TOWN CLERK'S OFFICE MAR 3 0 2015 EAST HAVEN, CONN.

Rev. 3/07

NOTICE OF INTENT TO DISSOEVE

EXPLORATORY COMMITTEE CYDEWO, CO C TOWN CL CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION



Do Not Mark in This Space For Official Use Only

REGISTRATION TYPE

✓ FINAL DISSOLUTION

1. ELECTION DATE 2. CANDIDAT (mm/dd/yyyy) Prefix	Tirat	MI Last		Suffix
1//5/2015	PARL	R THOMPSON	U	5/2
3. CANDIDATE RESIDENCE ADDRE	iss — branday representation	4, CANDIDATE MAILING ADDRESS		
Street Address	co GROVERD #30	Address		
233 MANSFIEC			G	Ta: 0.1
City	State Zip Code	City	State	Zip Code
5. CANDIDATE TELEPHONE Undide	CT 065/2	OATE E-MAIL ADDRESS	¥;]
	-5861 the	mpspa @ SBC g1	bBAL 1	'X(/
7. PARTY AFFILIATION				CARGO OF STATE OF STA
☐ Republican	Democratic	☐ Other		
8, NAME OF COMMITTEE				
	2			
THOMPSON	00/1			
9. COMMITTEE ADDRESS		T		
Address AUSTIN	4118	City EAST HAVEN	State	Zip Code
				065/2
10. COMMITTEE E-MAIL ADDRESS		11. COMMITTEE WEB SITE ADDRES		
We are the state of the state o	e yahoo won	MM		
12: CANDIDATE'S DECLARATION				
☐ 12a. I declare that I will seel	k the nomination or election to the	office of:	. 9	-
14				
1/1/1	YOR			
	OFFICE SOUGHT	DISTRICT NO (If applicable)		
	· · · · · · · · · · · · · · · · · · ·	and		
	THOMPSON	2015		
	NAME OF CANDIDA	TE COMMITTEE		
/				
		any public office during the election	cycle for which	n my exploratory
committee was formed	1.			
		All March	7 (My	2-3-11
		fland from		. 77-71
		CANDIDATE (SIGNATU	RE) Da	te
	13. CERTIFI	CATION		
I hereby certify and state under	4 mm 4 m	is statement of intent to dissolve the in	ndicated candid	ate's exploratory
committee, for the reasons stated	I, is true, accurate and complete to	the best of my knowledge and belief a	ınd that this not	tice of intent to
dissolve is being submitted by m	e together with a Statement of Rec	eipts and Expenditures identifying all	of this explora	tory committee's
receipts and expenditures since it	is last previously filed statement.	_		
		1/ 1 1	Wag	
		YK MATUCI-YOU	女 3	27-15
	•	TREASURER (SIGNATURE)	*	Date
		THE TOTAL (STOTAL ORD)		

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised June 2014

RECEIVED FOR FILING IAPR 0 6 2015 TOWN CLERK'S OFFICE EAST HAVEN, CONN.

Page 1 of 17



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COVER PAGE

		CUY	EKP	AGL			
1. NAME OF COMMITTEE						AV).	
Thompson 2015							
2. TREASURER NAME							1 1946 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 194 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946
First		MI	Last				Suffix
Kristy		A	Porte	·			
3. TREASURER ADDRESS							
Street Address			City			State	Zip Code
93 Austin Ave			East Have			CT	06512
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUC	HT (Complete	only if Candid	ate Commillee)			6. DISTRICT NUMBER (if applicable)
(mm/dd/yyyy) 11/3/2015	Mayor						(g approach)
7. CANDIDATE NAME (Complete only	if Candidate or Explorate						
First		MI	Last				Suffix
Paul		R	Thom	pson			SR
8. TYPE OF REPORT (Check One Bux)						<u>)Ý)</u>	
🔿 January 10 filing	7th day prece	ding primary	O 7	h day preceding referend		Initial Cont	ribution or Disbursement
• April 10 filing	O30 days follow	wing primary	O 4	5 days following referend	lum _	Amendmen	
O July 10 filing	O7th day prece	ding election	O D	eficit	Т	ype of Rep	oort:
October 10 filing	12th day prec			ermination		April 10, 2	
Independent Expenditure	O45 days follow not held in No	wing election			Te	ERMI	nation-Fina
9, PERIOD COVERED		12.75					
	Beginning Da	ite		Ending Date			
	1/1/2015		thru	3/31/2015			
			-				
						-y-	
10. CERTIFICATION	manual library						
I hereby certify and state, under Disclosure Statement for the p	penalties of false eriod covered is tra	statement, t ue, accurate	hat all of the	ne information set forth	on this Ite	mized Ca	mpaign Finance
TREASURER OR DEPUTY TREASU	RER (SIGNATURE)	-	Kristy A. Po Print nami	rter E OF SIGNER		· ,	4-3-15 DATE (mm/dd/yyyy)
		31.13.6		<u> </u>			
PENALTY FOR FALSE STATEMEN	T IS PUNISHABLE BY	FINE NOT TO	O EXCEED \$,000, OR IMPRISONMENT	FOR NOT MO	ORE THAN C	ONE YEAR, OR BOTH.

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised June 2014

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT 4/7/2015 final termination						
Thompson 2015	COLUMN A This Period	COLUMN B Aggregate					
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		1175					
12. Balance on hand at the beginning of Reporting Period	1175						
13. Contributions Received from Individuals (Sections A and B)	9245						
14. Receipts from Other Committees (Sections C1 and C2)							
15. Other Monetary Receipts (Sections D through K)							
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)							
16b. Per Public Act I 1-48, effective January 1, 2012 Section L2, removed							
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	ý-	٠.					
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	4215.00						
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)							
19. Expenses Paid by Committee (Section P)	4215.00						
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	-0-	-0-					
21. In-Kind Donations not Considered Contributions Received (Section L4)							
22. In-Kind Contributions Received (Section M)							
23. Refundable Deposit to Telephone Company (Section N)							
24. Receipts of Organization Expenditures (Section O) OPTIONAL							
25. Beginning Loan Balance	Ŷ						
25a. + Loans Received (Section D)							
25b. + Interest and Penalties on Loan							
25c Payments on Loan							
25d. Total Outstanding Loan Amount							
26. Campaign Expenses Paid by Candidate (Section Q)							
27. Expenses Incurred on Committee Credit Card (Section R)							
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)							
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	m. O m						

