Name	First			MI	Contribution ID #
Cameron	O.	Pamela		- C	0202
Residential Street Address 15 Florence Way	City	Earmington		State CT	Zip Code 06032-3438
Principal Occupation		Farmington Name of Employ	er	СІ	00032-3436
Attorney			e, O'Brien, Yelenak and Foti		
·			obbyist, spouse, or	Amou	ant of Contribution
Yes 🔼 No)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
Tundraising event listed in Section 31?					
If yes, list Event # No Money Order X Credit/Debit Card	01/	28/2014	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Horwitz	riist	James		IVII	0204
Residential Street Address	City	James		State	Zip Code
24 Oak Hill Ln		Woodbridge		СТ	06525-1939
Principal Occupation		Name of Employ	er	•	1
Attorney		Kosko	off, Koskoff and Bieder		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	1 a 1000yist?		
government the contract is with:		D : 1	x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	017	28/2014	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card	I 01/.	20/2014	φουυσ	1	φυυ.υυ

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I. MONETARY RECEIPT	S (Se	ection A-I)	I TYPE OF BERORE		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	wina annliaati	on for Dublic
Gary For Senate			Itemized Statement accompan Grant - Original	iying applicati	on for Public
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Dunn		Collington			0205
Residential Street Address	City			State	Zip Code
284 Davenport Ave		New Haven		СТ	06519-1240
Principal Occupation		Name of Employ	er		
Carpenter		All Pa	nel System		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt 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 a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? X Cash Personal Check					
If yes, list Event #	01/2	28/2014	\$5.00		\$5.00
in yes, list Evenit#					
Last Name	First			MI	Contribution ID #
Staggers		Monya			0206
Residential Street Address	City			State	Zip Code
284 Davenport Ave		New Haven		СТ	06519-1240
Principal Occupation		Name of Employ	er		
Nurse Assistant		Allian	ce Home Care		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
)	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 a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
U No E	01/2	28/2014	\$5.00		\$5.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Waggner		Matt			0207
Residential Street Address	City			State	Zip Code
168 Grasmere Ave		Fairfield		СТ	06824-6138
Principal Occupation		Name of Employ	er		
Registrar of Voters		Town	of Fairfield		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	*		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31:					
□ No □ □	01/2	28/2014	\$20.00		\$20.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Wortman		Marc			0208
Residential Street Address	City			State	Zip Code
36 Richmond Ave		New Haven		СТ	06515-2039
Principal Occupation		Name of Employ	er		
Writer		Self			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt 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 a Method of contribution: Yes Yes	Date	Received	Aggregate Contributions		
Tundraising event listed in Section J1?					
If yes, list Event # Cash Credit/Debit Card	01/2	28/2014	\$15.00		\$15.00

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L MONETARY RECEIPT	'S (Sc	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT		
Gary For Senate			Itemized Statement accompan Grant - Original	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals	Grant - Original		
Last Name	First			MI	Contribution ID #
Marder		Alfred		L	0210
Residential Street Address	City			State	Zip Code
20 Mumford Rd		New Haven		СТ	06515-2432
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
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 of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		aepenaem emia (x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	01/	28/2014	\$50.00		\$50.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Shafner		Matthew			0215
Residential Street Address	City			State	Zip Code
2 Union PIz	<u> </u>	New London		СТ	06320-6313
Principal Occupation		Name of Employ			
attorney			nan Shapiro		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		ī	x _{No}		
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Dute	received	Aggregate Contributions		
No Cash Personal Check	01/	28/2014	\$25.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card			7-2:22		
Last Name	First			MI	Contribution ID #
Barber		James			0217
Residential Street Address	City			State	Zip Code
65 Vista Ter		New Haven		СТ	06515-2401
Principal Occupation		Name of Employ	er		
Educaton			ern Connecticut State Univer	rsity	
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 Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent enna (x No		
government the contract is with: Executive Legislative	Б.	D : 1			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	01/	28/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	01/	20, 201 .	Ψ100.00		
Last Name	First			MI	Contribution ID #
Barber		Doris			0219
Residential Street Address	City			State	Zip Code
65 Vista Ter		New Haven		СТ	06515-2401
Principal Occupation		Name of Employ	er		
Educator		Retire		•	
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 of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with a Mathod of contribution.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date		op-ogate continuations		
If yes, list Event # Personal Check No	01/	28/2014	\$50.00		\$50.00
If yes, list Event #	Ī			1	

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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		
Gary For Senate			Itemized Statement accompan Grant - Original	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals			
Last Name Dennis	First	Karlene		MI	Contribution ID #
Residential Street Address	City			State	Zip Code
80 Saint Nicholas Ave		New York		NY	10026-2921
Principal Occupation		Name of Employ	er	-	•
Attorney		Office	of Court Administration		
Is contributor a principal of a state contractor or prospective state contractor? Yes N	o	Is contributor a l dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Cash Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	01/2	28/2014	\$50.00		\$50.00
Last Nama	First			MI	Contribution ID #
Last Name DeFrank	FIISt	Steven		J	0225
Residential Street Address	City	Steven		State	Zip Code
34 Evergreen Dr		North Branfo	rd	СТ	06471-1433
Principal Occupation		Name of Employ	er		!
Attorney		Levy,	Leff & DeFrank		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child of	or a robbyrst?		
government the contract is with:			x No		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
No X Cash Personal Check	01/	28/2014	\$20.00		\$20.00
If yes, list Event #	01/2	20/2014	φ20.00		\$20.00
Last Name	First			MI	Contribution ID #
Chausow		Lara		Е	0227
Residential Street Address	City			State	Zip Code
74 Lawrence St	<u> </u>	New Haven		СТ	06511-2680
Principal Occupation		Name of Employ			
Student			Jniversity	A	ont of Countribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes X Cash Personal Check					
If yes, list Event # No X Cash Personal Check Money Order Credit/Debit Card	01/2	28/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Griswold		Brian Christo	pher		0228
Residential Street Address	City			State	Zip Code
127 Bishop St	L	New Haven		СТ	06511-7308
Principal Occupation		Name of Employ			
Consultant			imployed		
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?	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			30 0		
No No Personal Check	01/2	28/2014	\$10.00		\$10.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	I TYPE OF DEDORE		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	udaa aaaliaat	ion for Dublic
Gary For Senate			Itemized Statement accompan Grant - Original	iying applicat	on for Public
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Pillsbury		Charles			0224
Residential Street Address	City			State	Zip Code
247 Saint Ronan St		New Haven		СТ	06511-2313
Principal Occupation		Name of Employ	er		
Law professor		Quinn	ipiac University		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt 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 a	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Cash Personal Check					
│	01/2	28/2014	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Melita		August			0220
Residential Street Address	City			State	Zip Code
5 Maplewood Rd		New Haven		СТ	06515-1814
Principal Occupation		Name of Employ	er		-
Political Associate		Conne	ecticut Education Association		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	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 a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check No	01/2	28/2014	\$5.00		\$5.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Walsh		Michael			0180
Residential Street Address	City			State	Zip Code
18 Pent Rd		Bloomfield		СТ	06002-1519
Principal Occupation		Name of Employ	er	•	
Trial Attorney		Mouk	awsher and Walsh		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	·		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
lundraising event listed in Section 31?					
If yes_list Event # Cash Personal Check No Money Order X Credit/Debit Card	01/2	28/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Woodard		D lincoln			0181
Residential Street Address	City			State	Zip Code
525 Chestnut Hill Rd		Glastonbury		СТ	06033-4105
Principal Occupation		Name of Employ	er		
attorney		Mouk	awsher & Walsh, llc		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
)	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 a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
No Cash Personal Check	01/2	28/2014	\$25.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card	I			I	

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I. MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT		
Gary For Senate			Itemized Statement accompan Grant - Original	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals	Grant - Original		
Last Name	First			MI	Contribution ID #
Woodard		Caroline			0183
Residential Street Address	City			State	Zip Code
525 Chestnut Hill Rd		Glastonbury		СТ	06033-4105
Principal Occupation		Name of Employ	er		
physical therapist			oaks nursing home		
Is contributor a principal of a state contractor or prospective state contractor?	0	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			x _{No}		
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check No	01/	28/2014	\$10.00		\$10.00
in yes, list Event #					
Last Name	First			MI	Contribution ID #
Ryan		E Rose			0164
Residential Street Address	City			State	Zip Code
390 Park Rd	<u> </u>	West Hartfor		СТ	06119-1919
Principal Occupation		Name of Employ			
Legislative Assistant			of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	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		dependent ennu (
government the contract is with: Executive	D-4-	D i 4			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	01/	28/2014	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card	01/.	20/2014	\$30.00		
Last Name	First			MI	Contribution ID #
Moore		Garrett			0211
Residential Street Address	City			State	Zip Code
389 White Deer Rock Rd		Middlebury		СТ	06762-1327
Principal Occupation	-	Name of Employ	er		•
Attorney		Moore	e, O'Brien, Yelenak & Foti		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	or a robbyist?		
government the contract is with: Executive			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	01/	20/2014	±100.00		±100.00
If yes, list Event # Money Order X Credit/Debit Card	01/.	28/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Moore, Jr.		Garrett			0212
Residential Street Address	City			State	Zip Code
389 White Deer Rock Rd		Middlebury		СТ	06762-1327
Principal Occupation	•	Name of Employ	er	•	•
Attorney		Moore	e, O'Brien, Yelenak & Foti		
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		acpendent cinia (or a robbyist?		
government the contract is with:		<u> </u>	x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	01.7	20/2014	#2F 00		¢25.00
If yes, list Event # No Money Order X Credit/Debit Card	I 01/.	28/2014	\$25.00		\$25.00

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I. MONETARY RECEIPT	'S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT		
Gary For Senate			Itemized Statement accompan Grant - Original	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals	Grant - Original		
Last Name	First			MI	Contribution ID #
Moore		Antoinette			0213
Residential Street Address	City			State	Zip Code
389 White Deer Rock Rd		Middlebury		СТ	06762-1327
Principal Occupation		Name of Employ	er		
Attorney		Moore	e, O'Brien, Yelenak & Foti		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}		
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Dute	10001100	1.88.08ate controlations		
If yes, list Event # Cash Personal Check No	01/	28/2014	\$10.00		\$10.00
	L			l	
Last Name	First			MI	Contribution ID #
Moore Project Court Address	City	Emily		C+-+-	0214
Residential Street Address 389 White Deer Rock Rd	City	Middlohum		State CT	Zip Code 06762-1327
Principal Occupation		Middlebury Name of Employ	or	CI	00702-1327
Clerk			e, O'Brien, Yelenak & Foti		
			obbyist, spouse, or	Amou	unt of Contribution
Yes X N	0	dependent child of	Voc		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	28/2014	\$10.00		\$10.00
Last Name	First			MI	Contribution ID #
Sterling	1 1100	Alinor			0192
Residential Street Address	City			State	Zip Code
256 Clark Ave		Branford		СТ	06405-4743
Principal Occupation	•	Name of Employ	er	•	
Attorney		Kosko	off, Koskoff & Bieder		
Is contributor a principal of a state contractor or prospective state contractor?	n		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: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	01/	20/2014	¢2F.00		¢25.00
If yes, list Event # Money Order X Credit/Debit Card	01/.	28/2014	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Friedler		Joseph			0167
Residential Street Address	City			State	Zip Code
96 Taintor Dr		Southport		СТ	06890-1380
Principal Occupation		Name of Employ	er		
Attorney		Friedl	er & Friedler, P.C.		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	Is contributor a l 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 a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	01/	28/2014	\$100.00		\$100.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Gary For Senate B. Itemized Contributions from Individuals Last Name Halloran Residential Street Address 791 Prospect Ave TYPE OF REPORT Itemized Statement accompanying application for Public Grant - Original First Robert O176 State Zip Code Hartford Hartford CT 06105-423:	
B. Itemized Contributions from Individuals Last Name	
Last Name First MI Contribution II Halloran Robert 0176 Residential Street Address City State Zip Code	
HalloranRobert0176Residential Street AddressCityStateZip Code	
Residential Street Address City State Zip Code	3
	3
791 Prospect Ave Hartford CT 06105-423.	3
Principal Occupation Name of Employer	
lawyer halloran and halloran	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or X Yes Amount of Contribution	1
If yes, indicate which branch or branches of Fxecutive Legislative	
government the contract is with:	
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Aggregate Contributions	
Personal Check 01/39/2014 \$\frac{1}{2} \tag{25.00}	
If yes, list Event #	
Last Name First MI Contribution II) #
Cunningham Jan 0269	σ π
Residential Street Address City State Zip Code	
8 Reservoir St New Haven CT 06511-122	R
Principal Occupation Name of Employer	
Artist Self	
	1
Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contributor of C	
If yes, indicate which branch or branches of Executive Legislative X No	
government the contract is with. Method of contributions.	
fundraising event listed in Section J1?	
□ No □ Cash □ Personal Check □ 01/29/2014 □ \$100.00 □ \$100.00	
If yes, list Event # Money Order X Credit/Debit Card 01/29/2014 \$100.00 \$100.00	
Last Name First MI Contribution II) #
Brett-Smith Helena 0270	
Residential Street Address City State Zip Code	
8 Reservoir St New Haven CT 06511-122	8
Principal Occupation Name of Employer	
Research Physician Bristol Myers Squibb	
Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or Amount of Contribution dependent shill of a lobbyist?	1
dependent child of a rootylist:	
government the contract is with: Executive Legislative	
Is this contribution associated with a	
Cash Personal Check	
If yes, list Event # Personal Check 01/29/2014 \$100.00 \$100.00	
Last Name First MI Contribution II)#
Silver Richard 0231 Residential Street Address City State Zip Code	
Residential Street Address City State Zip Code 184 Atlantic St Stamford CT 06901-351:	0
Principal Occupation Name of Employer	0
Attorney Silver Golub & Teitell	
	1
Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contributor of C	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative	
THE COURT OF THE PARTY OF THE P	
fundraising event listed in Section J1? Yes Yes Aggregate Contributions Aggregate Contributions	
If yes, list Event # Personal Check O1/29/2014 \$100.00 \$100.00	

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT					
Gary For Senate			Itemized Statement accompan	ying applicat	ion for Public			
B. Itemized Contributions from	m Ind	lividuals	Grant - Original					
Last Name	First	111144415		MI	Contribution ID #			
Blango	1 1100	Charles		A	0247			
Residential Street Address	City			State	Zip Code			
197 Newhall St	,	New Haven		СТ	06511-1947			
Principal Occupation		Name of Employ	er		1			
Truant Officer		New H	Haven Board of Education					
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 foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X Cash Personal Check	01/	20/2014	¢50.00		¢50.00			
If yes, list Event # Money Order	01/.	29/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Blango	1 1100	April			0248			
Residential Street Address	City			State	Zip Code			
197 Newhall St		New Haven		СТ	06511-1947			
Principal Occupation	•	Name of Employ	er	•	•			
Clerk		Yale						
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 a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check		20/2011	45.00					
If yes, list Event # No Money Order Credit/Debit Card	01/.	29/2014	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Foti		Joseph			0229			
Residential Street Address	City	'		State	Zip Code			
68 Bayview Cir		Watertown		СТ	06795-1328			
Principal Occupation		Name of Employ	er		•			
Attorney		Moore	e, O'brien, Yelenak & Foti					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	a loodyist:					
government the contract is with:			x No					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	01/	29/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	01/.	29/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Tremont		Jason			0230			
Residential Street Address	City			State	Zip Code			
64 Lyon Ter		Bridgeport		СТ	06604-4022			
Principal Occupation	•	Name of Employ	er		•			
Attorney		Tremo	ont & Sheldon					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	a loodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	01.	20/2014	#100.00		¢100.00			
If yes list Event # No Money Order X Credit/Debit Card	I 01/	29/2014	\$100.00	l	\$100.00			

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A MONTH INVIDENCE OF THE ANALYSIS									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompanying application for Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Higbee		Matthew			0232				
Residential Street Address	City			State	Zip Code				
257 W Rock Ave		New Haven		СТ	06515-2130				
Principal Occupation		Name of Employ	er						
Communications/Research		The C	Community Foundation for Gr	eater New	Haven				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a fobbyist?						
government the contract is with:			X No						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	01/	29/2014	\$25.00		\$25.00				
in you, in 2 reads 2 could be on could									
Last Name	First			MI	Contribution ID #				
Walsh		Joseph			0235				
Residential Street Address	City			State	Zip Code				
140 Fieldcrest Dr		Ridgefield		СТ	06877-5603				
Principal Occupation		Name of Employ	er						
attorney		Coher	n and Wolf, P.C.						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?						
government the contract is with:			X No]					
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	01/	29/2014	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Holahan		Tim			0236				
Residential Street Address	City			State	Zip Code				
404 Yale Ave	L	New Haven		СТ	06515-2234				
Principal Occupation		Name of Employ							
Software developer			Istripes LLC						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a labbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (*						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cook Revenuel Cheek									
If yes, list Event # Cash Credit/Debit Card	01/	29/2014	\$15.00		\$15.00				
Last Name	First			MI	Contribution ID #				
Holahan		Jessica			0237				
Residential Street Address	City			State	Zip Code				
404 Yale Ave		New Haven		СТ	06515-2234				
Principal Occupation		Name of Employ							
art & architecture book marketing mgr			Jniversity Press						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative	Б.	D : 1		-					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
— III Cook Demonst Charle		20/204 :			+4.5.00				
If yes, list Event # Cash Credit/Debit Card	01/	29/2014	\$15.00		\$15.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Elicker		Justin			0239				
Residential Street Address	City			State	Zip Code				
821 Orange St	L	New Haven		СТ	06511-2507				
Principal Occupation Sustainability Consultant		Name of Employerself (J	^{er} Iustin Elicker)						
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: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	29/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Festa		Christian			0241				
Residential Street Address	City			State	Zip Code				
117 Canner St		New Haven		СТ	06511-2201				
Principal Occupation		Name of Employe	er		•				
Sales and Marketing Manager		Ripley	Components	-					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:		dependent cinia o	x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes Cash Representation of the Control	01/	29/2014	\$25.00		\$25.00				
If yes, list Event#									
Last Name	First			MI	Contribution ID #				
Festa		Anna Marie			0242				
Residential Street Address	City			State	Zip Code				
117 Canner St	<u> </u>	New Haven		СТ	06511-2201				
Principal Occupation Property Manager		Name of Employer GMGF							
				Amou	ant of Contribution				
Yes 🔼 N	О	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 a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event risted in Section 31?									
If yes, list Event # No Money Order Credit/Debit Card	01/	29/2014	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Clarke		George			0246				
Residential Street Address	City			State	Zip Code				
1864 Ella T Grasso Blvd		New Haven		СТ	06511-1604				
Principal Occupation		Name of Employe							
Management Consultant			mployed						
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			<u> </u>						
If yes, list Event #	01/	29/2014	\$20.00		\$20.00				

