# **SEEC FORM 30**

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



# Electronic Filing

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Page 1 of 17

# **COVER PAGE**

1.NAME OF COMMITTEE						2. TYP	E OF COMMITTEE
Megna 2014						x	Candidate Committee Exploratory Committee
3. TREASURER NAME							
First			MI	Last			Suffix
Joy				Sherman			
4. TREASURER ADDRESS							
Street Address		City			State	2	Zip Code
40 Foxon Hill Rd # 74		New I	Haven		СТ	(	06513
5. ELECTION DATE	6. OFFICE SOUGHT ( Ca	omplete or	nly if Candidate	Committee)		7. DISTR	ICT NUMBER ( if applicable
11/04/2014	State Representativ	re				R097	
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	ommittee	e)				
First			MI	Last			Suffix
Robert			w.	Megna			
9. TYPE OF REPORT							
October 10 Filing - Original							
10. PERIOD COVERED							
	Beginning Date			Ending Date			
	07/01/2014	thru	L.	09/30/2014			
11. CERTIFICATION							
	under penalties of false	staten	nent, that all	of the information set forth			
on this <b>Itemized Campaig</b> i accurate and complete.	n Finance Disclosure	Stater	nent for the	period covered is true,			
Electronic Filing	Joy Sherman			10/0	)8/2014 <b>8</b>	·በ4·በጸ <b>₽</b> M	
Electronic Filing SIGNATURE	PRINT NAME OF THE	E SIGNE	≅R	-	CERTIFIED	.04.00	
	110.01.10.00	3010112		51112	CERTIFIED		
PENA	LTY FOR FALSE STATEM			E BY FINE NOT TO EXCEED \$1 AN ONE YEAR, OR BOTH.	,000, OR IM	PRISONME	NT

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	COLUMN B
	This Period	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	

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I. MONETARY RECEIPT	S (Sc	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				PE OF REPORT		
Megna 2014			Octobe	r 10 Filing - Original		
A. Total Contributions from Small Contributors-Received this Period	od Ol	NLY		For Nonpartic	ipating Cand	idates ONLY
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Vessichio		Angelo				0007
Residential Street Address	City				State	Zip Code
145 Oakley St		New Haven			СТ	06513
Principal Occupation		Name of Employe	r		-	
Teacher		West H	laven Sc	hool		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	D	Is contributor a lo dependent child of		se, or 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	1	
fundraising event listed in Section J1?						
X No Cash X Personal Check	07/	16/2014		\$100.00		\$100.00
If yes, list Event #	<u> </u>					
Last Name	First				MI	Contribution ID #
Vessichio		Fran				0008
Residential Street Address	City				State	Zip Code
145 Oakley St	<u> </u>	New Haven			СТ	06513
Principal Occupation		Name of Employe	r			
Retired		REtired	t			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a lo dependent child of		se, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		-		x <sub>No</sub>		
Is this contribution associated with a  Yes  Method of contribution:	Date	Received	Aggregate	Contributions	1	
fundraising event listed in Section J1?    X   No	07/	16/2014		\$100.00		\$100.00
If yes, list Event #	077	10/2014		Ψ100.00		Ψ100.00
Last Name	First				MI	Contribution ID #
Santana		Jose			Α	0009
Residential Street Address	City				State	Zip Code
965 State St		New Haven			СТ	06511
Principal Occupation		Name of Employe	r			•
Lawyer		State of	of Ct			
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	o	Is contributor a lo dependent child of		se, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			-	x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate	Contributions	1	
fundraising event listed in Section J1?  Yes  X Cash  Personal Check						
X No   X Cash   Personal Check   If yes, list Event #   Money Order   Credit/Debit Card	07/	19/2014		\$50.00		\$50.00