NAME OF COMMITTEE			TYPE OF REPORT			
Thompson 2015			4-7-2015	J. S.	1170	
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed thi SUBTC	s Period ONLY STAL SECTION A	\$			
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n Turkini Go	u suih.	itions from Individ	nals			
Last Name	Fir		<u> </u>			MI
Pellegrino	1	laryAnn				
	City			State	1	Code 06512
90 Gerrish Ave #72	East	Haven		Ct		
Principal Occupation		Name of Employer Childrens Commur	ity Programs of Cl			
teacher		1			l mount	of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O Yes of Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is asso	ciated with have a contract Yes No	with said municipality	9, ,	XIIIOUBI (
Is this contribution associated with a	a state c	ontractor or prospective stat	e contractor?	es		00
fundraising event listed in Section L1? Mo If yes, indicate which bre of government the contrar	anch or t ict is wit	h: OExecutive	OLegislative	<u> </u>	30	
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Last Namo	1	rst				MI F
Thompson		homas		State	e. Zir	Code
Residential Street Address	City	Haven	Ť	Ct		06513
21 Mill Hill Cl	Lust	Name of Employer		<u> </u>		
Principal Occupation		none				
none Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	O to a ca	ndidate for a chief executive	e officer of a municipal	ity,	Amount	of Contribution
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If yes, list Event # 1 of government the contra		Date Received	Aggregate Contributions			
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Last Name	F	irst				MI
Dacey		Kevin		Ten	1. 17	p Code
Residential Street Address	City	t Haven		Sta	l	06513
6 Village Pl	Eas	Name of Employer		`		
Principal Occupation		K of C				
Pressman Is contributor a lobbyist, spouse, O Yes If contribution is in excess of \$40)() to o o		ve officer of a municipa	lity,	Amoun	t of Contribution
or dependent child of a lobbyist? One does contributor or business he/sl valued at more than \$5,000?	he is ass	O Yes No	t With said municipanty		30.00	
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NAME OF COMMUTEE			TYPE OF REPOR	eT .		
THOMPSON JUST			4-7-3	2016	F	Thal
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(see may action 33), supported by product Schild Chapter)					·.	y and a state of the state of t
A W A C B C		A A T. 31.2		V		
Last Name		utions from Individual	duais			MI
Thompson	P	Paul Jr				R
Residential Street Address	City			s	itate	Zip Code
140 Thompson St 13C	EH				СT	06513
Principal Occupation		Name of Employer				
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Thompson	P	\nn		4	٠.	·
1	City		·	- 1	itate	Zip Code
233 mansfirld Grove Rd #507	E.H.		,		Ct	06512
Principal Occupation		Name of Employer	•			
admin.	-	Yale Univ				
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VECELLFO	Val.	EOMUN			2	[2] . C. I.
Residential Street Address 19 VIR 9/19/0 RB	City	CAST HK	Wen		State	Zip Code
Principal Occupation		Name of Employer		_,	<u> </u>	00012
Police officer		FHOO				
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TOTAL OF ALL CONTRIBUTION	S FRO (Enter	OM INDIVIDUALS (Se total on Line 13 of Summe	ections A + B) ny Page Totals)	- Carrier Carr	40	15

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AME OF COMMITTEE				YPE OF REPOR			<u></u>	
hompson 2015				4-7-15	1-11	my ,	CE 10)	19976
A. Total Contributions from Sm (See instructions for definition of Small Co	all Contributors-Received nutributor) SU	l this BTOT	Period ONLY ALSECTION A	\$	<u>,</u>			
	B. Iremized Conf	eikuti	ons from Individ	uals				
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esidential Street Address		ity			1	tate Ct	Zip Code 0651	3
20 Jardin Dr		ast Ha					- 005	
rincipal Occupation			lame of Employer					
retired	If contribution is in excess of \$400 to	o candi	late for a chief executive	officer of a munic	cipality,	Amor	int of Coi	ntribution
- dependent shild of a lobbyist? No	does contributor or business he/she is valued at more than \$5,000?	associa	Yes O No	VIIII said indinoipe		50.	00	
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Last Name	orienteen maariteel ja kuunstaan kassa kirja ka kalkanna maala ka	First					MI	
Darling			iren		1	State	Zip Code	
Residential Street Address 109 Short Beach Rd		East H	aven			Ct	0651	
Principal Occupation			Name of Employer Zip appriasals					
Real Estate	If contribution is in excess of \$400 t	o a cand	•	officer of a muni	icipality,	Amo	unt of Co	ntribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or business he/she invalued at more than \$5,000?	is associa	O Yes O No			1	.00	
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Last Name		Ju			'A'			
Esposito Residential Street Address		City				State	Zip Cod	
145 Salerno Ave		East H	laven			ст	0651	2
Principal Occupation			Name of Employer Yale Univ.					
cook				o officer of a mu	vicinality	/ Am	ount of C	ontribution
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TOT	ALOFALL CONTRIBUTION	S FRO (Enter)	M INDIVIDUALS (Solution of Summer 13 of Summ	sections A + B) sary Page Totals)	Ą	421	Ś	

SEEC FORM 20 Restrict Juny 2014	IONETARY RECEIPTS (Sections)	
NAME OF COMMITTEE		TYPE OF REPORT
Thompson 2015	CONEN	April 10, 2015 filing - Final.
A. Total Contributions from Small C (See instructions for definition of Small Contribu-	Contributors-Received this Period ONLY SUBTOTAL SECTION A	\$
A CONTRACTOR OF THE CONTRACTOR		
A TOTAL CONTRACTOR OF THE CONT	B. Itemized Contributions from Indiv	iduals Mi
Last Name	First JONATH	
ALLEN/ Residential Street Address	City	State 7 Tin Code
134 BRENT WOOD	Name of Employer	100 112
Principal Occupation REAL ESTATE BR	ORER Sell S	OME PROPERTY
Is contributor a lobbyist, spouse, O Yes If con does of	tribution is in excess of \$400 to a candidate for a chief execution contributor or business he/she is associated with have a contract d at more than \$5,000?	Ct With Said manorpains
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Is contributor a principal of a state contractor or prospective s If yes, indicate which branch or branches of government the contract is with:	e OLegislative
Method of Contribution:	Payroll Deduction OMoney Order 2/33/15	Aggregate Contributions
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ABATINO	ANN	State Zip Code
Residential Street Address 388 THOMASON	AVC City E. H	G 06512
Principal Occupation	Name of Employer	red
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Method of Contribution: OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney Order	
Casii Cresonal Circle Contains Soll Care	SUBTOTAL Section	B—This Page 190
	TOTAL of additional S	agranding and a second a second and a second a second and
TOTAL	NO. 1.1. CONTRIBUTIONS FROM INDIVIDUALS	(Sections A + B) 4216
	(Enter total on Line 13 of Suc	mmary Page Totals) 🦞

