



COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Megna 2014			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First Joy	MI	Last Sherman		Suffix	
4. TREASURER ADDRESS					
Street Address 40 Foxon Hill Rd # 74	City New Haven	State CT	Zip Code 06513		
5. ELECTION DATE 11/04/2014	6. OFFICE SOUGHT (Complete only if Candidate Committee) State Representative			7. DISTRICT NUMBER (if applicable) R097	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Robert	MI W.	Last Megna		Suffix	
9. TYPE OF REPORT					
October 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
07/01/2014		thru		09/30/2014	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing	Joy Sherman	10/08/2014 8:04:08PM			
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED			
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	
Megna 2014	October 10 Filing - 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)	\$3,325.00	\$3,325.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$1,000.00	\$1,000.00
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)	\$4,325.00	\$4,325.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$4,325.00	\$4,325.00
20. Expenses Paid by Committee (Section N)	\$0.00	\$0.00
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$4,325.00	\$4,325.00
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)	\$1,000.00	\$1,000.00
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	\$1,000.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$1,047.92	\$1,047.92
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Megna 2014		October 10 Filing - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
		\$0.00	
B. Itemized Contributions from Individuals			

Last Name Vessichio		First Angelo		MI	Contribution ID # 0007
Residential Street Address 145 Oakley St		City New Haven		State CT	Zip Code 06513
Principal Occupation Teacher			Name of Employer West Haven School		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/16/2014 Aggregate Contributions \$100.00	

Last Name Vessichio		First Fran		MI	Contribution ID # 0008
Residential Street Address 145 Oakley St		City New Haven		State CT	Zip Code 06513
Principal Occupation Retired			Name of Employer REtired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/16/2014 Aggregate Contributions \$100.00	

Last Name Santana		First Jose		MI A	Contribution ID # 0009
Residential Street Address 965 State St		City New Haven		State CT	Zip Code 06511
Principal Occupation Lawyer			Name of Employer State of Ct		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/19/2014 Aggregate Contributions \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Megna 2014	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Luna	First Melanie	MI J	Contribution ID # 0001
Residential Street Address 165 Main Street Anx)	City New Haven	State CT	Zip Code 06512
Principal Occupation E Sum School	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/03/2014	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Smith	First Jonathan	MI D	Contribution ID # 0002
Residential Street Address 171 Alston	City New Haven	State CT	Zip Code 06515
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/03/2014	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Martinez	First Francisca	MI C	Contribution ID # 0003
Residential Street Address 165 Main Street Anx # 1-B	City New Haven	State CT	Zip Code 06512
Principal Occupation retail clerk	Name of Employer Country Food Market		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/03/2014	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Annunziata	First Albert	MI A	Contribution ID # 0006
Residential Street Address 360 Humphrey St	City New Haven	State CT	Zip Code 06511
Principal Occupation Attorney	Name of Employer Esposito & Annunziata		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/03/2014	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Megna 2014	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Looney	First Martin	MI M	Contribution ID # 0004
Residential Street Address 132 Fort Hale Rd	City New Haven	State CT	Zip Code 06512
Principal Occupation State Senator	Name of Employer State of Ct/Keyes & Looney		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/05/2014	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Looney	First Ellen	MI H	Contribution ID # 0005
Residential Street Address 132 Fort Hale Rd	City New Haven	State CT	Zip Code 06512
Principal Occupation Accountant	Name of Employer Environmental Testing & Bal		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 08/05/2014	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Moler	First Todd	MI	Contribution ID # 0012
Residential Street Address 2 Meadow Rd	City Hamden	State CT	Zip Code 06514
Principal Occupation Self	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/05/2014	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Drennan	First Julie	MI	Contribution ID # 0013
Residential Street Address 134 S Cliff St	City Ansonia	State CT	Zip Code 06401
Principal Occupation Office Manger	Name of Employer The Public's Adjuster		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/05/2014	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Megna 2014	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Annunziata	First Maria	MI	Contribution ID # 0014
Residential Street Address 360 Humphrey St	City New Haven	State CT	Zip Code 06511
Principal Occupation Esthetician	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/05/2014	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Annunziata	First Karen	MI	Contribution ID # 0010
Residential Street Address 41 Tumblebrook Rd	City Woodbridge	State CT	Zip Code 06525
Principal Occupation Attorney/teacher	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/12/2014	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Buker	First Christine	MI	Contribution ID # 0017
Residential Street Address 223 Kneen St Apt 1	City Shelton	State CT	Zip Code 06484
Principal Occupation Training Specialist	Name of Employer Yale New Haven Health Syst		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/13/2014	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Pizarro	First Lisette	MI	Contribution ID # 0018
Residential Street Address 85 Robin St	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Customer Service	Name of Employer Auto Glass of New England		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/13/2014	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Megna 2014	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Santamaria	First Andre	MI	Contribution ID # 0019
Residential Street Address 202 Goodhill Rd	City Oxford	State CT	Zip Code 06478
Principal Occupation Business owner	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/15/2014	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Esposito	First John	MI J	Contribution ID # 0015
Residential Street Address 583 Orange St	City New Haven	State CT	Zip Code 06511
Principal Occupation Attorney	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/15/2014	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Giuseppina	First Jurrin	MI	Contribution ID # 0016
Residential Street Address 225 Kneen St	City Shelton	State CT	Zip Code 06484
Principal Occupation Retired	Name of Employer REtired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/15/2014	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Biller	First Jon	MI D	Contribution ID # 0020
Residential Street Address 19 Mt Brook Rd	City North Haven	State CT	Zip Code 06473
Principal Occupation Attorney	Name of Employer Biller, Sachs, Raio & Zito		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2014	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Megna 2014	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ursaki	First Kenneth	MI D	Contribution ID # 0021
Residential Street Address 2 Merritt Woods	City Burlington	State CT	Zip Code 06013
Principal Occupation Insurance	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2014	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Walker	First Toni	MI CT	Contribution ID # 0022
Residential Street Address 1643 Ella Grasso Blvd	City New Haven	State CT	Zip Code 06511
Principal Occupation Legislator	Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2014	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Total of Section B			\$3,325.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Total on Line 14 of Summary Page)</i>			\$3,325.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Megna 2014	October 10 Filing - 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Amount of Contribution
City	State	Zip Code	Date Received
			Aggregate Contributions