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	13 (31	A11011 A-1)	TYPE OF REPORT					
Gary For Senate			Itemized Statement accompan	ying applicat	ion for Public			
			Grant - Original					
B. Itemized Contributions from	m Ind	lividuals			1			
Last Name	First			MI	Contribution ID #			
Herring		Ashleigh			0249			
Residential Street Address	City			State	Zip Code			
51 Ardale St	ļ.,	West Haven		СТ	06516-1832			
Principal Occupation		Name of Employe						
Social Worker			vioral Management LLC					
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		r	x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No Cash Personal Check	01/	29/2014	\$5.00		\$5.00			
If yes, list Event # Money Order	01/.	29/2014	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Boone	11130	Kevin		C	0251			
Residential Street Address	City	Keviii		State	Zip Code			
51 Ardale St	City	West Haven		CT	06516-1832			
Principal Occupation	_	Name of Employe	er	<u> </u>	00310 1032			
Inspector		1 7	ials Testing inc					
			11.11	Amor	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution accessisted with a Mathed of contribution.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			36 -8					
No Sash Personal Check	01/3	29/2014	\$5.00		\$5.00			
If yes, list Event #		,	7					
Last Name	First			MI	Contribution ID #			
D'Andre		Dupree		L	0250			
Residential Street Address	City	<u>'</u>		State	Zip Code			
47 Donald St		West Haven		СТ	06516-2506			
Principal Occupation	'	Name of Employ	er					
Clerk		City o	f New Haven					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	ant of Contribution			
Yes 🔼 N	0	dependent child of						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
│ No │	01/2	29/2014	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Pearson		Esther		R	0252			
Residential Street Address	City			State	Zip Code			
117 Auburn St		New Haven		СТ	06511-5316			
Principal Occupation		Name of Employ	er		•			
Unemployed		Unem	ployed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or for labbyist? Yes	Amou	ant of Contribution			
	υ	dependent child 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 a Method of contribution:	Date	Received	Aggregate Contributions	1				
Tunidaising event listed in Section 31?								
If yes list Event # No	01/2	29/2014	\$5.00		\$5.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompanying applica Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Soares		Stephen		F	0255				
Residential Street Address	City			State	Zip Code				
31 Bond St		New Haven		СТ	06519-1255				
Principal Occupation		Name of Employ	er	•	•				
Plumber		Local	777 Plumber & Pipefitters						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyrst?						
government the contract is with:	D.	D : 1							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	01/	20/2014	#F.00		# F 00				
If yes, list Event # No Money Order Credit/Debit Card	01/.	29/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
	FIISt	Howard		IVII	0256				
Boyd Residential Street Address	City	Tiowaru		State	Zip Code				
819 Congress Ave	City	New Haven		CT	06519-1262				
Principal Occupation	Ь	Name of Employ	er	Ci	00319-1202				
None		None	•						
			obbyist, spouse, or	Amou	ınt 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 Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
No Cash Personal Check	01/2	29/2014	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Zehner		Andrew			0257				
Residential Street Address	City			State	Zip Code				
93 Livingston St		New Haven		СТ	06511-2411				
Principal Occupation		Name of Employ	er	-	-				
Director, Corporate and Business Affairs		Unive	rsity of Connecticut						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Parsonal Chark									
If yes, list Event # No Money Order X Credit/Debit Card	01/2	29/2014	\$100.00		\$100.00				
I and Name	Fi			М	Ct-itti ID#				
Last Name Rivera	First	Ana Maria		MI	Contribution ID # 0258				
Residential Street Address	City	Alia Malia		State	Zip Code				
67 Pearl St	City	New Haven		CT	06511-3812				
Principal Occupation	L	Name of Employ	er	Ci	00311-3012				
Legal and Policy Analyst			for Progressive Action						
			obbyist, spouse, or	Amou	int of Contribution				
	0	dependent child of	of a lobbyist? Yes						
If yes, indicate which branch or branches of government the contract is with:			□ No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes Research Check									
No	01/2	29/2014	\$30.00		\$30.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompa					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Mattison		Edward			0259				
Residential Street Address	City			State	Zip Code				
15 Anderson St		New Haven		СТ	06511-2501				
Principal Occupation		Name of Employ	er						
Mental Health administrator			nuum of Care						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	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 government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Personal Check No Cash Personal Check Money Order X Credit/Debit Card	01/	29/2014	\$100.00		\$100.00				
I you, is a treat to the control of									
Last Name	First			MI	Contribution ID #				
Downhour		Peter			0260				
Residential Street Address	City			State	Zip Code				
60 Ralston Ave	<u> </u>	Hamden Name of Employ	on.	СТ	06517-2839				
Principal Occupation Teacher		Name of Employ	Regional School District #5						
		·	obbyist, spouse, or	Amor	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 a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	01/	29/2014	\$50.00		\$50.00				
				! !					
Last Name Gallo	First	Elianta esta		MI	Contribution ID #				
Residential Street Address	City	Elizabeth		State	0261 Zip Code				
37 Ware Ave	City	West Hartfor	d	CT	06119-1532				
Principal Occupation	<u> </u>	Name of Employ		CI	00113 1332				
Lobbyist			Gallo & Co.						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			No						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # No Money Order X Credit/Debit Card	01/	29/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Caldwell	1 1100	Stacey			0262				
Residential Street Address	City	<u> </u>		State	Zip Code				
412 Edgewood Ave		New Haven		СТ	06511-4014				
Principal Occupation		Name of Employ	er		•				
Pest Control		Comp	ete Pest Control						
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 of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		sependent ennu (x No						
government the contract is with: Legislative Legislative Legislative	Dot-	Pagaiyad							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
No Cash Personal Check	01/	29/2014	\$5.00		\$5.00				
If yes, list Event # Money Order	I/.	-,	45.55	I	12:				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompanying app									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Fountain		Carletta		F	0263				
Residential Street Address	City			State	Zip Code				
83 Curtis Dr		New Haven		СТ	06515-2307				
Principal Occupation		Name of Employ	er	•	•				
Unemployed		Unem	ployed						
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	x No						
government the contract is with:	D-4-	D i d							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	01/	20/2014	¢Ε.00		¢E 00				
If yes, list Event # No Money Order Credit/Debit Card	01/.	29/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Merritt	11130	Corey		1411	0264				
Residential Street Address	City	Corey		State	Zip Code				
83 Curtis Dr	City	New Haven		CT	06515-2307				
Principal Occupation		Name of Employ	er	<u> </u>	1 00313 2307				
Unemployed			ployed						
			obbyist, spouse, or	Amou	ant of Contribution				
Yes X N	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 a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
No No Personal Check	01/	29/2014	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Jenkins		Enetria			0266				
Residential Street Address	City			State	Zip Code				
83 Curtis Dr		New Haven		СТ	06515-2307				
Principal Occupation		Name of Employ	er						
Unemployed		Unem	ployed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X Cash Respond Chark									
If yes, list Event # No Money Order Credit/Debit Card	01/	29/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
McCown	11130	Jarrad		1411	0267				
Residential Street Address	City	Jarraa		State	Zip Code				
83 Curtis Dr	City	New Haven		CT	06515-2307				
Principal Occupation		Name of Employ	er						
Unemployed			ployed						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
	υ	dependent child of	or a robbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tunidaising event listed in Section 31:									
If yes, list Event # No Money Order Credit/Debit Card	01/	29/2014	\$5.00		\$5.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompanying application for Pu									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Merritt		Cheryl		Е	0268				
Residential Street Address	City			State	Zip Code				
83 Curtis Dr		New Haven		СТ	06515-2307				
Principal Occupation		Name of Employ	er						
King/Robinson School		New I	Haven Board of Education						
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 Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent china (x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	01/	29/2014	\$5.00		\$5.00				
If yes, list Event #	01/		Ψ5.00						
Last Name	First			MI	Contribution ID #				
Joyner		Monica			0265				
Residential Street Address	City			State	Zip Code				
1225 Forest Rd		New Haven		СТ	06515-2400				
Principal Occupation		Name of Employ	er		•				
Assistant Principal		New I	Haven Board of Education						
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 foodyist?						
government the contract is with:			x No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check		20/2011	45.00						
If yes, list Event # No Money Order Credit/Debit Card	01/.	29/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Kim	1 1130	Christine			0271				
Residential Street Address	City			State	Zip Code				
360 State St		New Haven		СТ	06510-3619				
Principal Occupation	•	Name of Employ	er	•					
environmental policy consultant		self-e	mployed						
Is contributor a principal of a state contractor or prospective state contractor? Yes No	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: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	04.0	20/204.4	+400.00		+100.00				
If yes, list Event # No Money Order X Credit/Debit Card	01/.	29/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Silverman		Pierrette			0272				
Residential Street Address	City			State	Zip Code				
35 Elmwood Rd		New Haven		СТ	06515-2241				
Principal Occupation	•	Name of Employ	er		•				
Vice President, Education & Training		Plann	ed Parenthood of SNE						
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	a loodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash Personal Check		20/2014	435.00		¢25.00				
If yes, list Event # No Money Order X Credit/Debit Card	1 01/	29/2014	\$25.00		\$25.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompar					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Joyner		Edward			0273				
Residential Street Address	City			State	Zip Code				
182 Cooper Pl	Ļ	New Haven		СТ	06515-1800				
Principal Occupation		Name of Employ							
Youth Development Coordinator Is contributor a principal of a state contractor or prospective state contractor?			daven Board of Education obbyist, spouse, or	Amou	ant of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X N	io	dependent child of	37	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # No Money Order Credit/Debit Card	01/2	29/2014	\$5.00		\$5.00				
	<u> </u>								
Last Name	First	5 1		MI	Contribution ID #				
Kaplowe Residential Street Address	City	Paul		State	0278 Zip Code				
31 Dawson Ave	City	West Haven		CT	06516-6409				
Principal Occupation	_	Name of Employ	er	CI	00310-0409				
Real Estate Broker		Self	Ci						
			obbyist, spouse, or	Amou	int of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # No Money Order Credit/Debit Card	01/2	29/2014	\$5.00		\$5.00				
	1 .								
Last Name	First	Dahum		MI	Contribution ID #				
Porter Residential Street Address	City	Robyn		A State	0279 Zip Code				
99 Division St	City	New Haven		CT	06511-1950				
Principal Occupation	<u> </u>	Name of Employ	er	CI	00311 1330				
Secretary		CNA							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
	0	dependent child of	-						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event fisted in Section 31?									
If yes, list Event # Cash Personal Check No Cash Personal Check Money Order Credit/Debit Card	01/2	29/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Dailey	FIISt	Anne		IVII	0234				
Residential Street Address	City	Aillie		State	Zip Code				
225 Lawrence St		New Haven		CT	06511-2418				
Principal Occupation		Name of Employ	er						
Professor		Unive	rsity of Connecticut Law Scho	ool					
Is contributor a principal of a state contractor or prospective state contractor?	io		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	x No						
government the contract is with: Legislative Legislative Legislative Method of contribution:	D-+	Dagaiya4							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	01/2	29/2014	\$25.00		\$25.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompa					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
D'Amico		Michael			0238				
Residential Street Address	City			State	Zip Code				
56 Hazel Woods Dr		Woodbury		СТ	06798-1938				
Principal Occupation		Name of Employ							
Trial Lawyer			ico, Griffin & Pettinicchi,LLC						
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	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (·						
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	01/	29/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	01/	23/2014	Ψ100.00						
Last Name	First			MI	Contribution ID #				
Burns		Harold		С	0277				
Residential Street Address	City			State	Zip Code				
70 Oxbow Ln		West Haven		СТ	06516-6620				
Principal Occupation	•	Name of Employ	er		•				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	01/	29/2014	\$100.00		\$100.00				
I w	F: .			\ <i>a</i>	Louis Bu				
Last Name Pollock	First	Geneva		MI	Contribution ID # 0254				
Residential Street Address	City	Geneva		State	Zip Code				
94 Thompson St	City	New Haven		CT	06511-1831				
Principal Occupation	<u> </u>	Name of Employ	er	C.	00311 1031				
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution				
	0	dependent child of	-						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section J1?									
If yes, list Event # No Money Order Credit/Debit Card	01/	29/2014	\$10.00		\$10.00				
LadVana	E:t			M	Contribution ID #				
Last Name Bryant	First	Katurah		MI	Contribution ID # 0274				
Residential Street Address	City	Raturan		State	Zip Code				
57 Willis St	City	New Haven		CT	06511-1740				
Principal Occupation		Name of Employ	er						
RN			of CT - CMHC						
Is contributor a principal of a state contractor or prospective state contractor?	2		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:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
X personal Charles	_				150.05				
If yes, list Event # Cash Credit/Debit Card	01/	29/2014	\$50.00		\$50.00				

A MONETA DV DECEMBER (C. C. A. D.									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Edelstein		Kiran			0243				
Residential Street Address	City			State	Zip Code				
238 Lawrence St		New Haven		СТ	06511-2419				
Principal Occupation		Name of Employ	er						
Student Assistant		Georg	ge Washington University						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes		nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a fobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	01/2	29/2014	\$5.00		\$5.00				
noncy order									
Last Name	First			MI	Contribution ID #				
Edelstein		Steven			0244				
Residential Street Address	City			State	Zip Code				
238 Lawrence St		New Haven		СТ	06511-2419				
Principal Occupation		Name of Employ	er						
Director, Business Development		Saddl	e Creek Corporation						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes		nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a fobbyist?						
government the contract is with:			x No						
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1? X Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	01/2	29/2014	\$5.00		\$5.00				
ii yes, iist Event #									
Last Name	First			MI	Contribution ID #				
Edelstein		Jane			0245				
Residential Street Address	City			State	Zip Code				
238 Lawrence St		New Haven		СТ	06511-2419				
Principal Occupation		Name of Employ	er	•	-				
None		Unem	ployed						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	or a robbyist:						
government the contract is with:			x No						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
X Cook Description									
If yes, list Event #	01/2	29/2014	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Papa		Susan			0240				
Residential Street Address	City			State	Zip Code				
999 Forest Rd		New Haven		СТ	06515-2731				
Principal Occupation		Name of Employ	er						
editor		none							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}	1					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	01/2	29/2014	\$10.00		\$10.00				

I MONETA DV DECEIDTS (C L A. D.								
I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Gary For Senate Itemized Statement accompanying application for Pub								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Schatz		David			0253			
Residential Street Address	City			State	Zip Code			
999 Forest Rd		New Haven		СТ	06515-2731			
Principal Occupation	-	Name of Employ	er	•	•			
professor/researcher		Howa	rd Hughes Medical Institute					
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
	3	dependent child of	of a fobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event listed in Section 31:								
If yes, list Event # Cash Personal Check No	01/	29/2014	\$25.00		\$25.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Walton		Kate		J	0233			
Residential Street Address	City			State	Zip Code			
8 University Pl		New Haven		СТ	06511-3225			
Principal Occupation		Name of Employ	er	<u> </u>				
Executive Administrator			aith Volunteer Care of GNH					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac	111104	in or commonion			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
Cash X Personal Check		20/20/	405.00		105.00			
If yes, list Event # No Money Order Credit/Debit Card	01/.	29/2014	\$25.00		\$25.00			
-	·			! !				
Last Name	First			MI	Contribution ID #			
Chambrelli		George			0293			
Residential Street Address	City			State	Zip Code			
23 Meadowbrook Rd		West Haven		СТ	06516-3907			
Principal Occupation		Name of Employ	er					
None		None						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a followist:					
government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tandraising event instead in Section 31:								
If yes, list Event # Cash Credit/Debit Card	01/	29/2014	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Chambrelli		Dorothy			0296			
Residential Street Address	City			State	Zip Code			
23 Meadowbrook Rd		West Haven		СТ	06516-3907			
Principal Occupation		Name of Employ	er	•				
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	0	dependent child of	·					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
No X Cash Personal Check	01/	29/2014	\$5.00		\$5.00			
If yes, list Event # Money Order Credit/Debit Card	51/	-5/2017	Ψ3.00	l	43.00			

I, MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	I TYPE OF PERONT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Reilly		Thomas			0294				
Residential Street Address	City			State	Zip Code				
10 Hilltop Ln		West Haven		СТ	06516-4807				
Principal Occupation		Name of Employ	er	!					
Worker		City o	of West Haven						
Is contributor a principal of a state contractor or prospective state contractor?			obbyjet enouse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
rundraising event fisted in Section 31?									
No X Cash Personal Check	01/2	29/2014	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Reilly		Ursula			0299				
Residential Street Address	City			State	Zip Code				
10 Hilltop Ln		West Haven		СТ	06516-4807				
Principal Occupation	-	Name of Employ	er	<u> </u>	00010 1007				
Administrative		1 7	Jniversity						
			obbyjet enguse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	111100	nt of continuation				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with a Method of contribution:	Data	Received	Aggregate Contributions	-					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
Cash Personal Check	01/	20/2014	#F 00		* F 00				
If yes, list Event #	01/.	29/2014	\$5.00		\$5.00				
				1.6					
Last Name	First			MI	Contribution ID #				
Hoyte		Jacqueline			0280				
Residential Street Address	City			State	Zip Code				
364 W Rock Ave	<u> </u>	New Haven		СТ	06515-2106				
Principal Occupation		Name of Employ							
Police Officer			f New Haven	1					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna (•						
government the contract is with: Executive Legislative			x _{No}	_					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X Cook Description									
If yes, list Event #	01/2	29/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Freelove		Queen		Е	0281				
Residential Street Address	City			State	Zip Code				
33 Maple St		New Haven		СТ	06511-4123				
Principal Occupation		Name of Employ	er						
Owner RCH		Freelo	ove Manor LLC						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		acpendent child (or a roodyrst?						
government the contract is with:			x _{No}	_					
Is this contribution associated with a Method of contribution: Yes Yes	Date	Received	Aggregate Contributions						
Tundraising event listed in Section J1?	l								
If yes, list Event # Cash Credit/Debit Card	01/2	29/2014	\$5.00		\$5.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompanying application for Public Grant - Original					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Chambers		Dorothy		K	0282				
Residential Street Address	City			State	Zip Code				
45 Collins Dr		West Haven		СТ	06516-2401				
Principal Occupation		Name of Employ							
Manager, Procurement			Jniversity	A					
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	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 a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # No Money Order Credit/Debit Card	01/	29/2014	\$5.00		\$5.00				
L AV	F: .				Louis B"				
Last Name Leavitt	First	Edward		MI J	Contribution ID # 0283				
Residential Street Address	City	Euwaru		State	Zip Code				
25 Bluff Ave	,	West Haven		СТ	06516-5707				
Principal Occupation		Name of Employ	er						
Attorney		Self							
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
No No Personal Check	01/	20/2014	* F 00		45.00				
If yes, list Event # Money Order Credit/Debit Card	01/.	29/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Mays		Michelle		С	0284				
Residential Street Address	City			State	Zip Code				
85 Canton St		West Haven		СТ	06516-2204				
Principal Occupation		Name of Employ	er						
None		None							
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 of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		i	x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes X Cash Personal Check									
If yes, list Event # Personal Check No X Cash Personal Check Money Order Credit/Debit Card	01/	29/2014	\$5.00		\$5.00				
I you, is a treat of the control of									
Last Name	First			MI	Contribution ID #				
Esposito	a:	Anthony		0	0285				
Residential Street Address 200 White St	City	Wost Hayon		State CT	Zip Code 06516-5420				
Principal Occupation	<u> </u>	West Haven Name of Employ	er	CI	00310-3420				
Mechanic			auto Service						
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Wethod of contribution: Yes	Date	Received	Aggregate Contributions						
No No Personal Check		20/2014	410.00		¢10.00				
If yes, list Event # No Money Order Credit/Debit Card	01/	29/2014	\$10.00		\$10.00				

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I MONETA BY DECEMBER (C. P. A. D.									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Itemized Statement accompanying application for Public									
Gary For Senate Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Golum		Patrick		0	0287				
Residential Street Address	City			State	Zip Code				
7 Timberland Dr		West Haven		СТ	06516-1161				
Principal Occupation		Name of Employ	er						
Senior Associate		John	Hancock Financial Network						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a fobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
X Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	01/	29/2014	\$10.00		\$10.00				
Noney order Cadabon Cada									
Last Name	First			MI	Contribution ID #				
Picard		John			0288				
Residential Street Address	City			State	Zip Code				
212 Ocean Ave		West Haven		СТ	06516-7018				
Principal Occupation		Name of Employ	er						
Financial Analyst		Amer	iprise						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	01/	29/2014	\$10.00		\$10.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Picard		Tara			0289				
Residential Street Address	City			State	Zip Code				
212 Ocean Ave		West Haven		СТ	06516-7018				
Principal Occupation		Name of Employ	er						
Administrator		Sikors	sky						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a followist:						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
Tundraising event instead in Section 31:									
If yes, list Event # Cash Credit/Debit Card	01/	29/2014	\$10.00		\$10.00				
In yes, list 2 vent ii									
Last Name	First			MI	Contribution ID #				
Lorusso		Sandra		J	0290				
Residential Street Address	City			State	Zip Code				
75 Tuthill St		West Haven		СТ	06516-2536				
Principal Occupation		Name of Employ	er						
None		None							
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt 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 a Method of contribution: Yes Yes	Date	Received	Aggregate Contributions						
Tundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	01/	29/2014	\$5.00		\$5.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompanying application for Pu					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
DiMassa		Michael		Α	0292				
Residential Street Address	City			State	Zip Code				
136 Putney Dr		West Haven		СТ	06516-2931				
Principal Occupation		Name of Employ	er	•	•				
Assistant		City o	f West Haven						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		acpendent enna c	x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			86 .8						
If yes, list Event # X Cash Personal Check Money Order Credit/Debit Card	01/	29/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Picard	First	Jeannine		IVII	0297				
Residential Street Address	City	Jeannine		State	Zip Code				
16 Gregory Rd	,	West Haven		CT	06516-3903				
Principal Occupation		Name of Employ	er						
Service Manager		Christ	mas Tree Shops						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # No Money Order Credit/Debit Card	01/	29/2014	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Evangelista		Deborah			0300				
Residential Street Address	City			State	Zip Code				
285 Kelsey Ave		West Haven		СТ	06516-4946				
Principal Occupation	-	Name of Employ	er	-	•				
Home Health Care		Krista	Dunn						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child c	x No						
government the contract is with: Executive Legislative									
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Service Personal Check	01/	29/2014	\$5.00		\$5.00				
If yes, list Event #	01/	23/2014	43.00						
Last Name	First			MI	Contribution ID #				
Collins		Deborah			0301				
Residential Street Address	City			State	Zip Code				
72 Nashawena Ave		West Haven		СТ	06516-7046				
Principal Occupation		Name of Employ	er						
City of West Haven		City C							
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a l 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 a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event #	01/	29/2014	\$5.00		\$5.00				

I MONETA DV DECEMBER (C. P. A. D.								
I. MONETARY RECEIPT	S (Se	ection A-I)	I TYPE OF DEDORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Gary For Senate Itemized Statement accompanying application for Public Grant - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Russo		Salvatore			0302			
Residential Street Address	City			State	Zip Code			
21 Dawson Ave		West Haven		СТ	06516-6409			
Principal Occupation		Name of Employ	er					
Electician		Ch2 N	1 Hill					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt 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 a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
X Cash Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	01/2	29/2014	\$5.00		\$5.00			
in yes, its Event in								
Last Name	First			MI	Contribution ID #			
Whynes		Renford		N	0303			
Residential Street Address	City			State	Zip Code			
87 Sanford St		West Haven		СТ	06516-2351			
Principal Occupation		Name of Employ	er					
Inspector II		City o	f Stamford					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt 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 a Service H2 Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1? X Cash Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	01/2	29/2014	\$10.00		\$10.00			
ii yes, iist Event #								
Last Name	First			MI	Contribution ID #			
Massaro		Karen			0305			
Residential Street Address	City			State	Zip Code			
8 Chris Jon Cir		West Haven		СТ	06516-1233			
Principal Occupation		Name of Employ	er	-	-			
Office Manager		Consc	olidated Electric Inc					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Amou	nt of Contribution			
	,	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a fundraicing event listed in Section 112	Date	Received	Aggregate Contributions	1				
Tundraising event listed in Section 31:								
If yes, list Event # No Money Order Credit/Debit Card	01/2	29/2014	\$5.00		\$5.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Massaro		Peter			0307			
Residential Street Address	City			State	Zip Code			
8 Chris Jon Cir		West Haven		СТ	06516-1233			
Principal Occupation		Name of Employ	er					
Fire Chief		City o	f West Haven					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyist?					
government the contract is with:			x No					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # No No No No Cash Personal Check Money Order Credit/Debit Card	01/2	29/2014	\$5.00		\$5.00			

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I. MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Gary For Senate			Itemized Statement accompan	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals	Grant - Original		
Last Name	First	iividais		MI	Contribution ID #
Wilkins	11130	Calvin		R	0306
Residential Street Address	City	Culviii		State	Zip Code
38 Harold St		West Haven		СТ	06516-1415
Principal Occupation		Name of Employ	er		Į.
Wastewater Operator		City o	f West Haven		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ınt of Contribution
If was indicate which branch or branches of	U	dependent child of	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # No Money Order Credit/Debit Card	01/2	29/2014	\$20.00		\$20.00
					La .a . p.
Last Name	First	Maliana		MI	Contribution ID #
Mason Residential Street Address	City	Melissa		State	0309 Zip Code
180 Fountain St	City	New Haven		CT	06515-1902
Principal Occupation		Name of Employ	er		00313 1302
Researcher		Unite			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes, list Event # No Money Order Credit/Debit Card	01/2	29/2014	\$5.00		\$5.00
	L			<u> </u>	I
Last Name	First	·		MI	Contribution ID #
Camp Residential Street Address	City	Edwin		State	0328
180 Fountain St	City	New Haven		CT	Zip Code 06515-1902
Principal Occupation		Name of Employ	er	Ci	00313-1902
Post-Doc			Jniversity		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
Yes 🔼 N	0	dependent child of			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31?					
If yes, list Event # No Money Order Credit/Debit Card	01/2	29/2014	\$5.00		\$5.00
				1	1
Last Name	First			MI	Contribution ID #
Valentine Parished Secret Address	City	Susan		L	0310
Residential Street Address 61 Downing St	City	New Haven		State CT	Zip Code 06513-3219
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00313-3219
Organizer			HERE		
			-1.1	Amou	ınt of Contribution
Yes X N	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 a Method of contribution:	Date	Received	Aggregate Contributions	1	
Tunidialising event listed in Section 31:					
If yes, list Event # No	01/2	29/2014	\$5.00		\$5.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Marks		Scott			0311				
Residential Street Address	City			State	Zip Code				
550 Ellsworth Ave		New Haven		СТ	06511-1632				
Principal Occupation		Name of Employ	er						
Organizer		Unite							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Personal Check No X Cash Personal Check Money Order Credit/Debit Card	01/	29/2014	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Stein		Anita			0312				
Residential Street Address	City			State	Zip Code				
48 Linden St	L	New Haven		СТ	06511-2527				
Principal Occupation		Name of Employ							
Organizer —		Unite	11 14	A	unt of Contribution				
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	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			86 -8						
No Cash Personal Check	01/	29/2014	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Crosby		Ben			0313				
Residential Street Address	City			State	Zip Code				
27 High St		New Haven		СТ	06510-2305				
Principal Occupation		Name of Employ	er						
Student		None							
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 of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			86 -8						
No Cash Personal Check	01/	29/2014	\$10.00		\$10.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Cruz Uribe		Cristina			0314				
Residential Street Address	City			State	Zip Code				
96 Bishop St		New Haven		CT	06511-3932				
Principal Occupation		Name of Employ							
Organizer			HERE						
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 Executive Legislative		- "	x _{No}						
Is this contribution associated with a Mathod of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			558						
No N	01/	29/2014	\$5.00		\$5.00				
If yes, list Event #	1		İ	i					

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompanying application for Publi									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Boyd		Jeffrey			0315				
Residential Street Address	City			State	Zip Code				
1 Front St		New Haven		СТ	06513-4357				
Principal Occupation		Name of Employ	er						
Organizer		Unite	HERE						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Dute	110001100	riggregate contributions						
No No Personal Check	01/	29/2014	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Greenberg		Aaron			0317				
Residential Street Address	City			State	Zip Code				
119 Olive St		New Haven		СТ	06511-4938				
Principal Occupation		Name of Employ	er						
Teacher		Yale l	Jniversity						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child (
government the contract is with: Executive Legislative			X No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	01/	20/2014	45.00		45.00				
If yes, list Event # No Money Order Credit/Debit Card	01/.	29/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Battistoni		Alyssa			0330				
Residential Street Address	City	<u>, </u>		State	Zip Code				
119 Olive St		New Haven		СТ	06511-4938				
Principal Occupation	•	Name of Employ	er	•					
Student		Yale l	Jniversity						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	or a roodyrst?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraicing event listed in Section 112	Date	Received	Aggregate Contributions						
Tundraising event instead in Section 31:									
If yes, list Event # No Money Order Credit/Debit Card	01/	29/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Vereen	1 1130	Barbara			0318				
Residential Street Address	City	24.24.4		State	Zip Code				
80 Pond St	ا ا	New Haven		СТ	06511-1032				
Principal Occupation		Name of Employ	er						
Clerical		Yale l	Jniversity						
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
— IX Code I Provide Charle		20/2014	+5.00		45.00				
If yes, list Event # No Anney Order Credit/Debit Card	01/	29/2014	\$5.00		\$5.00				

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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		
Gary For Senate			Itemized Statement accompan	nying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals	Grant - Original		
Last Name	First	ii (Iuuui 5		MI	Contribution ID #
Mehta	1 1130	Arani		""	0319
Residential Street Address	City			State	Zip Code
294 Humphrey St	,	New Haven		СТ	06511-3935
Principal Occupation		Name of Employ	er	•	1
Student		None			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or General Laborate Yes	Amou	unt of Contribution
If was indicate which branch or branches of		dependent child of	if a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	04.0	20/2014	+5.00		+5.00
If yes, list Event # No Money Order Credit/Debit Card	01/.	29/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Cox	First	Sarah		IVII	0321
Residential Street Address	City	Jaran		State	Zip Code
294 Humphrey St		New Haven		СТ	06511-3935
Principal Occupation		Name of Employ	er		
Student		None			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child of	if a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # No Money Order Credit/Debit Card	01/2	29/2014	\$5.00		\$5.00
					Laurin
Last Name	First	Lauria		MI	Contribution ID # 0320
Kennington Residential Street Address	City	Laurie		State	Zip Code
32 Chambers St	City	New Haven		CT	06513-3911
Principal Occupation		Name of Employe	er	<u> </u>	1 00313 3311
President		Local			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	unt of Contribution
Yes 🔼 N	0	dependent child of			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidialising event listed in Section 31:					
If yes, list Event # No Money Order Credit/Debit Card	01/2	29/2014	\$20.00		\$20.00
				l	
Last Name	First	Dalawaa		MI	Contribution ID #
Colon Residential Street Address	City	Dolores		Ctoto	0322
34 Salem St	City	New Haven		State CT	Zip Code 06519-2235
Principal Occupation		Name of Employe	er	<u> </u>	00313 2233
Board of Aldermen			f New Haven		
			.1.1	Amou	ant 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 a Method of contribution:	Date	Received	Aggregate Contributions	1	
Tunidialising event listed in Section 31:					
If yes, list Event # No	01/2	29/2014	\$5.00		\$5.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompanying application for Public Grant - Original					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Canham-Clyne		John			0323				
Residential Street Address	City			State	Zip Code				
209 E Grand Ave		New Haven		СТ	06513-4102				
Principal Occupation		Name of Employ	er						
Researcher		Unite							
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 of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		aepenaem emia (x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event #	01/	29/2014	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Greenlea		Stephanie			0324				
Residential Street Address	City			State	Zip Code				
438 George St	L	New Haven		СТ	06511-5411				
Principal Occupation		Name of Employ							
Organizer Is contributor a principal of a state contractor or prospective state contractor?		Local	11 14	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	Vac	Amot	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event #	01/	29/2014	\$5.00		\$5.00				
If yes, list Event #	<u> </u>								
Last Name	First			MI	Contribution ID #				
Maloney		Kathleen			0325				
Residential Street Address	City			State	Zip Code				
106 Bishop St		New Haven		СТ	06511-7307				
Principal Occupation		Name of Employ							
Clerical Is contributor a principal of a state contractor or prospective state contractor?			University obbyist, spouse, or	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of		Amot	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes X Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	01/	29/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Suzuki	67	Kenneth		Gr. r	0326				
Residential Street Address 95 Cottage St	City	New Haven		State CT	Zip Code 06511-2403				
Principal Occupation	I	Name of Employ	er		00311-2403				
Clerical			Jniversity						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	or a robbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31?					45.00				
If yes, list Event # Cash Credit/Debit Card	01/	29/2014	\$5.00		\$5.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Eidelson		Sarah			0327				
Residential Street Address	City			State	Zip Code				
25 High St		New Haven		СТ	06511				
Principal Occupation		Name of Employ	er	•	•				
Graphic Design		Local	34						
Is contributor a principal of a state contractor or prospective state contractor?	2		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:		D : 1							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check		2012011	45.00		45.00				
If yes, list Event # No Money Order Credit/Debit Card	01/.	29/2014	\$5.00		\$5.00				
					La . a . a . m .				
Last Name	First			MI	Contribution ID #				
Harrison	C'i	Katie		A	0329				
Residential Street Address	City			State	Zip Code				
25 High St	L	New Haven		СТ	06510-2311				
Principal Occupation		Name of Employ							
Data			HERE	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		1							
government the contract is with:	D-4-	D i 4							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Rersonal Check	01/	20/2014	#F.00		4 F 00				
If yes, list Event # No Money Order Credit/Debit Card	01/.	29/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Nnaemeka	First	Sochie		IVII	0331				
Residential Street Address	City	Sociale		State	Zip Code				
516 Chapel St	City	New Haven		CT	06511-7402				
Principal Occupation		Name of Employ	er	C.	00311 7 102				
Organizer		Local							
			obbyist snouse or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
No Service Personal Check	01/	29/2014	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Myers-McPhail		Jaime			0332				
Residential Street Address	City			State	Zip Code				
190 Mansfield St		New Haven		СТ	06511-3539				
Principal Occupation		Name of Employ	er		•				
Admin		Conne	ecticut Center for a New Ecor	nomy					
Is contributor a principal of a state contractor or prospective state contractor?	n		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: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section 11? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X Cook									
If yes, list Event # No Money Order Credit/Debit Card	01/	29/2014	\$5.00		\$5.00				