Robot Jac 2011	50000000000000000000000000000000000000			4		
NAME OF COMMITTEE			TYPE OF REPORT	. 4	1-7-	75
Thompson 2015			FINA TE	R 10.	11947	
A. Total Contributions from Small Contributors-Receiv	ed th	is Period ONLY OTAL SECTION A	\$			
(See instructions for definition of Small Contributor)					··· ·· ·· ··	
				.,		
B. Itemized Co	CASSIN BARRISTON	utions from Individ	uals (†)			TMI
Last Name	1	irst Ioseph & Mary Ellen				
Pepe	City			State	Zip (Code
Residential Street Address 35 Red Bluff Dr	l '	Haven		СТ	(06513
Principal Occupation	l	Name of Employer		1		
self employed						
Is contributor a lobbyist, spouse, OYes If contribution is in excess of \$400	to a ca	indidate for a chief executive	officer of a municipality	y, Aı	nount o	f Contribution
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Last Name		irst Marco				MI
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18 Prospect Place		Name of Employer		<u>. i</u>		
Principal Occupation Branford BOE		Branford BOE				
) to a ca	andidate for a chief executive	officer of a municipali	ly, A	mount (of Contribution
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TOTAL OF ALL CONTRIBUTIO	NS FI (En/	ROM INDIVIDUALS (S er total an Line 13 of Summ	ections A + B) ary Page Totals)	4)/	1	
		•				

Marian and Park					
NAME OF COMMITTEE			TYPE OF REPORT		\
Thompson 2015			4-7-15 FIM	rd Te	KMI WATION
A. Total Contributions from Small Contributo	rs-Received tl	his Period ONLY	\$		
(See instructions for definition of Small Contributor)	SUDT	OTAL SECTION A			
					
B. Ite	mized Contril	outions from Individ	luals		
Last Name	-	Pirst			MI
Madley		Patrick JR		Q1-4- ⁴ -	Zia Codo
Residential Street Address	City	t Haven	A_i	State Ct	Zip Code 06512
351 Strong St	Las	Name of Employer			
Principal Occupation		Yale University			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Order Ves If contribution is in edoes contributor or by valued at more than \$\frac{1}{2}\$.	usiness he/she is ass	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	, Amor	ant of Contribution
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Last Name Madonna		Richard			· A
Residential Street Address	City			State	Zip Code
94 Rose St	Eas	t Haven		Ct	06513
Principal Occupation		Name of Employer		ъ.	
retired		none			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than S	ousiness he/she is ass	andidate for a chief executiv cociated with have a contract Yes No	e officer of a municipality with said municipality	Amo	unt of Contribution
fundraising event listed in Section L1? No If yes, indi	a principal of a state cate which branch o ent the contract is w	contractor or prospective star branches //th:	te contractor? Yes OLegislative	:	
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduct	tion OMoney Ordo	er 1/23/2015			
Last Name		First			MI P
Cretella		Jeffrey		State	Zip Code
Residential Street Address 431 laurel St	City Eas	st Haven		CT	06512
Principal Occupation	<u> </u>	Name of Employer		l	1
teacher		Wallingford BOE			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O Yes does contributor or by valued at more than	business he/she is as	candidate for a chief executive sociated with have a contract O Yes O No	e officer of a municipality	y, Amo	ount of Contribution
fundraising event listed in Section L1? No If yes, ind	a principal of a state licate which branch on ment the contract is v		OLegislative O No		
Method of Contribution:	d Orani 10.1	Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduc	money Ord				
	SL	BTOTAL Section B -	This Page 60.00)	
	TOT	TAL of additional Sec	tion B Pages	t b	
TOTAL OF ALL CONT	FRIBUTIONS FI	ROM INDIVIDUALS (S er total on Line 13 of Summ	ections A + B) ary Page Totals)	401	
					<u> </u>

NAME OF COMMITTEE			TYPE OF REPORT		
Thompson 2015			4-7-16 1110	L Ell	m111477313
A. Total Contributions from Small Contributors-Received	ed th	is Period ONLY	\$		
(See instructions for definition of Small Contributor)	SUBT (OTAL SECTION A			· · · · · · · · · · · · · · · · · · ·
	No. and Assessment of the Control of				
B. Itemized Co		utions from Individ	luals		Mi
Last Name Manciero		rst ∧att		•.	MI
Residential Street Address	City			State	Zip Code
19 Pennsylvania Ave	East	Haven		Ct	06512
Principal Occupation	·	Name of Employer			
teacher		EH BOE			46 47 4
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O Yes does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract O Yes No	officer of a municipality with said municipality		ount of Contribution 0.00
Is this contribution associated with a Yes Is contributor a principal of a	state c	ontractor or prospective sta	te contractor? Yes	,	,,,,,,
fundraising event listed in Section L1? No If yes, indicate which bra If yes, list Event # 1 of government the contra	anch or ct is wit	th: OExecutive	OLegislative		
Method of Contribution:		Date Received	Aggregate Contributions		!
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone					MI
Last Name Pompano		_{irst} Raymond Jr			F
Residential Street Address	City			State	Zip Code
105 Sorrento Ave	East	Haven		Ct_	06512
Principal Occupation		Name of Employer	Ÿ		
toolmaker		Sargent Co			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca is asso	ndidate for a chief executive ciated with have a contract O Yes O No	e officer of a municipality with said municipality	ļ	ount of Contribution 5.00
Is this contribution associated with a Yes Is contributor a principal of	a state c	contractor or prospective sta	te contractor? Yes	s	5,00
fundraising event listed in Section I.1? No If yes, indicate which broof government the contra	anch or ct is wi	th: Executive	OLegislative		
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone					MI
Last Name		irst Lance			J
Coughlin Residential Street Address	City			State	Zip Code
493 Main St	1 *	T Haven		СТ	06512
Principal Occupation	<u> </u>	Name of Employer			
attorney		self employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O No If contribution is in excess of \$4000 does contributor or business he/sh valued at more than \$5,000?	0 to a ca e is ass	andidate for a chief executive ociated with have a contract Yes No	re officer of a municipality with said municipality	1,	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 Section L1? Yes No Is contributor a principal of If yes, indicate which be of government the contributor.	ranch or	r branches	ote contractor? Ye		
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMono	ey Orde	er	NI CONTRACTOR OF THE CONTRACTO		
	SU	BTOTAL Section B -	This Page 55.00)	
		AL of additional Sec		15	
TOTAL OF ALL CONTRIBUTION	NS FR (Enter	OM INDIVIDUALS (S r total on Line 13 of Summ	ections A + B) ary Page Totals)	42	11

