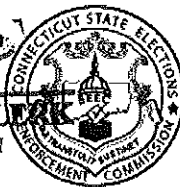


**TOWN CLERK'S OFFICE
EAST HAVEN, CONN.**

MAR 30 2015

SEEC FORM 5

**EXPLORATORY COMMITTEE
NOTICE OF INTENT TO DISSOLVE
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**
Rev. 3/07



Do Not Mark in This Space For
Official Use Only

REGISTRATION TYPE

✓ FINAL DISSOLUTION

1. ELECTION DATE (mm/dd/yyyy) 11/3/2015		2. CANDIDATE NAME Prefix First MI Last Suffix PAUL R THOMPSON SR			
3. CANDIDATE RESIDENCE ADDRESS Street Address 233 MANFIELD GROVE RD #301 City EAST HAVEN State CT Zip Code 06512			4. CANDIDATE MAILING ADDRESS (if different) Address City State Zip Code		
5. CANDIDATE TELEPHONE (Include Area Code) (203) 467-5861			6. CANDIDATE E-MAIL ADDRESS thompsona@sbcglobal.net		
7. PARTY AFFILIATION <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Other					
8. NAME OF COMMITTEE THOMPSON 2015					
9. COMMITTEE ADDRESS Address City State Zip Code 93 AUSTIN AVE EAST HAVEN CT 06512					
10. COMMITTEE E-MAIL ADDRESS K PORTER 024@yahoo.com			11. COMMITTEE WEBSITE ADDRESS N/A		
12. CANDIDATE'S DECLARATION (check one) <input type="checkbox"/> 12a. I declare that I will seek the nomination or election to the office of: MAYOR OFFICE SOUGHT DISTRICT NO (if applicable) THOMPSON 2015 NAME OF CANDIDATE COMMITTEE <input checked="" type="checkbox"/> 12b. I declare that I will not seek the nomination or election to any public office during the election cycle for which my exploratory committee was formed. Paul Thompson 3-27-15 CANDIDATE (SIGNATURE) Date 13. CERTIFICATION I hereby certify and state, under penalties of false statement, that this statement of intent to dissolve the indicated candidate's exploratory committee, for the reasons stated, is true, accurate and complete to the best of my knowledge and belief and that this notice of intent to dissolve is being submitted by me together with a Statement of Receipts and Expenditures identifying all of this exploratory committee's receipts and expenditures since its last previously filed statement. Krustya A. Porter 3-27-15 TREASURER (SIGNATURE) Date					

Notice: Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.

SEEC FORM 20

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



RECEIVED FOR FILING

APR 06 2015
TOWN CLERK'S OFFICE
EAST HAVEN, CONN.

Page 1 of 17

Sally Gravano, CTC
TOWN CLERK

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COVER PAGE

1. NAME OF COMMITTEE			
Thompson 2015			
2. TREASURER NAME			
First Kristy	MI A	Last Porter	Suffix
3. TREASURER ADDRESS			
Street Address 93 Austin Ave		City East Haven	State CT Zip Code 06512
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 11/3/2015	5. OFFICE SOUGHT (Complete only if Candidate Committee) Mayor		6. DISTRICT NUMBER (if applicable)
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First Paul	MI R	Last Thompson	Suffix SR
8. TYPE OF REPORT (Check One Box)			
<input type="radio"/> January 10 filing	<input type="radio"/> 7th day preceding primary	<input type="radio"/> 7th day preceding referendum	<input type="radio"/> Initial Contribution or Disbursement (PACs ONLY)
<input checked="" type="radio"/> April 10 filing	<input type="radio"/> 30 days following primary	<input type="radio"/> 45 days following referendum	<input type="radio"/> Amendment to
<input type="radio"/> July 10 filing	<input type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report:
<input type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election (State Central Committees Only)	<input checked="" type="radio"/> Termination	April 10, 2015
<input type="radio"/> Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> Election	<input type="radio"/> 45 days following election not held in November	TERMINATION - FINAL	
9. PERIOD COVERED			
Beginning Date 1/1/2015		Ending Date 3/31/2015	
10. CERTIFICATION			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
<u>Kristy A. Porter</u> TREASURER OR DEPUTY TREASURER (SIGNATURE)		Kristy A. Porter PRINT NAME OF SIGNER	4-3-15 DATE (mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.			