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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			
Megna 2014			October 10 Filing - Original			
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Luna		Melanie		J	0001	
Residential Street Address	City			State	Zip Code	
165 Main Street Anx )		New Haven		СТ	06512	
Principal Occupation		Name of Employ	er			
E Sum School		Stude				
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 enna (	x <sub>No</sub>			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
X No Cash X Personal Check	08/	03/2014	\$25.00		\$25.00	
If yes, list Event #						
Last Name	First			MI	Contribution ID #	
Smith		Jonathan		D	0002	
Residential Street Address	City			State	Zip Code	
171 Alston		New Haven		СТ	06515	
Principal Occupation		Name of Employ	er			
Retired		Retire		T Amount of Contribution		
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		dependent enna (				
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			
X No Cash X Personal Check	08/	03/2014	\$25.00		\$25.00	
If yes, list Event #	00,	03/2014	\$25.00		¥23.00	
Last Name	First			MI	Contribution ID #	
Martinez		Francisca		С	0003	
Residential Street Address	City			State	Zip Code	
165 Main Street Anx # 1-B		New Haven		СТ	06512	
Principal Occupation		Name of Employ	er			
retail clerk		Count	ry Food Market			
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 Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of		dependent child (	x No			
government the contract is with:  Executive Legislative		D : 1				
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions			
X No Cash X Personal Check	08/	03/2014	\$25.00		\$25.00	
If yes, list Event #	00,	03/2014	Ψ23.00		¥23.00	
Last Name	First			MI	Contribution ID #	
Annunziata		Albert		Α	0006	
Residential Street Address	City			State	Zip Code	
360 Humphrey St		New Haven		СТ	06511	
Principal Occupation		Name of Employ	er		•	
Attorney		Espos	ito & Annunziata			
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		dependent ennu (	x No			
government the contract is with:  Legislative 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			
X No Cash X Personal Check	08/	03/2014	\$100.00		\$100.00	
If yes, list Event # Money Order	I 55,	,	¥200.00		,	

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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 October 10 Filing - Original		
Megna 2014			October to Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Looney		Martin		М	0004
Residential Street Address	City			State	Zip Code
132 Fort Hale Rd	L	New Haven		СТ	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?		Is contributor a le	obbyist, spouse, or	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 <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	08/	05/2014	\$100.00		\$100.00
If yes, list Event #				<u> </u>	
Last Name	First			MI	Contribution ID #
Looney		Ellen		Н	0005
Residential Street Address	City			State	Zip Code
132 Fort Hale Rd		New Haven		СТ	06512
Principal Occupation  Accountant		Name of Employ	onmental Testing &Bal		
			obbyist, spouse, or	Amor	ant of Contribution
Yes X N	О	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section J1?					
If yes, list Event # Cash Cash Cash Cash Credit/Debit Card	08/	05/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Moler	First	Todd		IVII	0012
Residential Street Address	City			State	Zip Code
2 Meadow Rd		Hamden		СТ	06514
Principal Occupation		Name of Employ	er	•	
Self		Self			
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 Executive Legislative		dependent enna e	i a loooyist:		
government the contract is with	Date	Received	Aggregate Contributions	ŀ	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # Cash X Personal Check  Money Order Credit/Debit Card	09/	05/2014	\$250.00		\$250.00
Last Name	First			MI	Contribution ID #
Drennan		Julie			0013
Residential Street Address	City			State	Zip Code
134 S Cliff St		Ansonia		СТ	06401
Principal Occupation		Name of Employ	er		
Office Manger			ublic's Adjuster		
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	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		,,	x <sub>No</sub>		
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?			<u> </u>		
X No Cash X Personal Check  If yes list Event # Card Order Credit/Debit Card	09/	05/2014	\$250.00		\$250.00