NAME OF COMMITTEE			TYPE OF REPORT		
Thompson 2015			4-7-15 F1	20 10	TERMINITIN
	od de	is Pariod ONLY		rever	CENTRAINE
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	UBTO	DTAL SECTION A	\$		
		NA MANINE MANINE AND			
	itribi Fir	ifions fr <mark>om Individ</mark>	illais		МІ
Last Name Meoli	1	rian			С
	City			State	Zip Code
424 N. High St	East l	Haven		Ct	06512
Principal Occupation		Name of Employer	-		
Shipping		Whale Precision			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O Yes of Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is assoc	ndidate for a chief executive ciated with have a contract O Yes O No	officer of a municipality with said municipality	1	unt of Contribution
Is this contribution associated with a fundraising event listed in Section L1? Wes, list Event # 1 Is contributor a principal of a fundraising event listed in Section L1? No Of government the contract of government the government the government the government the government of government the government of government the government the government of government of government the government of	nch or b	oranches	te contractor? Yes OLegislative	у.	
Method of Contribution:		Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	/ Order	2/25/2015			
Last Name	Fin				MI F
Demartino	i_	lorman 		State	Zip Code
Residential Street Address 30 Cortina Rd	City East	Haven		Ct	06513
Principal Occupation		Name of Employer			<u> </u>
self employed		self employed			
	to a car	ndidate for a chief executiv	e officer of a municipality	, Amo	ount of Contribution
or dependent child of a lobbyist? On does contributor or business he/she valued at more than \$5,000?	is asso	Ciated with have a contract Yes No	with said municipality	10	0.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 Section L1? If yes, indicate which bra of government the contract	inch or l	branches _	te contractor?		
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	2/25/2015		<u></u> .	1.0
Last Name		_{irst} Robert	7		MI P
Lee	City	ODEIC		State	Zip Code
Residential Street Address 39 West St	1 *	Haven		СТ	06513
Principal Occupation	<u> </u>	Name of Employer		<u>. </u>	
none					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O Yes does contributor or business he/she valued at more than \$5,000?	to a ca	indidate for a chief executive ciated with have a contractory Yes No	e officer of a municipality		ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1	anch or	contractor or prospective st branches th: Executive	Aggregate Contributions	s	
Method of Contribution:	v Orde	Date Received	1288168016 CONTINUENCE		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone					
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	TOT	AL of additional Sec	tion B Pages //	1	
TOTAL OF ALL CONTRIBUTION	S FRO	OM INDEVIDUALS (S total on Line 13 of Summ	ections A + B) ary Page Totals)	40	115

NAME OF COMMITTEE				TYPE OF REPO	RT		
Thompson 2015				4-7-15 Fino	eL 7	FRM	IngTion
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)	Received SU	l thi BTO	S Period ONLY TAL SECTION A	\$	7		
						NGC TITLE STORES	
B. Hemize	ed Cont	ribu Firs	tions from Individ	luals			MI
Raccuia		Tr	oy				
Residential Street Address	1	ity			1 '	State Ct	Zip Code 06437
56 Robin Place		Guilfo				-	00137
Principal Occupation			Name of Employer AFSCME				
Union Rep Is contributor a lobbyist, spouse, Yes If contribution is in excess	of \$400 to	o nan		officer of a muni	icipality.	Amo	unt of Contribution
or dependent child of a tobbyist?	ss he/she is 0?	assoc	iated with have a contract of Yes O No	with said municip	anty	20	
Is this contribution associated with a fundraising event listed in Section I.1? If yes, list Event # 1 O Yes Is contributor a princ If yes, indicate we of government the	which branc	h or b	: Executive	e contractor? Clegislative Aggregate Contribu	Yes No		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction (OMoney (Order	Date Received 2/25/2015	Aggregate Counton	<u></u>	,	
Last Name		Firs	st na		7		MI
Barrett			ria			State	Zip Code
Residential Street Address 235 Dodge Ave		ity East l	Haven			Ct	06512
Principal Occupation			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess does contributor or busines valued at more than \$5,000	ess he/she is	a can	didate for a chief executive stated with have a contract Yes No	e officer of a mun with said municip	icipality, pality		unt of Contribution
	ncipal of a s which brane	ch or b	1: Executive	Legislative	O Yes No		.00
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney (Order	Date Received 2/25/2015	Aggregate Contribu	utions		
Last Name		Fir					MI
Depalma		9	ary				
Residential Street Address 16 Center Ave	1	City East	Haven		7	State CT	Zip Code 06512
Principal Occupation	I		Name of Employer Yale Univ				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Order of the contribution of the con	ess he/she i	o a cai	ndidate for a chief executiv	e officer of a mur with said munici	nicipality pality	'	ount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 valued at more than \$5,00 Yes Is contributor a print of the print of t	ncipal of a	ich or '	ontractor or prospective sta branches	O Legislative	O Yes O No		J.00
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Ocasii Grenaviia viica Garanii			TOTAL Section B -	— This Page	140.00)	
	1	ΌΤΑ	AL of additional Sec	tion B Pages		13	
TOTAL OF ALL CONTRIB	BUTIONS (FRO Enter	M INDIVIDUALS (S total on Line 13 of Summ	ections A + B) ary Page Totals)		42	1/6

SEEC FORM 20 I. MONETARY RE			Page 3 01 17
NAME OF COMMITTEE		TYPE OF REPORT	
Thompson 2015		Fingli	TERMINATION .
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	I this Period ONLY UBTOTAL SECTION A	\$	
B. Itemized Cor	tributions from Individ	uals	MI
Last Name	First Noreen		WII
Clough	ity		State Zip Code
Residential Street Address 32 Chidsey Ave	East Haven		Ct 06512
Principal Occupation	Name of Employer		
acct, manager	RC Bigelow Inc		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of S400 does contributor or business he/she valued at more than \$5,000?	s associated with have a contract of Yes No	with said municipality	20.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 Section L1? No Is contributor a principal of a If yes, indicate which bra of government the contract	is with: DExecutive	e contractor? Yes No OLegislative Aggregate Contributions	
Method of Contribution:		Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	First		MI
Last Name Butler	Henry III		
Residential Street Address	City		State Zip Code
1031 N. High St	East Haven		Ct 06512
Principal Occupation Police officer	Name of Employer retired	-	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	o a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality with said municipality	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 Section L1? If yes, list Event # 1	t is with:	OLegislative	s
Method of Contribution:	Order 2/25/2015	Aggregate Contributi 7's	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	First		MI
Last Name Montone	Andrew		State Zip Code
Residential Street Address 120 Huntington Rd	City New Haven		CT 06512
Principal Occupation none	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O Yes does contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	Yes No	t With Said Interiorparity	80.00
fundraising event listed in Section L1? No If yes, indicate which by If yes, list Event # 1 of government the contra	state contractor or prospective st unch or branches et is with: Executive	OLegislative Aggregate Contributions	0
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon			
Ocash Opersonal Circle Ocical Debit Card Octay State	SUBTOTAL Section B.	This Page 110.0	00 .
	TOTAL of additional Sec		12
TOTAL OF ALL CONTRIBUTIO	S FROM INDIVIDUALS (S Enter total on Line 13 of Summ	sections A + B) sary Page Totals)	4015