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
Thompson 2015	4/7/2015 final termination	
	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)	4215	
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. <i>Per Public Act 11-48, effective January 1, 2012 Section L2, removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
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) <i>OPTIONAL</i>		
25. Beginning Loan Balance		
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)	- 0 -	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE				TYPE OF REPORT			
Thompson 2015				4-7-2015 Final			
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A			
				\$			
B. Itemized Contributions from Individuals							
Last Name Pellegrino			First MaryAnn		MI		
Residential Street Address 90 Gerrish Ave #72			City East Haven		State Ct	Zip Code 06512	
Principal Occupation teacher			Name of Employer Childrens Community Programs of Ct				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="radio"/> Yes <input type="radio"/> No			Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		<input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input checked="" type="radio"/> Yes <input type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 2/25/2015		Aggregate Contributions		
Last Name Thompson			First Thomas		MI F		
Residential Street Address 21 Mill Hill Ct			City East Haven		State Ct	Zip Code 06513	
Principal Occupation none			Name of Employer none				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 10.00		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 2/25/2015		Aggregate Contributions		
Last Name Dacey			First Kevin		MI		
Residential Street Address 6 Village Pl			City East Haven		State CT	Zip Code 06513	
Principal Occupation Pressman			Name of Employer K of C				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 30.00		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received		Aggregate Contributions		
SUBTOTAL Section B — This Page						70.00	
TOTAL of additional Section B Pages						01	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>						4215	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>Thompson 2015</i>		TYPE OF REPORT <i>4-7-2015 Final</i>	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$	
B. Itemized Contributions from Individuals			
Last Name Thompson		First Paul Jr	MI R
Residential Street Address 140 Thompson St 13C		City EH	State CT Zip Code 06513
Principal Occupation Blind rehab		Name of Employer VA	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>1</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2/25/2015	
Last Name Thompson		First Ann	MI
Residential Street Address 233 mansfield Grove Rd #507		City E.H.	State Ct Zip Code 06512
Principal Occupation admin.		Name of Employer Yale Univ	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>1</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2/25/2015	
Last Name <i>VECELLIO</i>		First <i>EDMUND JR</i>	MI
Residential Street Address <i>19 VIRGINIA RD</i>		City <i>EAST HAVEN</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>POLICE OFFICER</i>		Name of Employer <i>ENPD</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>1</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <i>1/25/16</i>	
SUBTOTAL Section B— This Page			<i>\$200.00</i>
TOTAL of additional Section B Pages			<i>20</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)			<i>4015</i>

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
Thompson 2015		4-7-15 Final Terminating	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Fucci		First Albert	MI
Residential Street Address 20 Jardin Dr		City East Haven	State Ct Zip Code 06513
Principal Occupation retired		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2/25/2015	Aggregate Contributions 50.00
Last Name Darling		First Lauren	MI
Residential Street Address 109 Short Beach Rd		City East Haven	State Ct Zip Code 06512
Principal Occupation Real Estate		Name of Employer Zip appraisals	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2/25/2015	Aggregate Contributions 20.00
Last Name Esposito		First Julia	MI
Residential Street Address 145 Salerno Ave		City East Haven	State CT Zip Code 06512
Principal Occupation cook		Name of Employer Yale Univ.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2/25/2015	Aggregate Contributions 50.00
SUBTOTAL Section B— This Page			120.00
TOTAL of additional Section B Pages			29
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)			4215