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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		
Megna 2014			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Annunziata		Maria			0014
Residential Street Address	City			State	Zip Code
360 Humphrey St		New Haven		СТ	06511
Principal Occupation		Name of Employ	er		
Esthetician		Self			
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  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	received	riggregate contributions		
X No Cash X Personal Check	09/	05/2014	\$250.00		\$250.00
If yes, list Event #	03/	03/2011	Ψ230.00		Ψ230.00
Last Name	First			MI	Contribution ID #
Annunziata		Karen			0010
Residential Street Address	City			State	Zip Code
41 Tumblebrook Rd		Woodbridge		СТ	06525
Principal Occupation		Name of Employ	er		
Attorney/teacher		Retire	ed		
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		
Tundraising event fisted in Section 31?					
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	09/	12/2014	\$250.00		\$250.00
if yes, list Event #					
Last Name	First			MI	Contribution ID #
Buker		Christine			0017
Residential Street Address	City			State	Zip Code
223 Kneen St Apt 1		Shelton		СТ	06484
Principal Occupation		Name of Employ			
Training Specialist			New Haven Health Syst		
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 ennu (	x No		
government the contract is with:  Executive Legislative		D : 1			
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	00/	13/2014	\$250.00		\$250.00
If yes, list Event # Money Order Credit/Debit Card	09/	13/2014	\$230.00		\$250.00
Last Name	First			MI	Contribution ID #
Pizarro		Lissette			0018
Residential Street Address	City			State	Zip Code
85 Robin St		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er	!	4
Customer Service		Auto	Glass of New England		
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	1 a 1000yist?		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	09/	13/2014	\$250.00		\$250.00

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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		
Megna 2014			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Santamaria		Andre			0019
Residential Street Address	City			State	Zip Code
202 Goodhill Rd	L	Oxford		СТ	06478
Principal Occupation		Name of Employ	er		
Business owner		Self			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	о	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:			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions		
Tulidatising event insect in Section 31:					
X No	09/	15/2014	\$250.00		\$250.00
ii yes, iist Event #					
Last Name	First			MI	Contribution ID #
Esposito		John		J	0015
Residential Street Address	City	N		State	Zip Code
583 Orange St	<u> </u>	New Haven	on.	СТ	06511
Principal Occupation  Attorney		Name of Employ Self	er		
			obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
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 Cash Personal Check  Money Order Credit/Debit Card	09/	15/2014	\$250.00		\$250.00
I Honey order	<u> </u>				
Last Name	First			MI	Contribution ID #
Giuseppina		Jurrin			0016
Residential Street Address	City	Chaltan		State	Zip Code
225 Kneen St Principal Occupation		Shelton Name of Employ	or	СТ	06484
Retired		REtire			
			obbyist, spouse, or	Amou	ant of Contribution
Yes 🔼 No	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		
Tundraising event listed in Section 31?					
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	09/	15/2014	\$250.00		\$250.00
Last Name	First			MI	Contribution ID #
Biller	First	Jon		D	0020
Residential Street Address	City	3011		State	Zip Code
19 Mt Brook Rd		North Haven		CT	06473
Principal Occupation		Name of Employ	er		
Attorney		Biller,	Sachs, Raio & Zito		
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 lobbyist?		
government the contract is with:  Executive Legislative		D : 1	x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	007	30/2014	\$100.00		\$100.00
If yes, list Event #	03/.	55,2017	φ100.00		¥100.00