NAME OF COMMITTEE					TYPE OF REPORT					
Thompson 2015					9-7-18 FINGL TERMINGTION					
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)			Period O		\$					
B. Itemized C	Contr	ibu First		Indivi	duals			I MI		
Pompano		Ray	у					D		
Residential Street Address	City	,			51	State.	Zip	Code		
30 Mario Ct	Ea	ast H	aven		٧	Ct		06512		
Principal Occupation		$\neg \top$	Name of Employ	er						
Teacher			New Haver					-		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? No life contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	e officer of a municipali with said municipality		nount (25.00	of Contribution						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 Section L1? If yes, list Event # 1 Section L1? Is contributor a principal of fyes, indicate which to of government the contributor of government the contributor as principal of fyes, indicate which to of government the contributor as principal of fyes, indicate which to of government the contributor as principal of figure 1.	branch	or bra with:	anches		te contractor? You No Legislative Aggregate Contributions	es	-5100			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mon	nev On		2/25/2015		Aggregate Contributions					
Last Name	1.0, 01.	First						мі		
Lubenau			Ann							
Residential Street Address	City	<u></u>				State	Zip	Code		
7 Robin Dr	Ea	ist H	aven			Ct)6513		
Principal Occupation			Name of Employ	ег						
retired			retired		V	٠,				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000?							10unt 6	of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 Section L1? Is contributor a principal of the section L1? If yes, indicate which the contributor aprincipal of the section L1? If yes, indicate which the contributor aprincipal of the section L1? If yes, indicate which the section L1? If yes, i	branch	or bra	anches	xecutive	O N OLegislative	es	0.00			
Method of Contribution:		1	Date Received		Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Oro	لجيب	2/25/2015					1) (1		
Last Name Pacelli		First						G MI		
Residential Street Address	City					State	Zip	Code		
107 Foxon Rd	1 *		aven			СТ	1 1	6513		
Principal Occupation			Name of Employ	er			i			
public works			Town of EH	ł						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$44 does contributor or business he/s valued at more than \$5,000?	00 to a she is a	cand	idate for a chie ated with have a Yes	f executive a contract O No	e officer of a municipali with said municipality		nount (of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 Section L1?	branch	or bra with:	anches OE		O N OLegislative	es				
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Or	- 1	Date Received 2/25/2015		Aggregate Contributions					
	SI	UBT	OTAL Sect	ion B –	This Page 65.0	0				
	TO'	TAI	of addition	ıal Sect	ion B Pages	11				
TOTAL OF ALL CONTRIBUTIO	NS FI (Ent	RON ter tot	1 INDIVIDU al ou Line 13 d	ALS (Se J Sununa	ofions A + B) ry Page Totals)	40	11			

NAME OF COMMITTEE		TYPE OF REPORT						
Thompson 2015		4-7-15/10	1146					
A. Total Contributions from Small Contributo	rs-Received this Period SUBTOTAL SE	IONLY \$	•					
(See instructions for definition of Small Contributor)	BUDAYTAE.de		<u> </u>					
B. Ite	mized Contributions fr	om Individuals		MI				
Last Name	First Nicholas							
Palladino	City		State	Zip Code				
Residential Street Address 152 Sorrento Ave	East Haven		Ct	06512				
Principal Occupation	Name of E	mployer						
retired	retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O Yes If contribution is in e does contributor or b	usiness he/she is associated with	chief executive officer of a municipate a contract with said municipali	oality, A	mount of Contribution				
valued at more than S	\$5,000?	res O No		10.00				
fundraising event listed in Section L1? No If yes, indi	a principal of a state contractor or icate, which branch or branches ent the contract is with:	Prospective state contractor? Executive OLegislative	Yes No	į				
If yes, list Event # 1 of governm Method of Contribution:	Date Rece	ved Aggregate Contributio	ns					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduc	tion OMoney Order 2/25/2	015						
1.ast Name	First			MI F				
Cirillo	Jim		T Ct-t-	Zip Code				
Residential Street Address	City East Haven		State	06512				
175 S. End Rd	Name of I	Inntavar						
Principal Occupation	Cirrillo	• •						
Attorney Is an in the second i		a chief executive officer of a munici	pality, A	mount of Contribution				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than	business he/she is associated with	have a contract with said municipality Yes No	nty .	50.00				
fundraising event listed in Section L1? O No If yes, ind	a principal of a state contractor or icate which branch or branches nent the contract is with:	prospective state contractor? Executive OLegislative	Yes No					
Method of Contribution:	Date Rece		ons					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduc	ction OMoney Order 2/25/2	015						
Last Name	First			MI A				
Porter	Kristy		State					
Residential Street Address 93 Austin Ave	City EAST Haven		СТ	'				
Principal Occupation		Employer						
Admin. asst.		of CT. Judicial						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in does contributor or valued at more than	business he/she is associated with	a chief executive officer of a munic have a contract with said municipa Yes No	lity	Amount of Contribution				
fundraising event listed in Section L1? No If yes, inc	r a principal of a state contractor of dicate which branch or branches ment the contract is with:	OExecutive OLegislative	Yes No					
Method of Contribution:	Date Rec	eived Aggregate Contributi	ons					
OCash OPersonal Check OCredit/Debit Card OPayroll Dedu	ection OMoney Order							
	SUBTOTAL	Section B — This Page 1	60.00					
	TOTAL of ac	ditional Section B Pages	/	0				
TOTAL OF ALL CON	TRIBUTIONS FROM INDI (Enter total on L	VIDUALS (Sections A + B) ine 13 of Summary Page Totals)	40	<u>(Caralleliana)</u>				