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
Thompson 2015		April 10, 2015 filing <i>-Final</i>	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name <i>ALLEN</i>		First <i>JONATHAN</i>	MI <i>A</i>
Residential Street Address <i>134 BRENTWOOD DR</i>		City <i>WALLINGFORD</i>	State <i>CT</i> Zip Code <i>06492</i>
Principal Occupation <i>REAL ESTATE BROKER</i>		Name of Employer <i>SELL SOME PROPERTY</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution <i>150⁰⁰</i>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <i>1</i>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <i>2/23/15</i> Aggregate Contributions \$	
Last Name <i>SABATINO</i>		First <i>ANN</i>	MI
Residential Street Address <i>388 THOMPSON AVE</i>		City <i>E. H</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>		Name of Employer <i>Retired</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution <i>20⁰⁰</i>
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <i>1</i>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <i>2-25-15</i> Aggregate Contributions <i>20⁰⁰</i>	
Last Name <i>Modona</i>		First <i>MATHEW</i>	MI
Residential Street Address <i>113 BRADFORD AVE</i>		City <i>EAST HAVEN</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>None</i>		Name of Employer <i>None</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution <i>20⁰⁰</i>
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 state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received Aggregate Contributions	
SUBTOTAL Section B— This Page			<i>190</i>
TOTAL of additional Section B Pages			<i>78</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)			<i>4215</i>

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
Thompson 2015		Final Termination	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Pepe		First Joseph & Mary Ellen	MI
Residential Street Address 35 Red Bluff Dr		City East Haven	State CT
Principal Occupation self employed		Zip Code 06513	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2/25/2015	Aggregate Contributions
Last Name Imperati		First Marco	MI
Residential Street Address 18 Prospect Place		City East Haven	State Ct
Principal Occupation Branford BOE		Zip Code 06512	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2/25/2015	Aggregate Contributions
Last Name Pepe		First Matt	MI
Residential Street Address 116 Crown St # 5B		City New Haven	State CT
Principal Occupation Director		Zip Code 06510	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2/25/2015	Aggregate Contributions
SUBTOTAL Section B— This Page			310.00
TOTAL of additional Section B Pages			77
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)			4015

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
Thompson 2015		4-7-15 Final Termination	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Madley		First Patrick JR	MI
Residential Street Address 351 Strong St		City East Haven	State Ct Zip Code 06512
Principal Occupation		Name of Employer Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 10.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
Date Received 2/09/2015		Aggregate Contributions	
Last Name Madonna		First Richard	MI A
Residential Street Address 94 Rose St		City East Haven	State Ct Zip Code 06513
Principal Occupation retired		Name of Employer none	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 20.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
Date Received 1/23/2015		Aggregate Contributions	
Last Name Cretella		First Jeffrey	MI P
Residential Street Address 431 laurel St		City East Haven	State CT Zip Code 06512
Principal Occupation teacher		Name of Employer Wallingford BOE	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 30.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
Date Received		Aggregate Contributions	
SUBTOTAL Section B — This Page		60.00	
TOTAL of additional Section B Pages		26	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)		4015	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
Thompson 2015		4-7-15 Final Termination	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Manciero		First Matt	
Residential Street Address 19 Pennsylvania Ave		City East Haven	State Ct
Principal Occupation teacher		Name of Employer EH BOE	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 10.00
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event # 1	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2/25/2015	
		Aggregate Contributions	
Last Name Pompano		First Raymond Jr	
Residential Street Address 105 Sorrento Ave		City East Haven	State Ct
Principal Occupation toolmaker		Name of Employer Sargent Co	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event # 1	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2/25/2015	
		Aggregate Contributions	
Last Name Coughlin		First Lance	
Residential Street Address 493 Main St		City EAST HAVEN	State CT
Principal Occupation attorney		Name of Employer self employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 20.00
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event # 1	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	
		Aggregate Contributions	
SUBTOTAL Section B — This Page			55.00
TOTAL of additional Section B Pages			15
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>			4215