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I, MONETARY RECEIPT	S (Se	ction A-I)	_			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				FREPORT		
Megna 2014			October 10 Filir	ng - Original		
B. Itemized Contributions from	m Ind	ividuals	•			
Last Name	First				MI	Contribution ID #
Ursaki		Kenneth			D	0021
Residential Street Address	City				State	Zip Code
2 Merritt Woods	<u>L.,</u>	Burlington			СТ	06013
Principal Occupation		Name of Employe	er			
Insurance		Self				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist?	Yes	Amo	ount of Contribution
If yes, indicate which branch or branches of  Executive  Legislative		ī	,	x <sub>No</sub>		
government the contract is with:  Is this contribution associated with a Method of contribution:	Date I	Received	Aggregate Contribu			
fundraising event listed in Section J1?	Dute	Accerved	riggiegate Control	itions		
X No Cash X Personal Check	09/3	80/2014	\$2	250.00		\$250.00
If yes, list Event #	,					<del></del>
Last Name	First				MI	Contribution ID #
Walker		Toni				0022
Residential Street Address	City				State	Zip Code
1643 Ella Grasso Blvd		New Haven			CT	06511
Principal Occupation		Name of Employe	er			
Legislator		State	of CT			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child o	obbyist, spouse, or	Yes	Amo	ount of Contribution
If yes, indicate which branch or branches of		dependent child o	i a lobbyist:	x <sub>No</sub>		
government the contract is with:						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date I	Received	Aggregate Contribu	itions		
X No Cash X Personal Check	00/3	80/2014	dr.1	100.00		\$100.00
If yes, list Event #	03/3	00/2014	Ψ.	100.00		\$100.00
				Total of S	Section D	\$3,325.00
					section B	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section 1)	ions A	+ B) (Tot	al on Line 14 of Si	ımmary Page)		\$3,325.00
I. MONETARY RECEIPT	ΓS (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE	E OF REP	ORT
Megna 2014				October 10 F	iling - Origir	nal
C1. Contributions from Other Co	mmit	tees				
Name of Committee		Name of Treasure	r			
Address						
Is thi		oution associated wi		Yes	No A	mount of Contribution
fund	draising	event listed in Sect				
		If yes, list Event #	1			
State Zip Code City	Date Re	ceived	Aggregate Contri	ibutions		
			7	Total of Secti	on C1	

	I. MONETA	ARY RECE	CIPTS (S	Section A	<b>A-I</b> )					
NAME OF COMMITTEE						Т	YPE OI	REPORT		
Megna 2014						October 10	Filing -	Original		
C2. 1	Reimbursements, Pa	yments, or S	Surplus D	istributi	ions from other Co	ommittees				
Name of Committee					Name of Treasurer					
Address						Date Received	l		Amount of Receipt	
City		State	Zip Code		Reimbursement for Payment for goods a				_	
						To	tal of Se	ection C2		
									•	
	I. MON	ETARY R	ECEIPT	ΓS (Sect	tion A-I)					
NAME OF COMMITTEE						TYPE	OF REP	ORT		
Megna 2014						October 10 F	iling - Or	iginal		
	D. Loa	ns Received	this Peri	od						
Name of Lender Robert Megna				Source of		П		,	Date of Receipt	
Street Address			City	Bank	X Candidate	Individua State	Zip Co	Other de	07/02/2014  Is there a cosigner or	
40 Foxon Hill Rd # 54			New Ha	aven		CT 06513			Guarantor of this loan?  Yes X No	
Name of Cosigner/Guarantor (if applicable)						•			Amount Received	
Street Address			City			State	Zip Co	de	\$1,000.00	
							Total	of Section 1	\$1,000.00	
	I. MON	ETARY R	ЕСЕІРТ	S (Sect	ion A-I)	·				
NAME OF COMMITTEE							TYPE (	OF REPOI	RT	
Megna 2014						Octo	ber 10 F	iling - Origin	al	
E. Personal Funds	of the Candidate R	eceived this	Period (C	Candidat	e Committees ON	LY)				
Date of Receipt Meth	od of Payment Cash	Per	sonal Check		Credit/Debit Card			Α	amount	
,						Total of	Section	Е		