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Corbett		Jess			0333				
Residential Street Address	City			State	Zip Code				
359 Norton St		New Haven		СТ	06511-7115				
Principal Occupation		Name of Employ	er						
Lab Tech			Jniversity						
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	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Dute	110001100	1.88.08ate controlations						
No Cash Personal Check	01/	29/2014	\$5.00		\$5.00				
If yes, list Event #			, , , , ,						
Last Name	First			MI	Contribution ID #				
Sharp		Margaret			0334				
Residential Street Address	City			State	Zip Code				
129 Nicoll St		New Haven		СТ	06511-2621				
Principal Occupation		Name of Employ	er						
Organizer		Local							
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent enna e							
government the contract is with: Executive	D-4-	D i 4							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash Personal Check	01/	29/2014	\$5.00		\$5.00				
If yes, list Event #	01/.	29/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Deceus		Stephanie			0335				
Residential Street Address	City			State	Zip Code				
916 Quinnipiac Ave		New Haven		СТ	06513-3300				
Principal Occupation		Name of Employ	er	-	-				
None		Unem	ployed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	I a loooyist:						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Sash Personal Check	01/	29/2014	\$5.00		\$5.00				
If yes, list Event #	01/.	29/2014	\$5.00		\$5.00 				
Last Name	First			MI	Contribution ID #				
Gilchrist		Samuel			0337				
Residential Street Address	City			State	Zip Code				
835 Edgewood Ave		New Haven		СТ	06515-2216				
Principal Occupation		Name of Employ	er						
Interim Political Director		SEIU	Healthcare/ District 1199 NE						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or X Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	a lobbyist?						
government the contract is with:			No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cach X Personal Cheek		20/2014	125.00		+2F 0C				
If yes, list Event # No Money Order Credit/Debit Card	I 01/	29/2014	\$25.00		\$25.00				

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Gary For Senate			Itemized Statement accompan	nying applicat	ion for Public			
B. Itemized Contributions from	T J	Ľ: J1-	Grant - Original					
		lividuais		l	T			
Last Name Plummer	First	Achloy		MI	Contribution ID #			
Residential Street Address	City	Ashley		State	Zip Code			
835 Edgewood Ave	City	New Haven		CT	06515-2216			
Principal Occupation		Name of Employ	er		1 00010 1110			
Student		None						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event listed in Section 31? Cash Regional Check								
If yes, list Event # No Money Order Credit/Debit Card	01/2	29/2014	\$25.00		\$25.00			
T. as				L.,,	Lauren			
Last Name Mills	First	Манаат		MI B	Contribution ID #			
Residential Street Address	City	Margery		State	0339 Zip Code			
11 George St	City	East Haven		CT	06512-4722			
Principal Occupation		Name of Employ	er	<u> </u>	00312 1722			
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
X Cash Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	01/2	29/2014	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Gomez	FIISt	Dorothy		IVII	0340			
Residential Street Address	City	Dorothy		State	Zip Code			
139 Colony Rd		New Haven		СТ	06511-1680			
Principal Occupation	•	Name of Employ	er					
Retired		Retire	ed					
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	o l	dependent child of	n a loodyist:					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Section 1. Section	01/	20/2014	45.00		45.00			
If yes, list Event # Money Order Credit/Debit Card	01/.	29/2014	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Vaughn	1 1100	William			0341			
Residential Street Address	City	-		State	Zip Code			
689 Fountain St		New Haven		СТ	06515-1826			
Principal Occupation	•	Name of Employ	er	•	•			
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	1 a 1000yist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
No No Personal Check	01.	20/2014	#F 00		¢E 00			
If yes_list Event # No Money Order Credit/Debit Card	I 01/	29/2014	\$5.00		\$5.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Gary For Senate			Itemized Statement accompan	ying applicati	on for Public
B. Itemized Contributions from	m Ind	lividuals	Grant - Original		
Last Name	First			MI	Contribution ID #
Chapman		Elsie		В	0342
Residential Street Address	City			State	Zip Code
42 Academy St		New Haven		СТ	06511-6972
Principal Occupation		Name of Employ	er		
None		None			
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	<u> </u>		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	01/	20/2014	#F.00		* F 00
If yes, list Event # No Money Order Credit/Debit Card	01/.	29/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Blackshear	First	Elsie		S	0343
Residential Street Address	City	LISIE		State	Zip Code
78 Olive St	City	New Haven		CT	06511-6987
Principal Occupation		Name of Employ	er	<u> </u>	00311 0307
None		None			
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:			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? X Cash Personal Check					
If yes, list Event # No Money Order Credit/Debit Card	01/	29/2014	\$5.00		\$5.00
J.,	<u> </u>				
Last Name	First			MI	Contribution ID #
Petaway		Diane		E	0344
Residential Street Address	City			State	Zip Code
466 Middletown Ave	<u> </u>	New Haven		СТ	06513-1070
Principal Occupation		Name of Employ			
Retired		Retire		A	nt of Contribution
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	iit of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			86 -8		
No X Cash Personal Check	01/	29/2014	\$5.00		\$5.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Amaker		Amaker		М	0345
Residential Street Address	City			State	Zip Code
54 Ann St		New Haven		СТ	06519-1202
Principal Occupation		Name of Employ	er		
None		None			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt 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 a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
No No Personal Check	01.	20/2014	* F 00		¢Ε.00
If yes, list Event # No Money Order Credit/Debit Card	I 01/	29/2014	\$5.00	1	\$5.00

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I MONETADY DECEMBER (Continue A D									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Owens		Jean			0346				
Residential Street Address	City			State	Zip Code				
11 Read St		New Haven		СТ	06511-1120				
Principal Occupation	•	Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt 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:			x _{No}						
Is this contribution associated with a	Date	Received	Aggregate Contributions	1					
rundraising event fisted in Section 31?									
U No I □ □	01/	29/2014	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Jeffers		Paula		A	0347				
Residential Street Address	City			State	Zip Code				
14 Daisy St	ا ا	New Haven		СТ	06511-1005				
Principal Occupation		Name of Employ	er	1	00011 1000				
Retired		Retire							
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	37	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Б.	D : 1		l					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	01/	29/2014	\$5.00		\$5.00				
<u> </u>				1					
Last Name	First			MI	Contribution ID #				
Nuzzello		Joseph		Р	0348				
Residential Street Address	City			State	Zip Code				
331 2nd Ave		West Haven		СТ	06516-5133				
Principal Occupation		Name of Employ	er						
Security Officer		Secur	rities	_					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst:						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
Tundraising event instead in Section 31:									
If yes, list Event # Cash Credit/Debit Card	01/	29/2014	\$5.00		\$5.00				
Noney order Cadabon Cada									
Last Name	First			MI	Contribution ID #				
McAlpine		Ryan		С	0349				
Residential Street Address	City			State	Zip Code				
59 Ellsworth St		West Haven		СТ	06516-1107				
Principal Occupation		Name of Employ	er		_				
Preload		UPS							
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a	Date	Received	Aggregate Contributions]					
Tundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	01/	29/2014	\$5.00		\$5.00				
11 Journal Circuit Debit Cald									

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Gary For Senate			Itemized Statement accompan	ying applicat	tion for Public			
B. Itemized Contributions from	m Ind	lividuale	Grant - Original					
		iiviuuais		MI	Contribution ID #			
Last Name Forsyth	First	David		R R	0352			
Residential Street Address	City	Daviu		State	Zip Code			
38 Cullen Ave	City	West Haven		CT	06516-1234			
Principal Occupation	٠	Name of Employ	er	<u> </u>	1 00010 120			
Building Manager		City o	f West Haven					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Section 119 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # No Money Order Credit/Debit Card	01/2	29/2014	\$5.00		\$5.00			
	L .			I	T			
Last Name	First			MI	Contribution ID #			
Esposito Residential Street Address	City	Louis		State	0275 Zip Code			
56 Lakeview Ave	City	West Haven		CT	06516-1027			
Principal Occupation		Name of Employ	er	Ci	00310-1027			
Legislator		State						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # No Money Order Credit/Debit Card	01/2	29/2014	\$50.00		\$50.00			
	I .			<u> </u>				
Last Name	First			MI	Contribution ID #			
Suggs Residential Street Address	City	Christopher		State	0276 Zip Code			
152 Terrace Ave	City	West Haven		CT	06516-2630			
Principal Occupation		Name of Employ	er	<u> </u>	00310 2030			
Finance			lview LLC					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
Yes 🔼 N	0	dependent child of	<u> </u>					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # No Money Order Credit/Debit Card	01/2	29/2014	\$50.00		\$50.00			
				l	I			
Last Name	First	A III: -		MI	Contribution ID #			
Perry Residential Street Address	City	Alllie		State	0291 Zip Code			
247 Saint Ronan St	City	New Haven		CT	06511-2313			
Principal Occupation	-	Name of Employ	er	<u> </u>	1 00311 2313			
pastoral counselor			mployed					
Is contributor a principal of a state contractor or prospective state contractor?			obbvist, spouse, or	Amou	unt of Contribution			
	0	dependent child of						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions]				
Tunidralising event listed in Section 31:								
If yes, list Event # No	01/2	29/2014	\$100.00		\$100.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Gary For Senate Itemized Statement accompanying application for Pub					ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Chernoff		Deborah		R	0336			
Residential Street Address	City			State	Zip Code			
2151 Chapel St		New Haven		СТ	06515-2706			
Principal Occupation		Name of Employ						
Communications Director			England Health Care Employe					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	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		acpendent enna	x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
No Cash Personal Check	01/2	29/2014	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Brown		Ralph		Т	0350			
Residential Street Address	City			State	Zip Code			
56 Highview Ave		West Haven		СТ	06516-1022			
Principal Occupation		Name of Employ						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		F	x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Bute	Received	riggiogate contributions					
No Cash X Personal Check	01/	29/2014	\$5.00		\$5.00			
If yes, list Event #	,							
Last Name	First			MI	Contribution ID #			
Brown		Carroll		Е	0351			
Residential Street Address	City			State	Zip Code			
56 Highview Ave		West Haven		СТ	06516-1022			
Principal Occupation		Name of Employ	er					
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	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			x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Duite	10001100	riggregate contributions					
No Cash Personal Check	01/2	29/2014	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Hovarth		Patricia			0304			
Residential Street Address	City			State	Zip Code			
122 Wilson Ave		West Haven		СТ	06516-6300			
Principal Occupation		Name of Employ						
Registrar of Voters		· ·	of West Haven					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
No No No No Cord to Cord to Cord	01/2	29/2014	\$20.00		\$20.00			
If yes, list Event #	1			ı				

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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					
Gary For Senate			Itemized Statement accompan	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals	Grant - Original		
Last Name	First			MI	Contribution ID #
Carney		Kenneth		ا ر	0308
Residential Street Address	City			State	Zip Code
45 Green Hill Rd		Orange		СТ	06477-1211
Principal Occupation		Name of Employ	er		
Construction		Baybr	ook Remodelers Inc		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a foodyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a Gundanicing event listed in Section 112	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? X Cash Personal Check					
If yes, list Event # No Money Order Credit/Debit Card	01/2	29/2014	\$5.00		\$5.00
, , , , , , , , , , , , , , , , , , ,				l	
Last Name	First			MI	Contribution ID #
Paine		M. Toni			0298
Residential Street Address	City			State	Zip Code
7 Woody Crst	Щ,	West Haven		СТ	06516-7245
Principal Occupation		Name of Employ	er		
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent enna e			
government the contract is with: Executive Legislative					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	04.0	20/2014	+5.00		+5.00
If yes, list Event # No Money Order Credit/Debit Card	01/.	29/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Myers	First	Richard		IVII	0316
Residential Street Address	City	Riciiaiu		State	Zip Code
225 Winthrop Ave	City	New Haven		CT	06511-5154
Principal Occupation		Name of Employ	er	<u> </u>	00311 3134
Electrician Assistant			Jniversity		
T			obbyist, spouse, or	Amou	ınt of Contribution
Yes 🔼 No	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Tadai anggilagian anggilagian anggilagian	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes Yes X Cash Personal Check					
U No I ☐ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	01/2	29/2014	\$5.00		\$5.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Lowendorf		Henry			0295
Residential Street Address	City			State	Zip Code
42 Young St		New Haven		СТ	06511-2953
Principal Occupation		Name of Employ	er	-	-
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event risted in Section 31?					
If yes list Event # No	01/2	29/2014	\$15.00		\$15.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Gary For Senate			Itemized Statement accompan	ying applicat	ion for Public			
B. Itemized Contributions from	m Ind	lividuale	Grant - Original					
		iiviuuais		MI	Contribution ID #			
Last Name Esposito	First	Kathleen		MII	0286			
Residential Street Address	City	Ratificeti		State	Zip Code			
56 Lakeview Ave	City	West Haven		CT	06516-1027			
Principal Occupation	٠	Name of Employ	er	<u> </u>	00010 1027			
None		None						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	int 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 a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # No Money Order Credit/Debit Card	01/2	29/2014	\$10.00		\$10.00			
				l	I			
Last Name	First	6		MI	Contribution ID #			
Weisselberg Residential Street Address	City	Susan		E State	0353 Zip Code			
47 Oliver Rd	City	New Haven		CT	06515-2735			
Principal Occupation		Name of Employ	er	<u> </u>	00313-2733			
Administrator		1 ,	Haven Public Schools					
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:			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Representation Listed in Section J1? Cash Representation Listed in Section J1?								
If yes, list Event # No Money Order Credit/Debit Card	01/2	29/2014	\$100.00		\$100.00			
	I .			<u> </u>	Г			
Last Name	First	14.11		MI	Contribution ID #			
Keane Residential Street Address	City	Kelly		State	0358 Zip Code			
53 White Deer Rock Rd	City	Middlebury		CT	06762-1313			
Principal Occupation		Name of Employ	er	<u> </u>	00702 1313			
N/A			ployed					
			obbyist, spouse, or	Amou	nt of Contribution			
Yes 🔼 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 a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event fisted in Section 31?								
If yes, list Event # Cash Credit/Debit Card	01/3	30/2014	\$5.00		\$5.00			
				l				
Last Name	First	Duitere		MI	Contribution ID #			
Keane Residential Street Address	City	Brian		State	0359			
53 White Deer Rock Rd	City	Middlebury		CT	Zip Code 06762-1313			
Principal Occupation	_	Name of Employ	er	<u> </u>	00702 1313			
ІТ		Yale						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions]				
— Downsol Chesh								
If yes, list Event # No	01/3	30/2014	\$5.00		\$5.00			

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I MONETA DV DECEMBER (C. P. A. D.									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gary For Senate Itemized Statement accompanying application for Public									
Gary For Senate Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Keane		Connor			0360				
Residential Street Address	City			State	Zip Code				
53 White Deer Rock Rd		Middlebury		СТ	06762-1313				
Principal Occupation		Name of Employ	er						
N/A		Unem	ployed						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt 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 a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	01/	30/2014	\$5.00		\$5.00				
in you, in a state of the control of									
Last Name	First			MI	Contribution ID #				
Keane		Nolan			0361				
Residential Street Address	City			State	Zip Code				
53 White Deer Rock Rd		Middlebury		СТ	06762-1313				
Principal Occupation		Name of Employ	er						
N/A		Unem	ployed						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt 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 a Yes Yes	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	01/	30/2014	\$5.00		\$5.00				
				<u> </u>					
Last Name	First			MI	Contribution ID #				
Keane		Logan			0362				
Residential Street Address	City			State	Zip Code				
53 White Deer Rock Rd		Middlebury		СТ	06762-1313				
Principal Occupation		Name of Employ							
N/A			ployed						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (•						
government the contract is with: Executive Legislative			x _{No}	_					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cook Revenuel Cheek		20/201	45.00						
If yes, list Event # Cash Credit/Debit Card	01/	30/2014	\$5.00		\$5.00				
-									
Last Name	First			MI	Contribution ID #				
Keane		Brennan		_	0363				
Residential Street Address	City			State	Zip Code				
53 White Deer Rock Rd		Middlebury		СТ	06762-1313				
Principal Occupation		Name of Employ							
N/A			ployed		nt of Containation				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative	Б.	D i d		-					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash Personal Check	C1 /	20/2014	* F 00		¢E 00				
If yes, list Event # No Money Order X Credit/Debit Card	01/3	30/2014	\$5.00	1	\$5.00				