Total of Section C1			
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I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Megna 2014				October 10 Filing - Original	
C2. Reimbursements, Payments, or Surplus Distributions from other Committees					
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. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Megna 2014				October 10 Filing - Original	
D. Loans Received this Period					
Name of Lender Robert Megna			Source of Loan: <input type="checkbox"/> Bank <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other		Date of Receipt 07/02/2014
Street Address 40 Foxon Hill Rd # 54		City New Haven	State CT	Zip Code 06513	Is there a cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)				Amount Received \$1,000.00	
Street Address		City	State		
Total of Section D					\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Megna 2014				October 10 Filing - Original	
E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)					
Date of Receipt	Method of Payment Cash Personal Check Credit/Debit Card			Amount	
Total of Section E					

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Megna 2014		October 10 Filing - Original	
G. Interest from Deposits in Authorized Accounts			
Name of Institution		Date Received	Amount
Street Address	City	State	Zip Code
Total of Section G			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE		TYPE OF REPORT	
Megna 2014		October 10 Filing - Original	
H. Public Grant Funds Received from the Citizens' Election Fund			
Purpose of Grant:	Grant Cycle:		Date Received
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Election		Amount
Total of Section H			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE		TYPE OF REPORT	
Megna 2014		October 10 Filing - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions			
Name		Date of Transaction	Amount Received
Street Address	City	State	Zip Code
Description			
Total of Section I			

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE	TYPE OF REPORT
Megna 2014	October 10 Filing - Original

J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Letter	Description			
Location: Street Address			City	State	Zip Code
Was this fundraising event hosted at a personal residence?		Yes	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.		
		No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		No			
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			

Total of Section J1**II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Megna 2014	October 10 Filing - Original

J3. In-Kind Donations Not Considered Contributions

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

Total of Section J3

III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT
Megna 2014	October 10 Filing - Original

K. In-Kind Contributions

Name			
Street Address		City	State Zip Code
Is this contribution associated with a fundraising event listed in Section I1? If yes, list Event#	Yes No	Description of In-Kind Contribution	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Fair Market Value of this Contribution
Type of Contributor:	Date Received	Aggregate contributions	
Individual Committee Sole Proprietorship			

Total of Section K**III. Non Monetary Receipts (Sections K - M)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Megna 2014	October 10 Filing - Original

L. Refundable Deposit to Telephone Company

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

Total of Section L

III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT
Megna 2014	October 10 Filing - 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 (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Megna 2014	October 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee		Date of Payment	Method of Payment Check # Debit Card	
Street Address		City		State Zip Code
Purpose of Expend	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum				
Total of Section N				

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Megna 2014				October 10 Filing - Original	
P. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: <div style="display: flex; justify-content: space-around; font-size: small;"> Visa Master Card Discover American Express </div> Other		
Name of Vendor				Date of Transaction	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum					
Total of Section P					

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Megna 2014				October 10 Filing - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description				Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and completes Itemization in Addendum Q					
Total of Section Q					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Megna 2014	October 10 Filing - Original

R. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment Check # Debit Card
Secondary Payee				
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Megna 2014	October 10 Filing - Original

S. Surplus Distribution of Equipment and Furniture

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