I. M	onet	tary Receipts (Section A-I)					
NAME OF COMMITTEE					TYPE OF REPOR	Т	
Megna 2014				Oct	October 10 Filing - Original		
G. Interest fr	om I	Deposits in Authorized Accounts					
Name of Institution				Date Recei	ved	Amount	
	_						
Street Address	Ci	ity	State		Zip Code		
					Total of Section G		
I. MONE	ETA	RY RECEIPTS (Section A-K)					
NAME OF COMMITTEE					TYPE OF REPORT	•	
Megna 2014				Oc	tober 10 Filing - Original		
H. Public Grant Fur	ıds R	Received from the Citizens' Election I	und				
Purpose of Grant:	irant Cy	ycle:			Date Received	Amount	
Initial Grant Adjustment		Primary General Election S	Special l	Election			
Supplemental/Post Election Deficit							
					Total of Section H		
I. MO	ONE	TARY RECEIPTS (Section A-K)	)				
NAME OF COMMITTEE					TYPE OF REPOR	Т	
Megna 2014				Oct	ober 10 Filing - Original		
I. Miscellaneous !	Mone	etary Receipts not Considered Contr	ibutio	ons			
Name				Dat	e of Transaction	Amount Received	
Street Address		City	S	tate	Zip Code		
Description							
					Total of Section	ı I	

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)											
NAME OF COMMITTEE						TYPE OF 1	REPO	ORT			
Megna 2014						October 10 Filing - Or	riginal				
	J1. Fund	raising Event Infor	mation								
Fundraising Event #											
Date of Fundraiser Letter	Description										
Location: Street Address					City			State	Zip Code		
Was this fundraising event hosted at a persona	l residence?		Yes No		required information for p	nations not Considered Cont buchases made by host(s) for			and		
Did this fundraiser include items donated by a donated by an individual of up to \$100?	business entity of up to \$200 or	items	Yes No	-	o Section J3 In-Kind Don required information.	ations not Considered Cont	tributio	ns 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											
					Т	otal of Section J1					
	II. FUNDRAISII	NG EVENT ACT	IVITY	(Section	ns J1 - J3)						
NAME OF COMMITTEE (Provide	Complete Name as Reg	istered with Commissi	on)			TYPE OF REF	PORT	ORT			
Megna 2014					С	October 10 Filing - Origina	al				
	J3. In-Kind Donat	ions Not Considere	d Contri	butions							
Name of the Donor											
Street Address				City				State	Zip Code		
Donation Given by:	Description of Donation			•					rket Value of		
Individual								D	onation		
Business Entity	Date Received	Event #			Aggregate value	e 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-Kin	d Co	ntributi	ons							
Name										
Street Address City							State	Zip Code		
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event#  No		Description	of In-Kind Contribution				,			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a principal of a state contractor or prospective state contractor?  No government the contract is with:  Execution:					eutive	Yes No Legislative		farket Value of this Contribution		
Type of Contributor:	Type of Contributor:  Date Received					ibutions				
Individual Committee Sole Proprietorship										
					Total of	Section K				
III. Non Mono	etary	v Receii	ots (Sections K - N	M)						
NAME OF COMMITTEE (Provide Complete Name as Registered v	with (	Commissi	on)		TYP	E OF REPC	ORT			
Megna 2014					October 10 Fili	ng - Original				
L. Refundable Deposit to	Tel	ephone	Company							
Last Name of Individual		First Nam	e		MI	Date Dep	osit Made			
Residential Street Address	Ci	ty		State	Zip Code			mount of Deposit		
Name of Telephone company										
Street Address City State Zip Code										
					Total of S	ection L				

	III. NONMONETARY	RECE	EIPTS (S	Sections I	K - M)			
NAME OF COMMITTEE						TYPE OF REPORT		
						ctober 10 Filing		
	n-Monetary Receipts of Organization E tive Caucus, and Party Committee - Ol					dership,		
Name of Committee (Legislative Leadersl	nip, Legislative Caucus, and Party Committees ONLY)			Name of Tr	reasurer			
Street Address						Date Notice Received		Fair Market Value of Donation
City					Zip Code Aggregat			
Description of Donation				Purpose of Expenditure  A B C D				
Total of Section M								
	IV. EXPENDITU	RES (S	Sections	N - S)				
NAME OF COMMITTEE (Pro	vide Complete Name as Registered with Com-	mission)				TYPE	OF REPOR	Т
Megna 2014 October 10 Filing - Original								
	N. Expenses Paid I	By Comn	nittee					
Name of Payee Date of Payment					ment	Method of Payment  Check #  Debit Card		
Street Address City						State	Zip Code	
Purpose of Expend	Purpose of Expend Description Amount							Amount
Is this expenditure coordinated with another candidate for Yes Expenditure # Event # Which reimbursement is sought? No (if applicable)  If yes, assign an Expenditure # and complete Itemization in Addendum								
						Total o	f Section N	