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A MONETA DV DE CENTRO (C. C. A. D.									
I. MONETARY RECEIPT	S (Se	ection A-I)	I TYPE OF PERONT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Itemized Statement accompanying application for Public									
Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Keane		Hunter			0364				
Residential Street Address	City			State	Zip Code				
53 White Deer Rock Rd		Middlebury		CT	06762-1313				
Principal Occupation		Name of Employ	er						
N/A		Unem	ployed						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt 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 a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	01/3	30/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Keane		Declan			0365				
Residential Street Address	City			State	Zip Code				
53 White Deer Rock Rd		Middlebury		СТ	06762-1313				
Principal Occupation		Name of Employ	er						
n/a		unem	ployed						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt 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 a Yes Yes	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	01/3	30/2014	\$5.00		\$5.00				
3.9									
Last Name	First			MI	Contribution ID #				
Houlihan		John			0366				
Residential Street Address	City			State	Zip Code				
131 Oak St		Hartford		СТ	06106-1515				
Principal Occupation		Name of Employ							
attorney		Risca	ssi & Davis, P.C.						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child (*						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cook Regional Cheek									
If yes, list Event # No Money Order X Credit/Debit Card	01/3	30/2014	\$100.00		\$100.00				
-									
Last Name	First			MI	Contribution ID #				
Felton-reid		Hilary			0367				
Residential Street Address	City			State	Zip Code				
12 Carriage Dr	ļ	Simsbury		СТ	06070-2163				
Principal Occupation		Name of Employ							
Lobbyist			son&Cole, LLP						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child (x No						
government the contract is with: Executive Legislative									
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
— III Cook December Charles	١.								
If yes, list Event # Cash Credit/Debit Card	01/3	30/2014	\$100.00		\$100.00				

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I MONETA BY DECEMBER (C. P. A. D.									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Itemized Statement accompanying application for Public									
Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Baril		Robert			0368				
Residential Street Address	City			State	Zip Code				
58 Downing St		New Haven		СТ	06513-3220				
Principal Occupation		Name of Employ	er						
Union Organizer		Distri	ct 1199/SEIU						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt 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 a	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
│	01/	30/2014	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Blinstrubas		Matthew			0371				
Residential Street Address	City			State	Zip Code				
720 Bergen St		Brooklyn		NY	11238-3664				
Principal Occupation		Name of Employ	er						
Philantrhopy		Elton	John AIDS Foundation						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	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 a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check No	01/	30/2014	\$10.00		\$10.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Johnson		Rae			0376				
Residential Street Address	City			State	Zip Code				
47 Button St		New Haven		СТ	06519-2417				
Principal Occupation		Name of Employ	er						
Graphic Designer		Self E	imployed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Tarthia contribution accorded with a Mathed of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes Yes Remod of contribution: Yes Responsible Check									
U No ☐ □	01/	30/2014	\$25.00		\$25.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Gogliettino		Ralph		J	0379				
Residential Street Address	City			State	Zip Code				
12 Hunting Ridge Farms Rd		Branford		СТ	06405-6127				
Principal Occupation		Name of Employ	er						
Port Security Inc.		Self							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or X Yes	Amou	nt of Contribution				
	,	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			□ No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash X Personal Check No	01/	30/2014	\$100.00		\$100.00				
in yes, hat invent # Linds with with the credit/Debit Card	i			i					

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I MONETA DV DECEIDTS (C L A. D.									
I. MONETARY RECEIPT	5 (50	ection A-I)	TYPE OF PEROPE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gary For Senate Itemized Statement accompanying application for Public									
Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Huang		Nina		K	0381				
Residential Street Address	City			State	Zip Code				
1401 Chapel St		New Haven		CT	06511-4425				
Principal Occupation		Name of Employ	er						
Operations Director		Grass	roots Strategies Inc						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			□ No						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	01/3	30/2014	\$10.00		\$10.00				
in yes, its Event ii									
Last Name	First			MI	Contribution ID #				
Stover		Keith			0382				
Residential Street Address	City			State	Zip Code				
33 Notch Rd		West Simsbu	ry	СТ	06092-2710				
Principal Occupation		Name of Employ	er						
Lobbyist		Robin	son & Cole						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			No						
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	01/3	30/2014	\$100.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Holbrook		Sidney			0383				
Residential Street Address	City			State	Zip Code				
455 Essex Rd		Westbrook		CT	06498-3547				
Principal Occupation		Name of Employ	er						
Executive Director		GNHV	VPCA						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			□ No						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # No Money Order Credit/Debit Card	01/3	30/2014	\$100.00		\$100.00				
11 yes, list Event #									
Last Name	First			MI	Contribution ID #				
Balletto		Dominic			0384				
Residential Street Address	City			State	Zip Code				
965 Route 80		Guilford		СТ	06437-1217				
Principal Occupation		Name of Employ	er						
Accountant		Self							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	ii a loodyist?						
government the contract is with: Executive Legislative			□ No						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
Tundraising event listed in Section J1?	l								
If yes, list Event # Cash Credit/Debit Card	01/3	30/2014	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Gary For Senate	ying applicat	ion for Public						
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Loffredo		Vincent		J	0385			
Residential Street Address	City	National Control		State	Zip Code			
90 Dora Dr	<u> </u>	Middletown		СТ	06457-4163			
Principal Occupation Director of Political Relations		Name of Employ CEA	er					
Is contributor a principal of a state contractor or prospective state contractor?	_		obbyist, spouse, or x Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	J	dependent child of	or a robbyist?					
government the contract is with:			No					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	01/	30/2014	\$100.00		\$100.00			
If yes, list Event #	01/.	30/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Keyes		John		Α	0386			
Residential Street Address	City			State	Zip Code			
63 Marvel Rd		New Haven		СТ	06515-2117			
Principal Occupation		Name of Employ	er		•			
Attorney		Proba	te Judge	-				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of						
government the contract is with: Executive Legislative			□ No					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	01/	30/2014	\$100.00		\$100.00			
If yes, list Event #	01/.	30/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Depino		Chris			0387			
Residential Street Address	City			State	Zip Code			
1160 Townsend Ave		New Haven		СТ	06512-1931			
Principal Occupation		Name of Employ	er					
Government Relations		Self						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or a lobbyist? Yes	Amou	ınt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			No					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			1.99.18					
No Cash X Personal Check	01/	30/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Cornin Hughes		Jean			0388			
Residential Street Address	City			State	Zip Code			
88 Sheffield St	<u> </u>	Old Saybrool		СТ	06475-2307			
Principal Occupation		Name of Employ						
Lobbyist Is contributor a principal of a state contractor or promoctive state contractor?			es & Cornin	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or f a lobbyist?	Amou	an or Contribution			
If yes, indicate which branch or branches of Executive Legislative			□ No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Gash Responsal Check								
If yes, list Event # Cash Resonal Check No Money Order Credit/Debit Card	01/	30/2014	\$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)					
Gary For Senate Itemized Statement accompan					ion for Public
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Hughes		Carroll			0454
Residential Street Address	City			State	Zip Code
88 Sheffield St		Old Saybrook		СТ	06475-2307
Principal Occupation		Name of Employe			
Lobbyist			es and Cronin		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			□ No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Cash Responsible Cash Cash Responsible Cash					
If yes, list Event # No Money Order Credit/Debit Card	01/	30/2014	\$100.00		\$100.00
In you, and I want of the control of					
Last Name	First			MI	Contribution ID #
Kinney		Stephen			0389
Residential Street Address	City			State	Zip Code
20 Cromwell Pl		Old Saybrook		СТ	06475-2512
Principal Occupation		Name of Employe			
Lobbyist			ey Bennett	۸	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amot	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	□ No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Dute	Received	Aggregate Controlations		
No Cash X Personal Check	01/	30/2014	\$100.00		\$100.00
If yes, list Event #	,		Ţ		
Last Name	First			MI	Contribution ID #
Santos		Julia		М	0390
Residential Street Address	City			State	Zip Code
108 Martin St		West Haven		СТ	06516-5054
Principal Occupation		Name of Employ	er		
Attorney		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent cinia o	a lobbyist:		
government the contract is with: Executive Legislative			No No		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	01/	30/2014	\$15.00		\$15.00
If yes, list Event #	01/	30/2014	\$15.00		\$15.00
Last Name	First			MI	Contribution ID #
Hammersley		Robert		w	0394
Residential Street Address	City			State	Zip Code
358 Hobart St		Southington		СТ	06489-3337
Principal Occupation	•	Name of Employ	er		
Program Manager		Divers	sified Technology Consultants	S	
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or X Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	O	dependent child of	a lobbyist?		
government the contract is with: Executive Legislative			No		
Is this contribution associated with a fundraising event listed in Section 11? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Charles X Dannard Charles					
If yes, list Event # Cash Credit/Debit Card	01/	30/2014	\$30.00		\$30.00

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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		
Gary For Senate Itemized Statement accompan					ion for Public
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Parker		Janette		J	0395
Residential Street Address	City			State	Zip Code
315 Eastern St	L,	New Haven		СТ	06513-2522
Principal Occupation		Name of Employe			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	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 a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Cash Responsible Cash Cash Responsible Cash					
If yes, list Event # No Money Order Credit/Debit Card	01/3	30/2014	\$50.00		\$50.00
	I			l	I a
Last Name	First	D: 1 1		MI	Contribution ID #
Balducci Residential Street Address	City	Richard		J State	0396 Zip Code
245 River Rd	City	Doop Bivor		CT	06417-2117
Principal Occupation	L	Deep River Name of Employe	er	CI	00417-2117
Lobbyist			, D'Amore & Balducci		
			obbyist, spouse, or	Amou	ınt of Contribution
Yes X N	0	dependent child of	X Vac		
If yes, indicate which branch or branches of government the contract is with:			□ No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Cash Resonal Check					
If yes, list Event # No Money Order Credit/Debit Card	01/3	30/2014	\$100.00		\$100.00
I yes, list Event " Eteal Debit Cala	<u> </u>				
Last Name	First			MI	Contribution ID #
Murrell		Kia		F	0398
Residential Street Address	City	6 1 11		State	Zip Code
7 Brittany Ct		Cheshire		СТ	06410-3749
Principal Occupation Lobbyist		Name of Employer Self	er		
			obbyist, spouse, or	Amou	unt of Contribution
is contributor a principal of a state contractor or prospective state contractor?	o	dependent child o	of a lobbyist?	1 111100	an or commount
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			□ No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidaising event listed in Section 31?					
If yes, list Event # No Season	01/3	30/2014	\$60.00		\$60.00
				l	I
Last Name	First			MI	Contribution ID #
Flood	C'i	Brian		Gr. r	0399
Residential Street Address 206 Middle Haddam Rd	City	Portland		State CT	Zip Code 06480-1764
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00480-1704
Attorney			lood Law Firm, LLC		
			obbyist, spouse, or	Amou	ınt of Contribution
Yes X 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 a Method of contribution:	Date	Received	Aggregate Contributions	1	
Parsonal Charles					
If yes, list Event # No Anney Order Credit/Debit Card	01/3	30/2014	\$10.00		\$10.00

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	0 (0						
I. MONETARY RECEIPT	S (S	ection A-I)	I TYPE OF DEDORE				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Gary For Senate Itemized Statement accompanying application for Public Grant - Original							
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Flood		Rachel			0401		
Residential Street Address	City			State	Zip Code		
206 Middle Haddam Rd		Portland		CT	06480-1764		
Principal Occupation		Name of Employ	er				
Practice Manager		Bergii	n & Fraser LLC				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of	-	dependent child of	of a fobbyist?				
government the contract is with:			x _{No}				
Is this contribution associated with a fundraicing event licted in Section 112	Date	Received	Aggregate Contributions				
Personal Check							
If yes, list Event # No Money Order X Credit/Debit Card	01/	30/2014	\$10.00		\$10.00		
				l			
Last Name	First			MI	Contribution ID #		
Ferreira		Luisa alexan	dra		0405		
Residential Street Address	City			State	Zip Code		
826 Fountain St		Woodbridge		СТ	06525-2602		
Principal Occupation		Name of Employ	er				
organizer		none					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of		dependent child of					
government the contract is with:			x _{No}				
Is this contribution associated with a Sociate 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1? Cash Personal Check							
If yes, list Event # No Money Order X Credit/Debit Card	01/	30/2014	\$100.00		\$100.00		
-				<u>!</u>	r		
Last Name	First			MI	Contribution ID #		
Swan		Thomas			0407		
Residential Street Address	City			State	Zip Code		
155 Standish Rd		Coventry		СТ	06238-2045		
Principal Occupation		Name of Employ					
Exec. Director		CCAG					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of			· —				
government the contract is with:	В.	D : 1					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
No Cash Personal Check	01/	20/2014	#3F 00		\$25.00		
If yes, list Event # Money Order X Credit/Debit Card	01/.	30/2014	\$25.00		\$25.00		
Last Name	First			MI	Contribution ID #		
Hamilton - Toles	FIISt	Diane		IVII	0408		
Residential Street Address	City	Diane		State	Zip Code		
PO Box 6726	City	Hamden		CT	06517-0726		
Principal Occupation		Name of Employ	or.	Ci	00317-0720		
Service Representative		AT&T					
			abbyist spaysa or	Amou	unt of Contribution		
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	7 111/00	commound		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1			
fundraising event listed in Section J1?			200 John Jan 2015				
No Cash Personal Check	01/	30/2014	\$25.00		\$25.00		
If yes, list Event # Money Order X Credit/Debit Card	I/	,	4-5.55		,		

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Martin		Sandra			0410				
Residential Street Address	City			State	Zip Code				
298 Eastern St		New Haven		СТ	06513-2525				
Principal Occupation		Name of Employ	er	-	•				
social innovator		Conne	ecticut Center for Social Inno	vation Inc.					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If was indicate which branch or branches of	5	dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	01/	30/2014	\$25.00		\$25.00				
In you, and a real and									
Last Name	First			MI	Contribution ID #				
Jainchill		Michael			0413				
Residential Street Address	City			State	Zip Code				
50 Brian Ln		Avon		СТ	06001-3518				
Principal Occupation		Name of Employ	er						
Attorney			ssi & Davis, P.C.						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ınt of Contribution				
If yes, indicate which branch or branches of		dependent ennu (<u></u>						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	01/	30/2014	\$10.00		\$10.00				
				l	T				
Last Name	First			MI	Contribution ID #				
Pisani	a:	Damian		L	0414				
Residential Street Address	City			State	Zip Code				
91 Rock Creek Rd	<u> </u>	New Haven		СТ	06515-1207				
Principal Occupation Sheetmetal Worker		Name of Employ	er metal Workers' Union						
			obbyist, spouse, or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of	37	Amot	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?			86 .8						
No Sash Personal Check	01/	30/2014	\$5.00		\$5.00				
If yes, list Event #		<i>'</i>			·				
Last Name	First			MI	Contribution ID #				
Smith		Leander		R	0415				
Residential Street Address	City			State	Zip Code				
242 Division St		New Haven		СТ	06511-1820				
Principal Occupation	•	Name of Employ	er	•	•				
Sheet metal worker		Sheet	Metal Local 40						
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	U	dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tunidaising event listed in Section 31:									
If yes, list Event # No Money Order Credit/Debit Card	01/	30/2014	\$5.00		\$5.00				

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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									
Gary For Senate Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Eaton		William		М	0416				
Residential Street Address	City			State	Zip Code				
27 Holcomb St		West Haven		СТ	06516-7212				
Principal Occupation		Name of Employ							
Sheet metal worker			: Metal Worker Local 40						
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or Yes Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
X Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	01/	30/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Smith		Kevin		A	0417				
Residential Street Address	City			State	Zip Code				
884 Whalley Ave		New Haven		СТ	06515-1777				
Principal Occupation		Name of Employ	er	•					
SM-2 Journeyperson		Sheet	: Metal Workers' local 40						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Buie	110001100	riggregate contributions						
If yes, list Event # No X Cash Personal Check Money Order Credit/Debit Card	01/	30/2014	\$5.00		\$5.00				
				l	G . 7				
Last Name Hernandez	First			MI	Contribution ID # 0418				
Residential Street Address	City	Nelly		State	Zip Code				
15 North St	City	West Haven		CT	06516-4744				
Principal Occupation		Name of Employ	er	<u> </u>					
Sheet metal worker		Sheet	: Metal Workers' Local 40						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a followist:						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
No No Personal Check		20/2011	45.00		15.00				
If yes, list Event # No Money Order Credit/Debit Card	01/.	30/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Pannone		Gayle		w	0419				
Residential Street Address	City			State	Zip Code				
25 Parker Ave		West Haven		СТ	06516-6316				
Principal Occupation		Name of Employ	er						
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		acpendent ennu (x No						
government the contract is with: Legislative Legislative Legislative	Б.	Pagain-1							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Sash Personal Check	01/	30/2014	\$5.00		\$5.00				
If yes, list Event #	Ι΄	•	,	1					