NAME OF COMMITTEE			TYPE OF REPORT			
THOMPSON 2015			4-7-18 FI	746	ber	
A. Total Contributions from Small Contributors-Receive	ed tl VBT	his Period ONLY OTAL SECTION A	\$			
			P	-		
B. Itemized Cor	itril	outions from Individ	luals			
Last Name	- 1	Pirst				MI
Cretella	1_	Dominic		- C4-4-	7in	
Kealdennin Otteet Andreas	City	t Haven		State		Code 06512
10 Burgess St	Eas	Name of Employer			I	
Principal Occupation		self emploted				
self employed Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a c	· •	officer of a municipality	, Aı	nount	of Contribution
or dependent child of a lobbyist? One does contributor or business he/she valued at more than \$5,000?	is ass	O Yes O No	with said municipality		10,00	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 Section L1? No Is contributor a principal of a If yes, indicate which brain of government the contract	nch o	r branches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card O Payroll Deduction OMoney	Orde	er 1/5/15	10.00			
Last Name		First		•		MI
Vastola		Michael	**	State	Zir	Code
Residential offeet Address	City Eas	t Haven		СТ	- 1 1	06512
66 Mass Ave		Name of Employer		l		
Principal Occupation none		retired				
Vas I f contribution is in excess of \$400	to a c	andidate for a chief executive	officer of a municipality	/, A	mount	of Contribution
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is ass	sociated with have a contract O Yes O No	with said municipality		20.00	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 Solve Yes Is contributor a principal of a If yes, indicate which bra of government the contract.	ınch o	or branches	OLegislative O No	5		
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Ord	er 1/5/15	20.00			Du
Last Name		First Robert Jr				MI
Fox	lei-	Robertoi		State	Zi	ip Code
Residential Street Address 180 Coe Ave	City Ea:	st Haven		СТ	,	06512
Principal Occupation		Name of Employer				
Marketing		Fox Press				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?) to a e is as	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality		.moun	t of Contribution
	anch (with:	OLegislative O	es o		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Ord	Date Received ler 1/5/15	Aggregate Contributions 10.00			
Geasin Officiality Circuit Control of Contro		JBTOTAL Section B -	This Page 40.00)		
	TO	TAL of additional Sec	tion B Pages	_ 9	2	
TOTAL OF ALL CONTRIBUTION	SS F1 (Ent	ROM INDIVIDUALS (S er total on Line 13 of Summ	ections A + B) ary Page Totals)	41	15	

SEEC FORM 20 Robed Jane 2014 I. IV	IONETARY REC	EII	PTS (Sections A	—К)			age 3 of 17
NAME OF COMMITTEE			-	TYPE OF REPORT			
Thompson 2015				4-7-15	7-11	46	
A. Total Contributions from Small Contributions for definition of Small Contributions for definitions from Small Contributions for definition of Small Contributions from Small Contributions for definition of Small Contribution	Contributors-Received wor) SU	this BTO	Period ONLY TAL SECTION A	\$			
	B. Itemized Cont	elkad	ions from Individ	uals			
Last Name	D. Reimzea conv	First					MI
Pigali		Da	rlene		10	Zip C	
Residential Street Address	Cit	•			State	1	5512
10B First Ave		ast H	Name of Employer				
Principal Occupation		Ì	The Hurley Group				
Property Mgr.	ntribution is in excess of \$400 to	a cand	idate for a chief executive	officer of a municipalit	y, Am	ount of	Contribution
or dependent child of a lobbyist? • No does	contributor or business he/she is d at more than \$5,000?	associ	Yes O No	with said indirecipanty	_ 20	0.00	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1	Is contributor a principal of a st If yes, indicate which branc of government the contract i	h or br s with:	anches	e contractor? Ye C No C No Aggregate Contributions			
Method of Contribution:	Deverall Daduction OMoney (1		20.00			
OCash OPersonal Check OCredit/Debit Card O	Payron Deduction Omoney C	Firs					МІ
Last Name Morales		Le	tizia				
Residential Street Address	C	ity			State	Zip C	
125 Thompson Ave	[1	East F	laven		СТ	1 00	5512
Principal Occupation			Name of Employer				
Director of Medical			State of Ct.	fire of a municipali	tsr T A.p.	ount o	f Contribution
demondant shild of a lobbyist? No does	ntribution is in excess of \$400 to contributor or business he/she is ed at more than \$5,000?	assoc	Yes O No	Will Salu Municipanty	_	0.00	Continuo
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L Anonymous Contributions

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign transurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

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.**V**. II. FUNDRAISING EVENT ACTIVITY (Sections 1.1.

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part 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) re there purchases of advertising space in a program book or on a sociated with this fundraiser? O Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) Part 3: (Town Committees ONLY) your committees sell food or beverage at a fair or similar mass ering held within the state with this fundraiser? O No SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items—This Page UBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases—This Page TOTAL of additional Section L1 Pages	h purchases from an individual of up to \$100?		\$		
A associated with this fundraiser? O Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) Part 3: (Town Committees ONLY) your committee sell food or beverage at a fair or similar mass ering held within the state with this fundraiser? O Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)	bnart 2: (Party Committees Manistral C	O _{No}			
your committee sell food or beverage at a fair or similar mass ering held within the state with this fundraiser? O No SUBTOTAL Section Li—Subpart I (All Committees) Total Receipts from Sale of Donated Items — This Page UBTOTAL Section Li—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page TOTAL of additional Section Li Pages	n associated with this fundraiser?	or on a Sign and complete required int	Advertising Spa Cormation.)	ice in a Pr	ogram Book
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Sale of Donated Items — This Page UBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page TOTAL of additional Section L1 Pages	bpart 3: (Town Committees ONLY)				
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page UBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page TOTAL of additional Section L1 Pages	your committee self food or beverage at a fair or similar mass hering held within the state with this fundraisar?	O Yes (If yes, enter Total Receipts here.)	. [\$	· · · · · ·	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page UBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page TOTAL of additional Section L1 Pages	- Tandraisor (O No	→ [<u>"</u>		
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UBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page TOTAL of additional Section L1 Pages	SUBTOTAL Section LI-Subpart I (All Committees) Total Receipts	from Sale of Donated Here. This P.	Y ;	ý <u> </u>	
TOTAL of additional Section Li Pages					
	Total Receipt Gressian Grounditees ONLY) Total Re	ecclpts from Food Purchases — This Page	- 0) 1	:
TALOFALL RECEIPTS FROM SMALL DUDCHASES #		TOTAL of additional Section Li Pages	- O		
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Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed NAME OF COMMITTEE TYPE OF REPORT L3. Purchases of Advertising in a Program Book or on a Sign Name of Purchaser Purchase Made By: OBusiness Entity Olndividual OSole Proprietorship Street Address City State Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: OBusiness Entity OIndividual OSole Proprietorship Street Address City State 3 Zip Code Date Received Event# Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: OBusiness Entity OIndividual Sole Proprietorship Street Address City State Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: OBusiness Entity Indivídual O Sole Proprietorship Street Address City State Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: OBusiness Entity OIndividual OSole Proprietorship Street Address City State Zip Code Date Received Event# Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase SUBTOTAL Section La Total Purchases of Advertising in Program Book — This Page SUBTOTAL Section L3 Total Purchases of Advertising on a Sign - This Page TOTAL of additional Section L3 Pages TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK OF ON A SIGN

(Enter total on Line 16c of Summary Page Totals)