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	EE (Provide Complete Name as Ro	egistered with Commission)			TYPE	E OF REPOR	RT.	
Megna 2014	October 10 Filir	ctober 10 Filing - Original						
	O. Expe	enses Paid By Candidate						
Name of Payee (Name of vendor My Campaign Store	who candidate paid directly)		,	Date of Paymer 09/15/2014		Is Reimburseme	nt Claimed?	
Street Address 304 Whittington Pkwy #	201	City Louisville	State KY	Zip Code 40222	e		Amount	
Purpose of Expenditure (by code)  Gift *	Description Sponges to hand out			Event #			\$644.24	
Name of Payee (Name of vendor Allegra	who candidate paid directly)			Date of Paymer 09/30/2014		Is Reimburseme	nt Claimed?	
Street Address 943 Grand Ave		City New Haven	State CT	Zip Code 06511			Amount	
Purpose of Expenditure (by code) A-SIGN	Description lawn signs		·	Event #			\$403.68	
					Total o	of Section O	\$1,047.92	

		IV. EXPENDIT	URES (Section	ons N -	S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT				
Megna 2014					(	October 10 Filing - Original				
		P. Expenses Incurre	ed on Commit	tee Cred	lit Card					
Name of Issuing Institution  Type of Credit Card:  Visa Master Card Discover  Other						er American Express				
Name of Vendor							Date of Transaction			
Street Address					City			State	Zip Code	
Purpose of Expenditure (by code)								Amount		
Is this expenditure coordinated with another candidate for Yes Expenditure # (if applicable)  Event # (if applicable)										
If yes, assign an Expenditure # and complete Itemization in Addendum										
							Total of Section	?		
		IV. EXPENDIT	TURES (Sect	tions N	- S)					
NAME OF COMMITTE	EE (Pı	rovide Complete Name as Registered v	with Commission	n)			TYPE OF	REPORT		
Megna 2014 October 10 Filing - Orig						Original				
		Q. Expenses Incurred By Com	mittee but No	t Paid D	Ouring this Period		<u> </u>			
Name of Creditor								Date Incurred		
Street Address				City				State	Zip Code	
Purpose of Expenditure (by code)	Descr	ription							unt Incurred ate or Actual)	
Is this expenditure coordinated with another candidate for which Yes Expenditure # (if applicable)  No										
If yes, assign an Expenditure # a	and com	ppletes Itemization in Addendum Q								
						Tota	Lof Section O			

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF RE						TYPE OF REP	PORT			
Megna 2014						October 10 Filing - Original				
R. Itemization of Reimbursements to Committee Workers and Consultants										
Last Name of Worker/Consultant	First MI Date			Date o	f Paym	ent	Method	l of Payment		
								Check #		
Secondary Payee								Debit Card		
Street Address		City					State	Zip Code		
Purpose of Expenditure Description (by code)	on	•					Amount			
Is this expenditure coordinated with another candidate for										
which reimbursement is sought?		Expenditure # (if applicable)		Event #						
If yes, assign an Expenditure # and completes Itemization in	No Addendum R									
Total of Section R										
	IV. EXPENDITUI	RES (Sectuibs	N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT							ORT			
Megna 2014 October 10 Filing - Original					I					
S. 5	Surplus Distribution of I	Equipment and l	Furniture	•						
Name of Recipient										
Street Address	City			State	State Zip Code			Original Purchase Amount of Item		
Description of Item										
Total of Section S						tion S				