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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						
Gary For Senate Itemized Statement accompan					on for Public	
B. Itemized Contributions from	m Ind	lividuals	Grant - Original			
Last Name	First			MI	Contribution ID #	
Pannone		Frank		J	0420	
Residential Street Address	City			State	Zip Code	
25 Parker Ave		West Haven		СТ	06516-6316	
Principal Occupation		Name of Employe	er			
Retired		Retire	d			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or General Advanced Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of		dependent child o	<u> </u>			
government the contract is with:			x No			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
Cash Personal Check	01/	20/2014	#F.00		4 F.00	
If yes, list Event # No Money Order Credit/Debit Card	01/.	30/2014	\$5.00		\$5.00	
Last Name	First			MI	Contribution ID #	
Dunleavy	First	Martin		IVII	0421	
Residential Street Address	City	Martin		State	Zip Code	
97 W Prospect St	City	New Haven		CT	06515-1608	
Principal Occupation	Ь	Name of Employe	er	CI	00313-1000	
House Clerk			of Connecticut			
			obbyist, spouse, or	Amou	nt of Contribution	
Yes X No	0	dependent child o	Vac			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}			
Is this contribution associated with a Mathed of contribution	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1? Yes Yes Responsible to the controllion.						
U No I ☐ □	01/3	30/2014	\$50.00		\$50.00	
If yes, list Event #						
Last Name	First			MI	Contribution ID #	
La Luz		Angie		L	0422	
Residential Street Address	City			State	Zip Code	
103 Grand Ave		New Haven		СТ	06513-3944	
Principal Occupation		Name of Employe	er			
Translator		New H	laven Probate Court			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child o	obbyist, spouse, or Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of		аерепаені сппа о	a lobbyist:			
government the contract is with: Executive Legislative			x No			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
No No Personal Check		20/2014				
If yes, list Event # No Money Order Credit/Debit Card	01/.	30/2014	\$100.00		\$100.00	
LadVana	First	•		M	Ct-ib-ti ID#	
Last Name	First	Dovanno		MI	Contribution ID #	
Hayes Residential Street Address	City	Roxanne		State	0423 Zip Code	
971 Elm St	City	New Haven		CT	06511-4055	
Principal Occupation		Name of Employe	er	<u> </u>	00311 4033	
Clerk			f New Haven			
		-	obbyist, spouse, or	Amou	nt of Contribution	
Yes X No	0	dependent child o	Vac			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}			
government the contract is with.	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1? Yes Yes Remod of contribution: Yes Responsible Check						
If yes list Event #	01/3	30/2014	\$5.00		\$5.00	

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Gary For Senate Itemized Statement accompanying application for F								
B. Itemized Contributions from	m Ind	lividuals	-					
Last Name Marsoobian	First	Armen		MI	Contribution ID # 0425			
Residential Street Address	City			State	Zip Code			
160 Little Meadow Rd		Guilford		СТ	06437-2023			
Principal Occupation	-	Name of Employ	er	-	•			
Professor		South	ern Connecticut State Univer	rsity				
Is contributor a principal of a state contractor or prospective state contractor? Yes N	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 a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1? Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	01/3	30/2014	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
McCullough	Tilst	Danny		IVII	0427			
Residential Street Address	City	24,		State	Zip Code			
75 Wenham St		West Haven		СТ	06516-1431			
Principal Occupation		Name of Employ	er					
Counselor		APT F	oundation Bridgeport, CT					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
No X Cash Personal Check	01/	30/2014	\$30.00		\$25.00			
If yes, list Event #	01/.	30/2014	\$50.00		¥25.00			
Last Name	First			MI	Contribution ID #			
McCullough		Haley			0429			
Residential Street Address	City			State	Zip Code			
75 Wenham St	<u> </u>	West Haven		СТ	06516-1431			
Principal Occupation		Name of Employ						
Life Coach		Accor		1 4				
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	V	Alliot	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes X Cash Personal Check								
If yes, list Event # No X Cash Personal Check Money Order Credit/Debit Card	01/3	30/2014	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
McCullough		Danny			0430			
Residential Street Address	City			State	Zip Code			
75 Wenham St	<u> </u>	West Haven		СТ	06516-1431			
Principal Occupation		Name of Employ						
Student		Stude						
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	Is contributor a l 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 a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			30 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
No No Personal Check	01/3	30/2014	\$30.00		\$5.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
McCullough		Brenda			0431				
Residential Street Address	City			State	Zip Code				
75 Wenham St		West Haven		СТ	06516-1431				
Principal Occupation Retired		Name of Employ Retire							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
Yes X N If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	04.0	20/204.4	+10.00		+40.00				
If yes, list Event # No Money Order Credit/Debit Card	01/.	30/2014	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Ross		Shekeitha			0428				
Residential Street Address	City			State	Zip Code				
11 Bedford Ave		Norwalk		СТ	06850-3841				
Principal Occupation		Name of Employ	er						
Therapist			oundation						
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	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna c							
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No X Cash Personal Check	01/	30/2014	\$10.00		\$10.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Lovette		Eugene			0432				
Residential Street Address	City			State	Zip Code				
76 Sanford St	<u> </u>	West Haven		СТ	06516-2350				
Principal Occupation		Name of Employ							
Marshal			al Branch obbyist, spouse, or	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	Vac	Amot	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	01/	30/2014	\$5.00		\$5.00				
	Б			L					
Last Name Yolen	First	Susan		MI	Contribution ID # 0433				
Residential Street Address	City	Justin		State	Zip Code				
267 McKinley Ave		New Haven		СТ	06515-2011				
Principal Occupation		Name of Employ	er	!					
Vice President		Plann	ed Parenthood of Southern N	lew Englan	d				
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	a loodyist?						
government the contract is with:	D.	Di1							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash Personal Check	01/	30/2014	\$25.00		\$25.00				
If yes list Event # Money Order X Credit/Debit Card	I,	•	, =:==	I	•				

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT										
Gary For Senate Itemized Statement accompanying application for Public Grant - Original										
B. Itemized Contributions from Individuals										
Last Name	First			MI	Contribution ID #					
Little		Michele		R	0435					
Residential Street Address	City			State	Zip Code					
280 Campbell Ave		West Haven		СТ	06516-5312					
Principal Occupation Name of Employer Custodian WH Board of Ed										
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution					
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?							
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions							
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions							
If yes, list Event # No X Cash Personal Check Oredit/Debit Card	01/	30/2014	\$5.00		\$5.00					
Last Name	First			MI	Contribution ID #					
Eberle		Lisa		A	0436					
Residential Street Address	City			State	Zip Code					
455 3rd Ave		West Haven		СТ	06516-5002					
Principal Occupation		Name of Employ	er	-						
Paraprofessional			oard of Ed							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna e	x No							
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions							
Inducatising event fisted in Section 11? X Cash Personal Check Pe	01/	30/2014	\$5.00		\$5.00					
If yes, list Event #										
Last Name	First			MI	Contribution ID #					
Salzo		Jason			0437					
Residential Street Address	City	West Haven		State	Zip Code 06516-4830					
782 W Main St Principal Occupation	<u> </u>	West Haven Name of Employ	er	СТ	06516-4830					
None			ployed							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution					
Yes A N	0	dependent child of								
If yes, indicate which branch or branches of government the contract is with:			x _{No}							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions							
X Coch Barsonal Cheek	0.11	20/2011	45.00		45.00					
If yes, list Event # Credit/Debit Card Money Order Credit/Debit Card	01/.	30/2014	\$5.00		\$5.00					
Last Name	First			MI	Contribution ID #					
Salzo		Natalie			0438					
Residential Street Address	City			State	Zip Code					
782 W Main St		West Haven		СТ	06516-4830					
Principal Occupation		Name of Employ								
Secretary Leadurable to a principal of a state contractor or promochine state contractor?			ployed	Amou	out of Contribution					
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or	Amou	ant of Contribution					
If yes, indicate which branch or branches of Executive Legislative			x _{No}							
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions							
fundraising event listed in Section J1? Yes X Cash Personal Check										
If yes, list Event # No No No No Personal Check	01/	30/2014	\$5.00		\$5.00					

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gary For Senate Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Salzo		Dave			0440				
Residential Street Address	City			State	Zip Code				
782 W Main St	L	West Haven		СТ	06516-4830				
Principal Occupation Custodian		Name of Employ	er oard of Ed						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X Cash Personal Check	01/	20/2014	¢E 00		¢E 00				
If yes, list Event # Money Order Credit/Debit Card	01/.	30/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Chacho		Stephen		P	0441				
Residential Street Address	City			State	Zip Code				
32 Wade St		West Haven		СТ	06516-1931				
Principal Occupation		Name of Employe	er						
Unemployed			ployed	1					
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
No No Personal Check	01/	30/2014	\$5.00		\$5.00				
If yes, list Event#									
Last Name	First			MI	Contribution ID #				
Ivey		Stephanie		Α	0442				
Residential Street Address	City			State	Zip Code				
23 Terrace Ave	<u> </u>	West Haven		СТ	06516-2628				
Principal Occupation Unemployed		Name of Employ	ployed						
. ,			· ·	Amor	int of Contribution				
Yes A N	О	dependent child o							
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
Tundraising event risted in Section 31?									
If yes, list Event # No Money Order Credit/Debit Card	01/	30/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Cowan	Thist	Mark		A	0443				
Residential Street Address	City			State	Zip Code				
587 Washington Ave		West Haven		СТ	06516-4421				
Principal Occupation		Name of Employ	er		•				
Unemployed		Unem	ployed						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent emid (
government the contract is with:	D-4	Pagaiyad							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Service Personal Check	01/	30/2014	\$5.00		\$5.00				
If yes_list Event # Money Order Credit/Debit Card	1			ı					

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I MONETA DV DECEME	0 (0	4° A T					
I. MONETARY RECEIPT	5 (50	ection A-I)	I TYPE OF DEDONA				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Gary For Senate Itemized Statement accompanying application for Public Grant - Original							
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Recchia		Edward			0444		
Residential Street Address	City			State	Zip Code		
87 Hinman St		West Haven		СТ	06516-1634		
Principal Occupation		Name of Employ	er				
Administrative clerk		Unem	ployed				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt 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 a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1? X Cash Personal Check							
If yes, list Event # Cash Credit/Debit Card	01/3	30/2014	\$5.00		\$5.00		
in yes, list Event #							
Last Name	First			MI	Contribution ID #		
Blair		Tiffany			0445		
Residential Street Address	City			State	Zip Code		
441 2nd Ave		West Haven		СТ	06516-5137		
Principal Occupation		Name of Employ	er				
Unemployed		Unem	ployed				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution		
)	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 a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
U No ☐ □ ··································	01/3	30/2014	\$5.00		\$5.00		
If yes, list Event #							
Last Name	First			MI	Contribution ID #		
Tyson		Robert		D	0446		
Residential Street Address	City			State	Zip Code		
471 Whalley Ave		New Haven		СТ	06511-3068		
Principal Occupation		Name of Employ	er				
Stop and Shop Service Clerk		Stop	and Shop				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution		
)	dependent child of	·				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a	Date	Received	Aggregate Contributions				
Tundraising event insect in Section 71:							
No No Tresonal cited	01/3	30/2014	\$50.00		\$50.00		
If yes, list Event #							
Last Name	First			MI	Contribution ID #		
Hardy		Herbert		L	0457		
Residential Street Address	City			State	Zip Code		
471 Whalley Ave		New Haven		СТ	06511-3068		
Principal Occupation		Name of Employ	er				
Accountant		Blum	Shapiro & Co				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution		
)	dependent child of	or a roodyrst?				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1			
fundraising event listed in Section J1?							
U No I ☐ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	01/3	30/2014	\$100.00		\$100.00		
If yes, list Event # Money Order	ı			I			

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I MONETARY DECEME	0 (0							
I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Itemized Statement accompanying application for Public								
Grant - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Forsyth		Marguite		М	0447			
Residential Street Address	City			State	Zip Code			
20 Chauncey St		West Haven		CT	06516-1505			
Principal Occupation		Name of Employ	er					
Unemployed		Unem	ployed					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt 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 a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
□ No □ □ □	01/3	30/2014	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Welch		Stanley			0448			
Residential Street Address	City			State	Zip Code			
55 Stimson Rd		New Haven		СТ	06511-1611			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
No Cash X Personal Check	01/	30/2014	\$100.00		\$100.00			
If yes, list Event #	01/.	50/2014	Ψ100.00		φ100.00			
Last Name	First			MI	Contribution ID #			
Brown	1 1130	Billi Jo		1411	0449			
Residential Street Address	City	Dilli 30		State	Zip Code			
69 Rochdale Ter	City	West Haven		CT	06516-6908			
			or .	CI	00310-0308			
Principal Occupation		Name of Employ						
Unemployed Is contributor a principal of a state contractor or prospective state contractor?			obbyist spouse or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	V	Alliou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}					
government the contract is with:	Doto	Received						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No Cash Personal Check	01/	20/2014	¢ E 00		¢E 00			
If yes, list Event # Money Order Credit/Debit Card	01/.	30/2014	\$5.00		\$5.00			
LAN	г) d	C (1 (ID)			
Last Name	First	D d		MI	Contribution ID #			
Cox	a:	Bernard		J	0450			
Residential Street Address	City			State	Zip Code			
235 Townsend Ave		New Haven		СТ	06512-3960			
Principal Occupation		Name of Employ						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent cinid (or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution: Separate of the second	Date	Received	Aggregate Contributions					
Tundraising event listed in Section J1?								
No la cash Personal Check	01/	30/2014	\$50.00		\$50.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Itemized Statement accompanying application for Public									
Gary For Senate			Grant - Original	Tyling applicati	off for Fublic				
B. Itemized Contributions from	n Ind	lividuals		_					
Last Name	First			MI	Contribution ID #				
Bausher		Phyllis		В	0451				
Residential Street Address	City			State	Zip Code				
341 Berwick Ln Principal Occupation		West Haven Name of Employ	or	СТ	06516-7911				
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	-					
fundraising event listed in Section J1?			35 -5						
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	01/	30/2014	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Hill		Kathryn			0453				
Residential Street Address	City	,		State	Zip Code				
167 Todd St		Hamden		СТ	06518-1510				
Principal Occupation		Name of Employ	er		•				
retired		retire	d						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with:		dependent enna c	x No						
Is this contribution associated with a Social field of the second of th	Date	Received	Aggregate Contributions	1					
Tundraising event listed in Section J1? No No Cash Personal Check	01/	30/2014	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Rossi		Nancy			0455				
Residential Street Address	City			State	Zip Code				
12 Robin Rd		West Haven		СТ	06516-2933				
Principal Occupation CPA		Name of Employ							
			en, Horton, Gibney obbyist, spouse, or	T Amor	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	V	111104	in or commount				
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	01/	30/2014	\$25.00		\$25.00				
					a . a				
Last Name	First			MI R	Contribution ID # 0456				
Emery Residential Street Address	City	Crystal		State	Zip Code				
132 Pendleton St	City	New Haven		CT	06511-2946				
Principal Occupation		Name of Employ	er	1					
Unemployed		Unem	ployed						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
Tundraising event listed in Section 31?									
If yes list Event # No Money Order Credit/Debit Card	01/	30/2014	\$25.00		\$25.00				

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L MONETARY RECEIPT	'S (Se	ection A-D								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT										
Gary For Senate			Itemized Statement accompan Grant - Original	ying applicat	ion for Public					
B. Itemized Contributions from Individuals										
Last Name	First			MI	Contribution ID #					
Fusco		Patricia			0458					
Residential Street Address	City			State	Zip Code					
311 Shingle Hill Rd		West Haven		СТ	06516-5540					
Principal Occupation		Name of Employ	er							
Teacher		West	Haven BOE							
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution					
If yes, indicate which branch or branches of		dependent chird (x No							
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions							
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions							
No Cash Personal Check	01/	30/2014	\$5.00		\$5.00					
If yes, list Event # Money Order X Credit/Debit Card	01/		Ψ5.00							
Last Name	First			MI	Contribution ID #					
Fusco, Jr		Anthony			0459					
Residential Street Address	City			State	Zip Code					
311 Shingle Hill Rd		West Haven		СТ	06516-5540					
Principal Occupation		Name of Employ	er		•					
EPIC trainer		Childr	ens' Hospital Hartford							
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution					
If yes, indicate which branch or branches of		dependent child of	of a foodyist?							
government the contract is with: Executive Legislative			x _{No}							
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions							
fundraising event listed in Section J1? Cash Personal Check										
If yes, list Event # No Money Order X Credit/Debit Card	01/	30/2014	\$5.00		\$5.00					
Last Name	First			MI	Contribution ID #					
Forsyth	First	David		C	0461					
Residential Street Address	City	Davia		State	Zip Code					
2 Hillside St		West Haven		СТ	06516-1024					
Principal Occupation		Name of Employ	er							
Unemployed		Unem	ployed							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution					
If yes, indicate which branch or branches of	0	dependent child of	or a robbyist?							
government the contract is with:			x No							
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions							
Tundraising event listed in Section 31?										
If yes, list Event # No Money Order Credit/Debit Card	01/	30/2014	\$5.00		\$5.00					
T. O.	F: /									
Last Name Hill	First	Danton		MI	Contribution ID # 0462					
Residential Street Address	City	Danton		State	Zip Code					
46 Ogden St	City	West Haven		CT	06516-1817					
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	100010 1017					
Retired		Retire								
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution					
If yes, indicate which branch or branches of		dependent child of	or a robbyist?							
government the contract is with: Executive Legislative			x _{No}							
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions							
X Cook										
If yes, list Event # No Money Order Credit/Debit Card	01/	30/2014	\$10.00		\$10.00					

L. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gary For Senate Itemized Statement accompanying application for Public										
Gary For Schate			Grant - Original	уу -рр						
B. Itemized Contributions from Individuals										
Last Name	First			MI	Contribution ID #					
Farrell		Lindsay			0392					
Residential Street Address	City			State	Zip Code					
120 Dwight St		New Haven		СТ	06511-4570					
Principal Occupation Name of Employer Community Organizer Working Families										
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or X Yes	Amou	nt of Contribution					
If we sindicate which branch or branches of)	dependent child of	of a lobbyist?							
government the contract is with:	_		□ No							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions							
No Cash X Personal Check	01/	30/2014	\$50.00		\$50.00					
If yes, list Event #										
Last Name	First			MI	Contribution ID #					
McDonald		Curlena			0374					
Residential Street Address	City			State	Zip Code					
30 Beers St		New Haven		СТ	06511-4402					
Principal Occupation		Name of Employ								
Community Activist		Retire	obbyist, spouse, or	۸						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	int of Contribution					
If yes, indicate which branch or branches of Executive Legislative			x _{No}							
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions							
fundraising event listed in Section J1?			1.99.18							
If yes, list Event # Cash Personal Check No	01/	30/2014	\$35.00		\$5.00					
If yes, list Event #										
Last Name	First			MI	Contribution ID #					
Civitello		Donna			0409					
Residential Street Address	City			State	Zip Code					
1826 Bucks Hill Rd		Southbury		СТ	06488-2473					
Principal Occupation		Name of Employ								
Attorney			r and Civitello	A	ant of Contribution					
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}							
government the contract of with	Date	Received	Aggregate Contributions							
fundraising event listed in Section J1?										
If yes, list Event # Cash Personal Check No	01/	30/2014	\$100.00		\$100.00					
Last Name	First			MI	Contribution ID #					
Victor	riist	Stephen		IVII	0406					
Residential Street Address	City			State	Zip Code					
166 E Rock Rd		New Haven		СТ	06511-1326					
Principal Occupation		Name of Employ	er							
retired		retire	d							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution					
If yes, indicate which branch or branches of Executive Legislative		sapanaent emitt	x No							
government the contract is with:	Date	Received	Aggregate Contributions	1						
fundraising event listed in Section J1?										
If yes, list Event # Cash Personal Check No	01/	30/2014	\$5.00		\$5.00					

I. MONETARY RECEIPT	S (S	ection A-I)	TWIE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Itemized Statement accompanying application for Public									
			Grant - Original						
B. Itemized Contributions from	m Inc	lividuals							
Last Name	First			MI	Contribution ID #				
Goggin	~	Elizabeth		_	0372				
Residential Street Address	City			State	Zip Code				
101 Lawrence St		New Haven		СТ	06511-2543				
Principal Occupation Name of Employer Union Organizer/consultant Self									
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child o	x No						
In this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check No	01/	30/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Silverman	First	Josh		IVII	0411				
Residential Street Address	City	J0311		State	Zip Code				
35 Elmwood Rd		New Haven		CT	06515-2241				
Principal Occupation	<u> </u>	Name of Employe	er	C.	00313 2211				
AV Systems Integrator		Audio							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	nt of Contribution				
- -	D	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 a Yes Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event listed in Section J1? No No Cash Personal Check	01/	30/2014	\$5.00		\$5.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Leroy		H. Craig			0400				
Residential Street Address	City			State	Zip Code				
82 Whetton Rd		West Hartfor	d	СТ	06117-2856				
Principal Occupation		Name of Employ	er						
Lobbyist		Self							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			No						
government the contract is with:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check No	01/	30/2014	\$100.00		\$100.00				
	<u> </u>								
Last Name	First			MI	Contribution ID #				
O'Brien	Cit-	James		Ct-t-	0397				
Residential Street Address 22 Fernwood Rd	City	West Hartfor	d	State CT	Zip Code 06119-1163				
Principal Occupation		Name of Employ		CI	00119-1103				
Lobbyist			rien and Associates						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le	obbyist, spouse, or	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child o	of a lobbyist?						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	20001700							
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	01/	30/2014	\$100.00		\$100.00				

I. MONETARY RECEIPT	S (S	ection A-I)	1							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Itemized Statement accompanying application for Public										
Gary For Senate			Grant - Original	nying applicat	ion for Public					
B. Itemized Contributions from Individuals										
Last Name	First			MI	Contribution ID #					
Edwards		Alfreda		J	0424					
Residential Street Address	City			State	Zip Code					
122 Sheffield Ave		New Haven		СТ	06511-1929					
Principal Occupation Name of Employer										
Clerk		City o	f New Haven							
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution					
If yes, indicate which branch or branches of		dependent child o								
government the contract is with: Executive Legislative				4						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions							
Cash Personal Check	01/	20/2014	#20.00		+20.00					
If yes, list Event # No Money Order Credit/Debit Card	01/.	30/2014	\$20.00		\$20.00					
Last Name	First			MI	Contribution ID #					
Crawford	First	Ilene		IVII	0426					
Residential Street Address	City	Tierie		State	Zip Code					
195 Stimson Rd	City	New Haven		CT	06511-1670					
Principal Occupation		Name of Employe	er	1 0.	00011 1070					
Professor		SCSU								
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution					
	D	dependent child of	obbyist, spouse, of Yes Yes							
If yes, indicate which branch or branches of government the contract is with:			x No							
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1						
fundraising event listed in Section J1? Cash Personal Check										
If yes, list Event # No Money Order X Credit/Debit Card	01/	30/2014	\$25.00		\$25.00					
in you, in a sent in				<u> </u>	-					
Last Name	First			MI	Contribution ID #					
Benoit		Cordalie			0378					
Residential Street Address	City			State	Zip Code					
19 Court St	<u> </u>	New Haven		СТ	06511-6922					
Principal Occupation		Name of Employe								
Environmentalist			ployed obbyist, spouse, or	Amor	unt of Contribution					
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	dependent child o	37	Amot	int of Contribution					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}							
government time constitute in with	Date	Received	Aggregate Contributions	-						
fundraising event listed in Section J1?										
No Cash X Personal Check	01/	30/2014	\$10.00		\$10.00					
If yes, list Event #										
Last Name	First			MI	Contribution ID #					
Eliscu		David			0380					
Residential Street Address	City			State	Zip Code					
19 Court St		New Haven		СТ	06511-6922					
Principal Occupation		Name of Employe	er							
Psychotherapist (EMDR)		Self E	mployed							
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or for labbyist? Yes	Amou	int of Contribution					
If yes, indicate which branch or branches of		dependent child o	i a loodyist?							
government the contract is with:		D 1 1	X No	-						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions							
No Cash X Personal Check	01/	20/2014	¢10.00		¢10.00					
If yes, list Event # No Money Order Credit/Debit Card	I 01/.	30/2014	\$10.00	1	\$10.00					

	~ /~									
I. MONETARY RECEIPT	S (S	ection A-I)	I TYPE OF PERONT							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT										
Gary For Senate Itemized Statement accompanying application for Public Grant - Original										
B. Itemized Contributions from Individuals										
Last Name	First			MI	Contribution ID #					
Connors		Mary Ann			0354					
Residential Street Address	City			State	Zip Code					
6 Riverside Dr		Cromwell		CT	06416-1524					
Principal Occupation		Name of Employ	er							
Attorney		Adeln	nan Hirsch & Connors LLP							
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	,	dependent child of	of a fobbyist?							
government the contract is with:			X No							
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions							
Personal Check										
If yes, list Event # No Money Order X Credit/Debit Card	01/	30/2014	\$50.00		\$50.00					
If yes, list Event #										
Last Name	First			MI	Contribution ID #					
Stram		Jessica			0377					
Residential Street Address	City			State	Zip Code					
38 Walnut Ln		Wallingford		СТ	06492-3830					
Principal Occupation		Name of Employ	er		•					
Director of Government Affairs		Conn	Can							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution					
)	dependent child of	of a lobbyist?							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			No							
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1						
fundraising event listed in Section J1?										
U No ☐ □ ··································	01/	30/2014	\$50.00		\$50.00					
If yes, list Event #										
Last Name	First			MI	Contribution ID #					
Ziotas		Angelo			0402					
Residential Street Address	City			State	Zip Code					
474 Ponus Ridge Rd		New Canaan		СТ	06840					
Principal Occupation		Name of Employ	er	•						
Attorney		Silver	Golub & Teitell LLP							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution					
)	dependent child of	•							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}							
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1						
lundraising event listed in Section 31?										
If yes_list Event # Cash Personal Check No Money Order X Credit/Debit Card	01/	30/2014	\$100.00		\$100.00					
If yes, list Event # Money Order X Credit/Debit Card										
Last Name	First			MI	Contribution ID #					
Ziotas		Kirsten			0403					
Residential Street Address	City			State	Zip Code					
474 Ponus Ridge Rd		New Canaan		СТ	06840					
Principal Occupation		Name of Employ	er	•						
housewife		na								
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution					
	,	dependent child of	of a foodyist?							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}							
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1						
fundraising event listed in Section J1?										
If yes, list Event # Cash Personal Check No	01/	30/2014	\$10.00		\$10.00					
1. jes, list ryolity Order La Credit/Debit Cald										

I. MONETARY RECEIPT	S (S	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Itemized Statement accompanying application for Public								
Gary For Senate			Grant - Original	тупту аррпсат	on for Public			
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Ziotas		Sophia			0404			
Residential Street Address	City			State	Zip Code			
474 Ponus Ridge Rd		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er					
student		self						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}					
government the contract is with: Let his contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?	Date	received	riggiogate contributions					
No Cash Personal Check	01/	30/2014	\$10.00		\$10.00			
If yes, list Event # Money Order X Credit/Debit Card	01/		410.00					
Last Name	First			MI	Contribution ID #			
Lemar		Anika			0373			
Residential Street Address	City			State	Zip Code			
6 Eld St		New Haven		СТ	06511-3816			
Principal Occupation		Name of Employ	er	-	•			
Professor		Yale U	Jniversity					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Gallaboriet Yes	Amou	nt 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 a Social High Section H2 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	01/	30/2014	\$10.00		\$10.00			
1				L				
Last Name	First	D 1 1		MI	Contribution ID #			
Lemar Residential Street Address	City	Roland		State	0370			
6 Eld St	City	New Haven		CT	Zip Code 06511-3816			
Principal Occupation		Name of Employ	er	<u> </u>	00311-3010			
Legislator		State						
				Amou	nt of Contribution			
Yes 🔼 No)	dependent child of	37					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a	Date	Received	Aggregate Contributions	1				
Parsonal Charles								
If yes, list Event # No Money Order X Credit/Debit Card	01/	30/2014	\$25.00		\$25.00			
I yos, us bronch					-			
Last Name	First			MI	Contribution ID #			
Moore, III		Garrett			0355			
Residential Street Address	City			State	Zip Code			
389 White Deer Rock Rd		Middlebury		СТ	06762-1327			
Principal Occupation		Name of Employ						
N/A			ployed	۸	-t-fCt-ilti			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Date		op-ogate Controlations					
No Cash Personal Check	01/	30/2014	\$5.00		\$5.00			
If yes_list Event # Money Order X Credit/Debit Card				1				

A MONEMARY DE OFFICE	G (G									
I. MONETARY RECEIPT	5 (50	ection A-I)	I TYPE OF PERONT							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Itemized Statement accompanying application for Public										
Grant - Original										
B. Itemized Contributions from Individuals										
Last Name	First			MI	Contribution ID #					
Moore		Mason			0356					
Residential Street Address	City			State	Zip Code					
389 White Deer Rock Rd		Middlebury		СТ	06762-1327					
Principal Occupation		Name of Employ	er	•	•					
N/A		Unem	ployed							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution					
)	dependent child of	of a lobbyist?							
If yes, indicate which branch or branches of government the contract is with:			x No							
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1						
rundraising event listed in Section 31:										
If yes, list Event # Cash Personal Check No	01/3	30/2014	\$5.00		\$5.00					
If yes, list Event #										
Last Name	First			MI	Contribution ID #					
Moore		Chase			0357					
Residential Street Address	City			State	Zip Code					
389 White Deer Rock Rd		Middlebury		СТ	06762-1327					
Principal Occupation		Name of Employ	er	!	Į					
N/A		Unem	ployed							
			obbyjet enouge or	Amou	ınt of Contribution					
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Voc							
If yes, indicate which branch or branches of Executive Legislative			x No							
Is this contribution associated with a Method of contribution.	Date	Received	Aggregate Contributions	-						
fundraising event listed in Section J1?	Dute	Received	Aggregate controlations							
No Cash Personal Check	01/	20/2014	¢E 00		¢E 00					
If yes, list Event # Money Order X Credit/Debit Card	01/.	30/2014	\$5.00		\$5.00					
I and Name	First			Lva	Contribution ID#					
Last Name	First	Cl		MI	Contribution ID #					
Santoni	O.	Christina			0375					
Residential Street Address	City			State	Zip Code					
5 Maplewood Rd		New Haven		СТ	06515-1814					
Principal Occupation		Name of Employ								
Nurse		State								
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution					
If yes, indicate which branch or branches of			x No							
government the contract is with:				_						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions							
N Cook Powered Cheek										
If yes, list Event # Cash Credit/Debit Card	01/3	30/2014	\$5.00		\$5.00					
1					I					
Last Name	First			MI	Contribution ID #					
Forsyth		Elizabeth		М	0434					
Residential Street Address	City			State	Zip Code					
38 Cullen Ave		West Haven		СТ	06516-1234					
Principal Occupation		Name of Employ	er							
Paraprofessional		WH B	oard of Ed							
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution					
If yes, indicate which branch or branches of		acpendent ciniu (· · · · · · · · · · · · · · · · · · ·							
government the contract is with:			X No	4						
Is this contribution associated with a Method of contribution: Yes Wethod of contribution:	Date	Received	Aggregate Contributions							
Tundraising event listed in Section J1?	l									
If yes, list Event # Cash Credit/Debit Card	01/3	30/2014	\$5.00		\$5.00					

	0 (0									
I. MONETARY RECEIPT	S (S	ection A-I)	I							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Itemized Statement accompanying application for Public										
Grant - Original										
B. Itemized Contributions from Individuals										
Last Name	First			MI	Contribution ID #					
Forsyth		Jason		Α	0460					
Residential Street Address	City			State	Zip Code					
38 Cullen Ave		West Haven		CT	06516-1234					
Principal Occupation		Name of Employ	er							
Clerk		SCSU		_						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution					
If yes, indicate which branch or branches of		dependent child of								
government the contract is with: Executive Legislative										
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions							
Cash Personal Check										
If yes, list Event # No Money Order Credit/Debit Card	01/	30/2014	\$5.00		\$5.00					
-	·									
Last Name	First			MI	Contribution ID #					
Dubno		Orest			0391					
Residential Street Address	City			State	Zip Code					
95 Hemlock Rd	<u> </u>	New Haven		СТ	06515-2617					
Principal Occupation		Name of Employ								
Retired		Retire								
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution					
If yes, indicate which branch or branches of										
government the contract is with: Executive Legislative		D : 1	□ No							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions							
Cash X Personal Check										
If yes, list Event # No Money Order Credit/Debit Card	01/	30/2014	\$100.00		\$100.00					
					G . 7					
Last Name	First			MI	Contribution ID #					
Bhandary-Alexander	a:	James		a	0412					
Residential Street Address	City			State	Zip Code					
72 Alden Ave	<u> </u>	New Haven		СТ	06515-2715					
Principal Occupation		Name of Employ								
Attorney Is contributor a principal of a state contractor or prospective state contractor?			daven Legal Assistancer	A						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	V	Amou	nt of Contribution					
If yes, indicate which branch or branches of Executive Legislative		•	x No							
government the contract is with:	Doto	Received	Aggregate Contributions							
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions							
No Cash Personal Check	01/	30/2014	\$10.00		\$10.00					
If yes, list Event # Money Order X Credit/Debit Card	01/	30/2014	\$10.00		¥10.00					
Last Name	First			MI	Contribution ID #					
Campion		Susan		С	0452					
Residential Street Address	City			State	Zip Code					
82 Morris Cove Rd	City	New Haven		CT	06512-4017					
Principal Occupation		Name of Employ	er	<u>.</u>	00012 1017					
Independent Contractor, Behavioral Health Services		Self								
			obbyist, spouse, or	Amou	nt of Contribution					
Yes X 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 a Method of contribution:	Date	Received	Aggregate Contributions							
fundraising event listed in Section J1?			-							
No Cash X Personal Check	01/	30/2014	\$20.00		\$20.00					
If yes, list Event # Money Order	l É		·							

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	0 (0									
I. MONETARY RECEIPT	S (S	ection A-I)	I TWO OF DEPONE							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Itemized Statement accompanying application for Public										
Grant - Original										
B. Itemized Contributions from Individuals										
Last Name	First			MI	Contribution ID #					
Barrington		Candace			0369					
Residential Street Address	City			State	Zip Code					
291 Townsend Ave		New Haven		СТ	06512-3962					
Principal Occupation		Name of Employ	er							
Professor		State	of CT							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution					
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?							
government the contract is with:			x _{No}							
Is this contribution associated with a Gundroicing event listed in Section 112	Date	Received	Aggregate Contributions							
Cash Personal Check										
If yes, list Event # No Money Order X Credit/Debit Card	01/	30/2014	\$25.00		\$25.00					
Noney Order Card										
Last Name	First			MI	Contribution ID #					
Klein		Linda		В	0393					
Residential Street Address	City			State	Zip Code					
107 Autumn St		New Haven		СТ	06511-2220					
Principal Occupation		Name of Employ	er							
Retired		Retire	ed							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	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 a Method of contribution:	Date	Received	Aggregate Contributions							
fundraising event listed in Section J1?										
If yes, list Event # Cash Personal Check No	01/	30/2014	\$10.00		\$10.00					
If yes, list Event # Money Order X Credit/Debit Card										
Last Name	First			MI	Contribution ID #					
Neeley		Nicholas		E	0439					
Residential Street Address	City			State	Zip Code					
46 Oliver Rd		New Haven		СТ	06515-2734					
Principal Occupation	•	Name of Employ	er							
Administrator		State	of Connecticut							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution					
	0	dependent child of	•							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}							
Is this contribution associated with a	Date	Received	Aggregate Contributions							
Tundraising event insect in Section 31:										
No No Total Carlo	01/	30/2014	\$100.00		\$100.00					
If yes, list Event #										
Last Name	First			MI	Contribution ID #					
Skoggard		Ian			0463					
Residential Street Address	City			State	Zip Code					
42 Cleveland Rd		New Haven		СТ	06515-2707					
Principal Occupation		Name of Employ	er							
Research Associate			n Relations Area Files							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution					
Yes X No	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 a Method of contribution:	Date	Received	Aggregate Contributions							
fundraising event listed in Section J1?										
No Cash Personal Check	01/	31/2014	\$5.00		\$5.00					
If yes, list Event # Money Order X Credit/Debit Card	I '	-	1	I	•					