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE	1				TYPE OF REPORT			
THOMPSOL					4-7-20	11	FIR	146
	L4. In-K	ind Donations N	ot Consider	ced Contribi	utions			
Name of Donor								
Street Address		· · · · · ·	City				State	Zip Code
Donation Given By:	Description of Donation		<u> </u>			Fair N	<u>I</u> Market Vali	ue of Donation
Business Entity								
OIndividual	Date Received	Event #	11.1.24.1111111	Aggregate Value fo	or this Event			
O Sole Proprietorship						<u> </u>	Α,	
Name of Donor								
Street Address			City				State	Zip Code
once Address			Chy					
Donation Given By:	Description of Donation					Fair N	l Iarket Vali	ue of Donation
Business Entity								
O Individual	Date Received	Event #		Aggregate Value fo	or this Event			
Sole Proprietorship						<u> </u>		
Name of Donor								
Street Address	****		City				State	Zip Code
			·					
Donation Given By:	Description of Donation					Fair N	L Aarket Valu	L ue of Donation
O Business Entity					Ų	} .	V.	
O Individual	Date Received	Event #		Aggregate Value fo	or this Event			
Sole Proprietorship						ļ <u>.</u>		
Name of Donor								
Street Address			City			-	State	Zip Code
SHEEL Addiess			City					
Donation Given By:	Description of Donation					Fair N	larket Valu	l ie of Donation
OBusiness Entity								
OIndividual	Date Received	Event #		Aggregate value for	π this Event			
Sole Proprietorship								
		81	URTOTAL Se	ection L4 — Th	is Page		0	
							<i>/</i> h	
			PPAL of addit	lonal Section L	A Pages	l.	Ũ	
	TOTAL OF ALL IN-KIND	DONATIONS NOT	CONSIDERE	D CONTRIBU	JIIONS		0	
		(Enter total	on Line 21 of	Summary Page	e rounts			

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE				TYPE OF REPORT			
Thompson Jest	egggaran.			9-7-15	FINAL		
N.		M. In-Kind Con	tributions				
Name							
Street Address			City		State Zip Code		
Type of contributor: OCommittee	Date Received	Aggregate Contributions	Description of In-Kind	Contribution			
OIndividual / Sole Proprietorship Oother	T0	C04004	1) 0 110 11	. Ÿ.	V .		
Is contributor a tobbyist, spouse, or dependent child of a tobbyist?		n excess of \$400 to a candid business he/she is associat n \$5,000?			Fair Market Value of this Contribution		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	No If yes,	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					
Name							
Street Address			City		State Zip Code		
			·				
Type of contributor: Committee Ondividual / Sole Proprietorship Other	Date Received	Aggregate Contributions	Description of In-Kind	Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or	n excess of \$400 to a candid business he/she is associat	ed with have a contract w		Fair Market Value of this Contribution		
Is this contribution associated with a fundraising event listed in Section L1?	O No If yes,	tor a principal of a state co indicate which branch or b	ranches	_ O No			
If yes, list Event # Name	of gove	rnment the contract is with	: C Executive	C Legislative	٧.		
Trans				•			
Street Address		[City		State Zip Code		
Type of contributor. Committee	Date Received	Aggregate Contributions	Description of In-Kind (Contribution			
Olndividual / Sole Proprietorship Other							
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?		excess of \$400 to a candid business he/she is associated \$5,000?			Fair Market Value of this Contribution		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	No If yes, i	tor a principal of a state coi indicate which branch or br rnment the contract is with.	ntractor or prospective staranches	_ O No			
11 yes, list Evelit#	oi gove		Executive (BTOTAL Section M -				
			'AL of additional Sec				
TOTAL OF ALL I	4-KIND CONTR	IBUTIONS (Enter tota	al on Line 22 of Sununar	y Page Totals)	-0-		
	N. Refund	lable Deposit to Te	lephone Compan	y (⁽¹⁾			
Last Name of Individual		First		МІ	Date Deposit Made		
Residential Street Address	.	City		State Zip Code	Amount of		
					Deposit		
Name of Telephone Company		<u> </u>					
Street Address		City	[State Zip Code	_		
	TOTALS	ECTION N (Enter tota	il on Line 23 of Summar	y Page Totals)			

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE				TYPE OF REPORT	
THOMPSON DEST					WAL
O. Non-Monetary Receipts of Legislative Leadership, Legislative Caucus an					i 11-48
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONI	LY)	Name of Treasure	er	, Y .	
Street Address		<u></u>		Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
Description of Donation				se of Expenditure (see instructions)	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONI	LY)	Name of Treasure			
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
Description of Donation	.· !			se of Expenditure <i>(see instructions)</i>	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONE	LY)	Name of Treasure	er	***************************************	
Street Address		<u> </u>		Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
Description of Donation			_	se of Expenditure (see instructions)	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONI	LY)	Name of Treasure	er		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
Description of Donation	· · · · · · ·			se of Expenditure (see instructions),	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON)	l.Y)	Name of Treasure	er		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
Description of Donation			_	se of Expenditure (see instructions)	
	SUBT	OTAL Section	n O —	This Page	
	TOTAL	. of additional	Sectio	ii O Pages	
TOTAL RECEIPTS OF ALL O	DRGANIZ	ZATION EX	PEND	Page Totals)	

NAME OF COMMIT	TRE			TYPE OF REPORT		
Thompson 2015				4-7-15	FINA	2
	P. Expenses	Paid by Committee		3,	2	
Name of Payee				Date of Payment	Method of P	ayment: heck #_ <i>1001</i>
Joseph Santino					S D	ebit Card
Street Address		City		I	State	Zip Code
Coe Ave		East Haven			СТ	06512
Purpose of Expenditure	Description	<u> </u>	Event	#		
(by code)	catering pasta fundraiser		1			Amount
Expenditure #					250.00	
(if applicable)	Type of Expenditure (if applicable) Itemization in Addendum			ith reimbursement sought		
	Coordinated without reimbursement sought O Independ	ent Organization A) R (Oc On		
Name of Payee				Date of Payment	Method of Pa	nyment: neck # 1002
Paul Thompson					80	ebit Card
Street Address		City			State	Zip Code
233 Mansfielsd G	rove Rd #507	East Haven			СТ	06512
Purpose of Expenditure	ose of Expenditure Description Event #					Amount
(by code)	pasta dinner , cups, plates, deserts, covers, all paper 1				٠,	Kinount
Expenditure #				21 2 1	291.94	
(if applicable)	Type of Expenditure (if applicable) Itemization in Addendum I Coordinated without reimbursement sought O Independ	•		th reimbursement sought		
2	O Coordinated without reinformsement sought O Independ	ent Oorganization OA ()в (
Name of Payee				· i	Method of Pa	nyment: neck #
Citizens Bank			İ	12/31/2014		ebit Card
Street Address		City			State	Zip Code
PO Box 7000		Providence		i	RI	02940
Purpose of Expenditure	Description		Event #	1		\mount
(by code)	bank statement fee charge - DECEN	13EK			12.99	
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum I	Required O Coordina	ted wit	th reimbursement sought	12	
(if applicable) 3	O Coordinated without reimbursement sought O Independent	. •		~		
Name of Payee					17 1 1 60	
•				·	Method of Pa OCh	
Citizens Bank				1/6/15		eck # bit Card
Street Address		City		Ÿ	State*	Zip Code
PO Box 7000		Providence			RI	02940
Purpose of Expenditure by code)	Description		Event #			Amount
by code)	bank statement fee charge - /-31-15				44.99	
Expenditure#	Type of Expenditure (if applicable) Itemization in Addendum P	Required O Coordinate	ted wit	th reimbursement sought		
(if applicable)	O Coordinated without reimbursement sought O Independe	-		٠ - ١		
		SUBTOTAL Section	P	Phis Page 5	99.	91
					99.	/ ()~
		TOTAL of additional Se	ection	P Pages	2	
WORLL OF	LL EVENNORS BUYN BY GOLD WITHIN					
TOTALOF	ALL EXPENSES PAID BY COMMITTEE (En	ter total on Line 19 of Summ	iary Pi	nge Totals)	215	