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
Thompson 2015		4-7-15 Final Reimbursement	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Meoli		First Brian	MI C
Residential Street Address 424 N. High St		City East Haven	State Ct
Principal Occupation Shipping		Name of Employer Whale Precision	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2/25/2015	Aggregate Contributions
Last Name Demartino		First Norman	MI F
Residential Street Address 30 Cortina Rd		City East Haven	State Ct
Principal Occupation self employed		Name of Employer self employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2/25/2015	Aggregate Contributions
Last Name Lee		First Robert	MI P
Residential Street Address 39 West St		City East Haven	State CT
Principal Occupation none		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions
SUBTOTAL Section B— This Page			150.00
TOTAL of additional Section B Pages			14
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)			4015

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
Thompson 2015		4-7-15 Final Termination	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name		First	
Raccuia		Troy	
Residential Street Address		City	
56 Robin Place		Gulford	
Principal Occupation		Name of Employer	
Union Rep		AFSCME	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution:		Date Received	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		2/25/2015	
		Aggregate Contributions	
		20.00	
Last Name		First	
Barrett		Tina	
Residential Street Address		City	
235 Dodge Ave		East Haven	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution:		Date Received	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		2/25/2015	
		Aggregate Contributions	
		20.00	
Last Name		First	
Depalma		gary	
Residential Street Address		City	
16 Center Ave		East Haven	
Principal Occupation		Name of Employer	
security		Yale Univ	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution:		Date Received	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		2/25/2015	
		Aggregate Contributions	
		100.00	
SUBTOTAL Section B — This Page		140.00	
TOTAL of additional Section B Pages		13	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)		4215	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
Thompson 2015		4-7-15 Final Reomination	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Clough		First Noreen	MI
Residential Street Address 32 Chidsey Ave		City East Haven	State Ct Zip Code 06512
Principal Occupation acct. manager		Name of Employer RC Bigelow Inc	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 20.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
Date Received 2/25/2015		Aggregate Contributions	
Last Name Butler		First Henry III	MI
Residential Street Address 1031 N. High St		City East Haven	State Ct Zip Code 06512
Principal Occupation Police officer		Name of Employer retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 10.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
Date Received 2/25/2015		Aggregate Contributions	
Last Name Montone		First Andrew	MI
Residential Street Address 120 Huntington Rd		City New Haven	State CT Zip Code 06512
Principal Occupation none		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 80.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
Date Received 2/25/2015		Aggregate Contributions	
SUBTOTAL Section B — This Page			110.00
TOTAL of additional Section B Pages			12
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)			4015

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE				TYPE OF REPORT	
Thompson 2015				4-7-15 Final Termination	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Pompano		Ray		D	
Residential Street Address		City		State	Zip Code
30 Mario Ct		East Haven		Ct	06512
Principal Occupation		Name of Employer			
Teacher		New Haven BOE			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			25.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		2/25/2015			
Last Name		First		MI	
Lubenau		Jo-Ann			
Residential Street Address		City		State	Zip Code
7 Robin Dr		East Haven		Ct	06513
Principal Occupation		Name of Employer			
retired		retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			10.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		2/25/2015			
Last Name		First		MI	
Pacelli		Louis		G	
Residential Street Address		City		State	Zip Code
107 Foxon Rd		East Haven		CT	06513
Principal Occupation		Name of Employer			
public works		Town of EH			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			30.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		2/25/2015			
SUBTOTAL Section B— This Page				65.00	
TOTAL of additional Section B Pages				11	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)				40.15	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
Thompson 2015		4-7-15 FINAL	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Palladino		First Nicholas	MI
Residential Street Address 152 Sorrento Ave		City East Haven	State Ct Zip Code 06512
Principal Occupation retired		Name of Employer retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 10.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<input checked="" type="radio"/> Yes <input type="radio"/> No
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2/25/2015	Aggregate Contributions
Last Name Cirillo		First Jim	MI F
Residential Street Address 175 S. End Rd		City East Haven	State Ct Zip Code 06512
Principal Occupation Attorney		Name of Employer Cirillo law	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2/25/2015	Aggregate Contributions
Last Name Porter		First Kristy	MI A
Residential Street Address 93 Austin Ave		City EAST Haven	State CT Zip Code 06512
Principal Occupation Admin. asst.		Name of Employer State of CT. Judicial	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions
SUBTOTAL Section B — This Page			160.00
TOTAL of additional Section B Pages			10
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)			4215