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		Total of Section B	\$17,532.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	(Sections A + B)	(Total on Line 14 of Summary Page)	\$17,532.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE (Provide Complete Name as R	egistered	with Co	mmission	1)			TYPE	TYPE OF REPORT		
Gary For Senate							Itemized State application fo		ccompanying Grant - Original	
C1. Contributions from Other Committees										
Name of Committee Name of Treasurer										
Address Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #						Yes	No	Amount of Contribution		
City	State	Zip Code	e	Date Received Aggregate			ributions			
							Total of Section	on C1		
I. MONE	TARY	RECE	IPTS (S	Section A	A-I)					
NAME OF COMMITTEE							TYPE OF RE	PORT		
Gary For Senate							d Statement acco	ompanyi	ng application for	
C2. Reimbursements,	Paymen	ts, or S	urplus I	Distributi	ons from other	Committee	es			
Name of Committee Name of Treasurer										
Address Date Received								Amount of Receipt		
City State Zip Code Reimbursement for shared expense Payment for goods and services										
Total of Section C2										

	I. MONI	ETARY RECEIP	ΓS (Section A-I)						
NAME OF COMMITTEE					TY	PE O	F REPORT		
Gary For Senate					Itemized Statement accompanying application for Public Grant - Original				
	D. Loan	s Received this Peri	od						
Name of Lender			Source of Loan:					Date of Receipt	
St. 1441		Lav	Bank Candid	date		vidual	Other		
Street Address		City			S	tate	Zip Code	Is there a cosigner or Guarantor of this loan?	
Name of Cosigner/Guarantor (if applicable)						Yes No Amount Received			
Street Address		City			S	tate	Zip Code		
	Total of Section D								
	I. MONE	CTARY RECEIPT	S (Section A-I)						
NAME OF COMMITTEE TYPE OF REPORT									
Gary For Senate							ed Statement acc blic Grant - Origin	ompanying application al	
E. Personal	Funds of the Candidate Rec	ceived this Period (C	Candidate Committee	es ON	LY)				
Date of Receipt	Method of Payment Cash	Personal Check	Credit/Deb	it Card				Amount	
					To	tal of S	Section E		
							'		
	I. Mo	onetary Receipts (Section A-I)						
NAME OF COMMITTEE						TY	PE OF REPOR	Т	
Gary For Senate							statement accomp int - Original	anying application for	
	G. Interest fro	m Deposits in Author	orized Accounts						
Name of Institution				Ι	Date Recei	ved		Amount	
Street Address		City		State		Zip Co	ode		
						Tota	al of Section G		

Amount Received

Date of Transaction

State

Zip Code

Total of Section I

	I. MONETARY RECEIPTS (Section A-K)							
NAME OF COM	MITTEE				TYPE OF REPOR	Т		
Gary For Senate	e				Itemized Statement accompanying application for Public Grant - Original			
	H. Public Grant Funds Received from the Citizens' Election Fund							
Purpose of Grant:			Grant Cycle:		Date Received	Amount		
	Initial	Grant Adjustment	Primary General Election Special	Election				
	Supplemental/	Post Election Deficit						
					Total of Section H			
		I.]	MONETARY RECEIPTS (Section A-K)					
NAME OF COMM	MITTEE				TYPE OF REPO	RT		
Gary For Senate	Gary For Senate				Itemized Statement accompanying application for Public Grant - Original			
		I. Miscellaneou	us Monetary Receipts not Considered Contribution	ons				

City

Name

Street Address

Description

Total of Section J3

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)										
NAME OF COMMITTEE							ТҮРЕ ОР	REP	ORT	
Gary For Senate							Itemized Statement for Public Grant - Or		panying	application
	J1. Fund	raising Event Infor	mation							
Fundraising Event # Date of Fundraiser Letter	Description									
Location: Street Address						City	ty State Zip Co			
Was this fundraising event hosted at a personal residence?					required info		ations not Considered Co			e and
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?				-	o Section J3 required info		tions not Considered Co.	ntributio	ons and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?				Yes (If yes, enter Total Receipts here.) No						
						To	Cotal of Section J1			
	II. FUNDRAISI	NG EVENT ACTI	IVITY (Section	ns J1 - J	3)				
NAME OF COMMITTEE (Provide C	Complete Name as Reg	istered with Commission	on)				TYPE OF REPORT			
Gary For Senate				Itemized Statement accompanying application for Public Grant - Original					ication for	
	J3. In-Kind Donat	ions Not Considered	d Contrib	outions						
Name of the Donor										
Street Address				City					State	Zip Code
Donation Given by:	Description of Donation			_						arket Value of
Individual								_	L	Ondtion
Business Entity	Date Received	Event #			Ag	gregate value	for this event			
Sole Proprietorship										

III. NONMON	ETA	ARY RE	CEIPTS (Section	ns K - M)				
NAME OF COMMITTEE					TY	PE OF REP	ORT	
Gary For Senate					Itemized State Public Grant -		anying app	olication for
K. In-Ki	nd C	ontributi	ons		•			
Name								
Street Address				City			State	Zip Code
Is this contribution associated with a fundraising event listed in Section 11? If yes, list Event# No		Description	of In-Kind Contribution				•	
	tractor?		of a state contractor or prosp ch branch or branches of attract is with:	pective state Execu	utive	Yes No Legislative		arket Value of this Contribution
Type of Contributor:			Date Received			ibutions		
Individual Committee Sole F	ropriete	orship						
					Total of	Section K		
III. Non Mor	etar	v Recei	pts (Sections K - N	M)				
NAME OF COMMITTEE (Provide Complete Name as Registered	with	Commissi	on)		TYPE OF REPORT			
Gary For Senate					Itemized State Public Grant -		anying app	olication for
L. Refundable Deposit	to Te	elephone	Company					
Last Name of Individual		First Nam	ne		MI	Date Depo	osit Made	
Residential Street Address	C	City		State	Zip Code			nount of Deposit
Name of Telephone company								
Street Address	City	у		State	Zip Code			
					Total of S	ection L		

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III. NONMONETARY RECEIPTS (Sections K - M)									
NAME OF COMMITTEE			TYPE OF REPORT	,					
Gary For Senate		Itemized Statement accompanying application for Public Grant - Original							
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48									
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)	Name of Treasurer								
Street Address		Date Notice Received	Fair Market Value of Donation						
City	State	Zip Code	Aggregate Donations						
Description of Donation	Purpose of Expenditure A B C D								
Total of Section M									

	IV. EXPENDITURES (S	ections N - S)					
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)			TYPE	OF REPORT		
Gary For Senate				mized State		ying application for	
	N. Expenses Paid By Comm	ittee	·		<u> </u>		
Name of Payee Bank of America			Date of Paymen 01/21/2014			ment neck # ebit Card	
Street Address 88 Broadway		City New Haven			State CT	Zip Code 06511-3412	
Purpose of Expend BNK	Description Over Draft Bank Fees					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # Expenditure # (if applicable)					\$35.00		
Name of Payee Date of Payment O1/21/2014					Method of Payment Check # Debit Card		
Street Address 310 Orange St		City New Haven			State CT	Zip Code 06510-1719	
Purpose of Expend OVHD	Description Phone					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if ap	nditure # plicable)	Event #		\$100.00		
Name of Payee AT&T			Date of Paymen 01/27/2014			ment neck # ebit Card	
Street Address 310 Orange St		City New Haven			State CT	Zip Code 06510-1719	
Purpose of Expend OVHD	Description Phone					Amount	
Is this expenditure coordinated with a which reimbursement is sought?		nditure # plicable)	Event #			\$37.92	

	IV. EXPENDITURES (Se	ections N - S)					
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		ТҮРЕ	OF REPORT			
Gary For Senate			Itemized State		ying application for		
	N. Expenses Paid By Commi	ttee	,	J J			
Name of Payee AT&T			Date of Payment 01/27/2014		ment eck # bit Card		
Street Address 310 Orange St		City New Haven		State Zip Code CT 06510-1719			
Purpose of Expend OVHD	Description Phone		Amount				
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # (if applicable) Expenditure # (if applicable)					\$37.92		
Name of Payee STAPLES Date of Payment 01/27/2014				Method of Payment Check # Debit Card			
Street Address 2335 Dixwell Ave		City Hamden		State CT	Zip Code 06514-2100		
Purpose of Expend OFFICE	Description Office Supplies			Amount			
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event#		\$140.62		
Name of Payee AT&T			Date of Payment 01/27/2014	1 -	ment eck # bit Card		
Street Address 310 Orange St		City New Haven		State CT	Zip Code 06510-1719		
Purpose of Expend OVHD	Description Phone				Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event #		\$37.92		

	IV. EXPENDITURES (Se	ections N - S)					
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		TY	PE OF REPORT			
Gary For Senate				Statement accompar ant - Original	nying application for		
	N. Expenses Paid By Commi	ittee	r ubilo of	unt Original			
Name of Payee BJ Wholesale			Date of Payment 01/27/2014	CI	Method of Payment Check # X Debit Card		
Street Address 555 Universal Dr N		City North Haven		State Zip Code CT 06473-3142			
Purpose of Expend OFFICE	Description Stamps		Amount				
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # (if applicable) Expenditure # (if applicable)					\$228.75		
Name of Payee BJ Wholesale Date of Payment 01/27/2014					Method of Payment Check # X Debit Card		
Street Address 555 Universal Dr N		City North Haven		State CT	Zip Code 06473-3142		
Purpose of Expend OFFICE	Description Office Supplies				Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event#		\$118.98		
Name of Payee BBI Technologies			Date of Payment 01/27/2014		rment neck # ebit Card		
Street Address 269 Woodmont Rd		City Milford		State CT	Zip Code 06460-2847		
Purpose of Expend OVHD	Description Office printer and related services				Amount		
Is this expenditure coordinated with a which reimbursement is sought?		diture # licable)	Event #		\$584.92		

	IV. EXPENDITURES (S	ections N - S)					
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		Т	YPE OF REPORT			
Gary For Senate				Statement accompan	ying application for		
	N. Expenses Paid By Comm	ittee	,				
Name of Payee FAMILY DOLLAR			Date of Payment 01/27/2014		ment neck # ebit Card		
Street Address 81 Whalley Ave		City New Haven		State CT	Zip Code 06511-3218		
Purpose of Expend OFFICE	Description Office Supplies		Amount				
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Yes Expenditure # (if applicable) Event # (if applicable)					\$20.46		
Name of Payee Tyco Printing Date of Payment 01/27/2014				l 	ment neck# ebit Card		
Street Address 262 Elm St		City New Haven		State CT	Zip Code 06511-4708		
Purpose of Expend PRNT	Description Printing				Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if ap	nditure# plicable)	Event #		\$6.38		
Name of Payee Tyco Printing			Date of Payment 01/27/2014		ment neck # ebit Card		
Street Address 262 Elm St		City New Haven		State CT	Zip Code 06511-4708		
Purpose of Expend PRNT	Description Fax				Amount		
Is this expenditure coordinated with a which reimbursement is sought?		nditure # plicable)	Event #		\$2.12		

	IV. EXPENDITURES (So	ections N - S)					
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		ТҮРЕ	OF REPORT			
Gary For Senate			Itemized State Public Grant -		ying application for		
	N. Expenses Paid By Commi	ttee	1	J J			
Name of Payee Tyco Printing			Date of Payment 01/28/2014		ment eck # bit Card		
Street Address 262 Elm St		City New Haven		State Zip Code CT 06511-4708			
Purpose of Expend PRNT	Description Printing		Amount				
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # (if applicable) Expenditure # (if applicable)					\$6.38		
Name of Payee Date of Payment Tyco Printing 01/28/2014				Method of Payment Check # Debit Card			
Street Address 262 Elm St		City New Haven		State CT	Zip Code 06511-4708		
Purpose of Expend PRNT	Description Printing			Amount			
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	liture # licable)	Event #		\$19.99		
Name of Payee Tyco Printing			Date of Payment 01/28/2014	1 -	ment eck # bit Card		
Street Address 262 Elm St		City New Haven		State CT	Zip Code 06511-4708		
Purpose of Expend PRNT	Description Copies				Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	liture # licable)	Event #		\$5.85		

	IV. EXPENDITURES (Se	ections N - S)					
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		ТҮРЕ	OF REPORT			
Gary For Senate			Itemized State Public Grant -		ying application for		
	N. Expenses Paid By Commi	ttee	,	J J			
Name of Payee New Haven Parking Meters			Date of Payment 01/28/2014		ment eck # bit Card		
Street Address 165 Church St		City New Haven		State Zip Code CT 06510-2010			
Purpose of Expend Misc *	Description Parking meter payment						
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Yes Expenditure # (if applicable) Event #					\$1.00		
Name of Payee Democracy Engine Date of Paym 01/28/20				Method of Payment Check # X Debit Card			
Street Address 850 Quincy St NW Apt 406		City Washington		State DC	Zip Code 20011-5874		
Purpose of Expend WEB	Description DC Processing fees				Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event #		\$170.50		
Name of Payee The Blue Deal			Date of Payment 01/28/2014		ment eck# <u>1002</u> bit Card		
Street Address PO Box 50		City Annandale		State VA	Zip Code 22003-0050		
Purpose of Expend A-SIGN	Description Lawn Signs				Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and or	No (if app	liture # licable)	Event #		\$2,140.00		

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (Provide Complete Name as I	Registered with Commi	ssion)				TYPE	OF REPORT			
Gary For Senate						Itemized Stater Public Grant - (nying application for		
N	J. Expenses Paid By	Commit	ttee			p done crain	origina.			
Name of Payee The Greel Olive Restaurant					Date of Pay 01/30/2			Method of Payment Check # X Debit Card		
Street Address 402 Sargent Dr			City New Haven		•		State CT	Zip Code 06511-5907		
Purpose of Expend Description FOOD Food Breakfast meeting						Amount				
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum				Event	#		\$150.00			
					Total of	f Section N	\$3,844.71	L		
IV	. EXPENDITURI	ES (Sec	tions N - S)							
NAME OF COMMITTEE (Provide Complete Name as F	Registered with Commi	ssion)				TY	PE OF REPORT			
					Itemized Statement accomfor Public Grant - Original			panying application		
O. Exp	enses Paid By Cand	idate		_						
Name of Payee (Name of vendor who candidate paid directly)					Date of Pay	nent	Is Reimburse	ement Claimed? Yes No)	
Street Address	City			State	Zip C	ode		Amount		
Purpose of Expenditure (by code) Description	1				Event#					
						al of Section (

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT				
outy to behate						Itemized Statement accompanying application for Public Grant - Original				
P. Expenses Incurred on Committee Credit Card										
Name of Issuing Institution				Type of Credit Card: Visa Other	Master (ver American Express				
Name of Vendor								Date of Transaction		
Street Address				City	State	Zip Code				
Purpose of Expenditure (by code)								Amount		
Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure		Yes No		Expenditure # (if applicable)	Event	#				
Total of Section P										
Total of Section 1										
IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF							REPORT			
Gary For Senate Itemized Statement for Public Grant - O						accompanying application riginal				
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 (bv code)	Description							unt Incurred ate or Actual)		
Is this expenditure coordinated with another candidate for which Yes reimbursement is sought? No If yes, assign an Expenditure # and completes Itemization in Addendum Q				Expenditure # (if applicable)	Event #					
Total of Section Q										

Total of Section S

IV. EXPENDITURES (Sections N - S)												
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)							TYPE OF REPORT					
1 Clary FOL Schale								ed Statement accompanying application for Grant - Original				
R. Itemization of Reimbursements to Committee Workers and Consultants												
Last Name of Worker/Consultant First		MI Dat			Date of Payment		Method of Payment					
							Check #					
Secondary Bruse							Debit Card					
Secondary Payee												
Street Address	City					State	Zip Code					
Purpose of Expenditure Description (by code)							Amount					
Is this expenditure coordinated with another candidate for	Expenditure #			1								
which reimbursement is sought? Yes No		(if applicable)			Event #							
If yes, assign an Expenditure # and completes Itemization in												
Total of Section R						of Section R						
	IV. EXPENDITUR	ES (Sectuibs	N - S)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPI						TYPE OF REP	PE OF REPORT					
Gary For Senate Itemized Statem Public Grant - On							ement accompanying application for Original					
S. Surplus Distribution of Equipment and Furniture												
Name of Recipient												
Street Address			State	zate Zip Code			Original Purchase Amount of Item					
Description of Item												