IV. EXPENDITURES (Sections P-T)

NAME OF COMMI	ITEB		. 646 July 2011		TYPE OF REPO	ORT		
Thompson 2015					4/7/15 final	filing		
		P. Expenses	Paid by Committee	e		(Å)		
Name of Payee					Date of Payment		Method of	Payment: Check #
Citizens Bank					11/30/14			Debit Card
Street Address			City				State	Zip Code
P O Box 7000			Providence				RI	
Purpose of Expenditure (by code)	Description			Event	#			Amount
,	Bank fees						\$12.99	9
Expenditure # (if applicable)	Type of Expenditure (if applicable				ith reimbursemen	tsought	1	
10 44 menony	O Coordinated without reimb	ursement sought 🔘 Independ	ent Organization A	Ов (Oc Op			
Name of Payee					Date of Payment		Method of I	•
Citizens Bank					2/28/15			Check # Debit Card
Street Address			City				State	Zip Code
P O Box 7000			Providence					
Purpose of Expenditure	Description			Event	#			Amount
(by code)	Bank fees			İ		ý.	``	Amount
Expenditure #	Type of Expenditure (If applicable)) Itemization in Addendum F	Required O Coordin	nated wi	th reimbursement	cought	\$3.00	
(if applicable)	Coordinated without reimb		•			. sought		
Name of Payee		, , , , , , , , , , , , , , , , , , ,	O -10-10-10-10-10-10-10-10-10-10-10-10-10-		Date of Payment		Method of P	Douglas de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la company
					Date of Laymont		Oc	heck #
Street Address		·	City				~	ebit Card
			City				State	Zip Code
D	In.			I		ţ		
Purpose of Expenditure (by code)	Description			Event #	!			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable)		-		th reimbursement	sought		
	O Coordinated without reimbu	irsement sought O Independe	ent O Organization OA	OB (O C O D			
Name of Payee					Date of Payment		Method of P	ayment: heck #
							80	ebit Card
Street Address			City			Ą	State	Zip Code
Purpose of Expenditure (by code)	Description			Event #				Amount
(0) (000)								
Expenditure # (if applicable)	Type of Expenditure (if applicable)	Itemization in Addendum P	Required O Coordina	ated wit	h reimbursement	sought		
(у ирракиоле)	O Coordinated without reimbu	rsement sought 🔘 Independe	nt OOrganization OA (OB (OC OD			
			SUBTOTAL Section	P-7	This Page \$1	15.99		
			TOTAL of additional S	Santion	P.Pages			
			· O · Als Or additional s	ex non	1 1 " 51-3			
TOTAL OF	ALL EXPENSES PAID	BY COMMITTEE (Ent	er total on Line 19 of Sunu	nary Pa	ige Totals)	W	2/5	
						76	//1	

IV. EXPENDITURES (Sections P—T)

/5 Page 👪 of 17

Thorpoon 2015 Same of Payer East Haven Democratic Town Committee					Final 4/7/20	RT	
Same of Payson Same of Payson Sast Haven Description Description Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated without reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated without reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated without reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated without reimbursement sought Coordinated with reimbursement sought Coordinated without reimbursement sought Coordinated without reimbursement sought Coordinated with reimbursement sought Coordinated without reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimburseme		P. Exper	ises Paid by Com	mittee	Final- 4/7/20	15	
East Haven Democratic Town Committee Street Address	Name of Payee	∅.			Date of Payment	Method	of Payment:
P.O. Box 120261 East Haven Description close out of exploratory thompson 2015- donation Expenditure # dispenditure # dispenditure # dispenditure # Description Close out of exploratory thompson 2015- donation Type of Expenditure # Description Close out of Thompson 2015- donation Expenditure # Description Close out of Thompson 2015- donation Description Close out of Thompson 2015- donation Expenditure # Description Close out of Thompson 2015- donation Expenditure # Description Close out of Thompson 2015- donation Expenditure # Description Close out of Thompson 2015- donation Expenditure # Description Close out of Thompson 2015- donation Expenditure # Description Close out of Thompson 2015- donation Expenditure # Description Close out of Thompson 2015- donation Expenditure # Description Close out of Thompson 2015- donation Expenditure # Description Close out of Thompson 2015- donation Expenditure # Description Close out of Thompson 2015- donation Expenditure # Description Close out of Thompson 2015- donation Expenditure # Description Close out of Thompson 2015- donation Expenditure # Description Close out of Thompson 2015- donation Expenditure # Description Close out of Thompson 2015- donation Expenditure # Description Close out of Thompson 2015- donation Expenditure # Description Close out of Thompson 2015- donation Type of Expenditure # Description Close out of Thompson 2015- donation Type of Expenditure # Description Close out of Thompson 2015- donation Type of Expenditure # Description Close Out of Thompson 2015- donation Type of Expenditure # Description Close Out of Thompson 2015- donation Type of Expenditure # Description Close Out of Thompson 2015- donation Type of Expenditure # Description Close Out of Thompson 2015- donation Type of Expenditure # Description Close Out of Thompson 2015- donation Type of Expenditure # Description Close Out of Thompson 2015- donation Type of Expenditure # Description Out of Type of Expenditure # Description Out of Type of Expenditure # Descript		ocratic Town Committee			i		Check #Debit Card
Puppes of Expenditure (by code) Description Close out of exploratory thompson 2015- donation September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September September Sep			City			State	Zip Code
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Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required Coordinated with reimbursement sought Coordinated without reimbursement sought Organization OA OB OC OD						
			SUBTOTAL Sec		.13	٤,	
TOTAL OF	ALL REIMBURSEMEN	FETO COMMETER	TOTAL of additio		1 ruges	/1	
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