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
Thompson 2015		4-7-15 Final	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Cretella		First Dominic	
Residential Street Address 10 Burgess St		City East Haven	State CT
Principal Occupation self employed		Name of Employer self employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 1/5/15	Aggregate Contributions 10.00
Last Name Vastola		First Michael	
Residential Street Address 66 Mass Ave		City East Haven	State CT
Principal Occupation none		Name of Employer retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 1/5/15	Aggregate Contributions 20.00
Last Name Fox		First Robert Jr	
Residential Street Address 180 Coe Ave		City East Haven	State CT
Principal Occupation Marketing		Name of Employer Fox Press	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 1/5/15	Aggregate Contributions 10.00
SUBTOTAL Section B— This Page			40.00
TOTAL of additional Section B Pages			9
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)			40.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
Thompson 2015		4-7-15 Final	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Pigali		First Darlene	
Residential Street Address 10B First Ave		City East Haven	State CT
Principal Occupation Property Mgr.		Name of Employer The Hurley Group	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 20.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input checked="" type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 1/5/15	
		Aggregate Contributions 20.00	
Last Name Morales		First Letizia	
Residential Street Address 125 Thompson Ave		City East Haven	State CT
Principal Occupation Director of Medical		Name of Employer State of Ct.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 20.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input checked="" type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 1/5/15	
		Aggregate Contributions 20.00	
Last Name Depalma		First Gary	
Residential Street Address 16 Center Ave		City East Haven	State CT
Principal Occupation Security		Name of Employer Yale New Haven Hospital	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input checked="" type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 1/5/15	
		Aggregate Contributions 100.00	
SUBTOTAL Section B— This Page			140.00
TOTAL of additional Section B Pages			8
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)			4815

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
Thompson 2015		4-7-15 Final	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Krebs		First Jim	MI F
Residential Street Address 83 Hughes St		City East Haven	State CT
Principal Occupation realtor		Name of Employer Real Estate	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 1/5/15	Aggregate Contributions 20.00
Last Name Pane		First Louis	MI
Residential Street Address 34 Whalers PT		City East Haven	State CT
Principal Occupation Recreation Director		Name of Employer Town Of East Haven	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 1/5/15	Aggregate Contributions 50.00
Last Name Depalma		First Richard	MI
Residential Street Address 110 Seaview Ave		City East Haven	State CT
Principal Occupation self employed		Name of Employer self employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 1/5/15	Aggregate Contributions 20.00
SUBTOTAL Section B — This Page			90.00
TOTAL of additional Section B Pages			7
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)			90.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE				TYPE OF REPORT	
Thompson 2015				4-7-15 FINAL	
A. Total Contributions from Small Contributors-Received this Period ONLY <small>(See instructions for definition of Small Contributor)</small>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Thompson		Steven		J	
Residential Street Address		City		State	Zip Code
82 View Terr.		East Haven		CT	06512
Principal Occupation		Name of Employer			
dist. manager		Rite Aid			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution 100.00
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		1/5/15	100.00		
Last Name		First		MI	
Furtak		Maureen		F	
Residential Street Address		City		State	Zip Code
28 Damen Dr		East Haven		CT	06512
Principal Occupation		Name of Employer			
Senior Admin		Yale University			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution 40.00
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		1/20/15	40.00		
Last Name		First		MI	
Cunha		Maryjane			
Residential Street Address		City		State	Zip Code
11 Harmac Dr		East Haven		CT	06513
Principal Occupation		Name of Employer			
cashier		Lowes			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution 20.00
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		1/20/15	20.00		
SUBTOTAL Section B — This Page				160.00	
TOTAL of additional Section B Pages				6	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <small>(Enter total on Line 13 of Summary Page Totals)</small>				4215	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
Thompson 2015		4-7-15 FINAL	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Badamo		First Joseph	MI
Residential Street Address 23 Burgess St		City East Haven	State CT Zip Code 06512
Principal Occupation retired		Name of Employer retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 20.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 1/20/15	
		Aggregate Contributions 20.00	
Last Name Perinetti		First Alexis	MI F
Residential Street Address 3 Jardin Dr		City East Haven	State CT Zip Code 06513
Principal Occupation Day care provider		Name of Employer self employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 1/4/15	
		Aggregate Contributions 100.00	
Last Name Perinetti		First Paul	MI
Residential Street Address 3 Jardin Dr		City East Haven	State CT Zip Code 06513
Principal Occupation Regional Vice President		Name of Employer Rite Aid	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 1/4/15	
		Aggregate Contributions 100.00	
SUBTOTAL Section B— This Page			220.00
TOTAL of additional Section B Pages			5
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)			4215

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
Thompson 2015		4-7-15 FINAL	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Depalma		First Gerald	MI F
Residential Street Address 10 A First Ave		City East Haven	State CT
Principal Occupation retired		Name of Employer retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 1/20/15	Aggregate Contributions 20.00
Last Name Dilieto		First Edward	MI
Residential Street Address 310 Main St		City East Haven	State CT
Principal Occupation Marshall		Name of Employer St of Ct	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 1/21/15	Aggregate Contributions 50.00
Last Name Tracy		First Steven	MI J
Residential Street Address 58 Edgar St		City East Haven	State CT
Principal Occupation Bail Bonds		Name of Employer Tracy-Dadamo	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 1/24/15	Aggregate Contributions 100.00
SUBTOTAL Section B— This Page			170.00
TOTAL of additional Section B Pages			4
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)			4715

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
Thompson 2015		4-7-15 Final	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Redente		First Anthony	MI
Residential Street Address 9 Gerrish Ave		City East Haven	State CT
Principal Occupation retired		Name of Employer retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 1/24/15	Aggregate Contributions 20.00
Last Name Rybaruk		First Anthony	MI
Residential Street Address 22 Pine River Rd		City North Haven	State CT
Principal Occupation Police officer		Name of Employer Town OF East Haven	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 1/24/15	Aggregate Contributions 50.00
Last Name Aloi		First Bernadette	MI D
Residential Street Address 39 Beachwood Dr		City North Haven	State CT
Principal Occupation Admin. asst.		Name of Employer Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 1/24/15	Aggregate Contributions 20.00
SUBTOTAL Section B — This Page			90.00
TOTAL of additional Section B Pages			2
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
Thompson 2015		4-7-15 FINAL	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Morgan		First Joseph	MI P
Residential Street Address 51 Laurel St		City Branford	State CT
		Zip Code 06405	
Principal Occupation retired		Name of Employer retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 1/19/15	Aggregate Contributions 40.00
Amount of Contribution 40.00			
Last Name Montagna		First Frank	MI C
Residential Street Address 226 Greenwood Dr		City Cheshire	State CT
		Zip Code 06410	
Principal Occupation Police officer		Name of Employer Town OF East Haven	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 1/24/15	Aggregate Contributions 100.00
Amount of Contribution 100.00			
Last Name Leonzo		First Robert	MI C
Residential Street Address 36 Jardin Dr		City East Haven	State CT
		Zip Code 06513	
Principal Occupation .Sales		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 1/23/15	Aggregate Contributions 100.00
Amount of Contribution 100.00			
SUBTOTAL Section B — This Page			240.00
TOTAL of additional Section B Pages			2
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)			415

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
Thompson 2015		4-7-15 Final	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 50.00	
B. Itemized Contributions from Individuals			
Last Name		First	MI
Toothe		Ron	
Residential Street Address		City	State Zip Code
61 George St		East Haven	CT 06512
Principal Occupation		Name of Employer	
Yale University- Central Alarm Station Operator		Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="radio"/> Yes <input checked="" type="radio"/> No	50.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		2/17/2015	50.00
Last Name		First	MI
Sparaco		Magdalen	P
Residential Street Address		City	State Zip Code
215 Eddon Dr		East Haven	Ct 06512
Principal Occupation		Name of Employer	
retired		none	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="radio"/> Yes <input checked="" type="radio"/> No	50.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		2-9-15	50.00
Last Name		First	MI
Garguilo		Pasquale	
Residential Street Address		City	State Zip Code
611 Main St		East Haven	CT 06512
Principal Occupation		Name of Employer	
retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="radio"/> Yes <input checked="" type="radio"/> No	10.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1 _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution:		Date Received	Aggregate Contributions
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		2/11/15	10.00
SUBTOTAL Section B— This Page			110.00
TOTAL of additional Section B Pages			1
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)			4215

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
Thompson 2015		4-7-15 Final	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Clark		First Gina	MI K
Residential Street Address 57 Bellevue Ave		City West Haven	State CT Zip Code 06516
Principal Occupation Sr. Admin.		Name of Employer Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 1/20/15	Aggregate Contributions 20.00
Amount of Contribution 20.00			
Last Name Perinetti		First Jeff	MI F
Residential Street Address 10 Ashley park Dr		City No. Branford	State CT Zip Code 06472
Principal Occupation accountant		Name of Employer Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 1/4/15	Aggregate Contributions 100.00
Amount of Contribution 100.00			
Last Name Geelan		First Brendan	MI J
Residential Street Address 35 Cortina Rd		City East Haven	State CT Zip Code 06513
Principal Occupation Teacher		Name of Employer Quinnipac University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 1/16/15	Aggregate Contributions 30.00
Amount of Contribution 30.00			
SUBTOTAL Section B— This Page			150.00
TOTAL of additional Section B Pages			0
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)			4015

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE				TYPE OF REPORT	
Thompson 2015				4-7-15 Final	
D. Loans Received this Period					
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	State	Zip Code	
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	State	Zip Code	
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	State	Zip Code	
TOTAL SECTION D					0 -
E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)					
Name of Entity					
Street Address		Date Received		Amount Received	
City	State	Zip Code	Aggregate Contributions		Amount Received
Name of Entity					
Street Address		Date Received		Amount Received	
City	State	Zip Code	Aggregate Contributions		Amount Received
Name of Entity					
Street Address		Date Received		Amount Received	
City	State	Zip Code	Aggregate Contributions		Amount Received
Name of Entity					
TOTAL SECTION E					0 -

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>Thompson 2015</i>	TYPE OF REPORT <i>4-7-15 Final</i>
---	---------------------------------------

F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)

Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event #	Amount
TOTAL SECTION F		

G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)

Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
TOTAL SECTION G		

H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
TOTAL SECTION H		<i>0</i>

I. 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 treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE				TYPE OF REPORT	
Thompson 2015				4-7-15 FINAL	
J. Interest from Deposits in Authorized Accounts					
Name of Institution			Date Received		Amount
Street Address		City	State	Zip Code	
Name of Institution			Date Received		Amount
Street Address		City	State	Zip Code	
TOTAL SECTION J					
K. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					Amount Received
Name			Date of Transaction		
Street Address		City	State	Zip Code	Amount Received
Description					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					Amount Received
Name			Date of Transaction		
Street Address		City	State	Zip Code	Amount Received
Description					
TOTAL SECTION K					
SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)					
Total Loans Received this Period (Section D)					
Total Receipts from Entities other than Individuals or Other Committees (Section E)					+
Total Amount Transferred from Affiliated Business Treasury (Section F)					+
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)					+
Total Amount of Personal Funds of the Candidate Received this Period (Section H)					+
Total Amount of Interest from Deposits in Authorized Accounts (Section J)					+
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)					+
Total of Other Monetary Receipts (Add Sections D through K) (Enter total on Line 15 of Summary Page Totals)					0

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE		TYPE OF REPORT	
Thompson 2015		4/7/2015 final termination	
L1. Fundraiser Event Information			
Fundraising Event # Date of Fundraiser	Letter	Description	
		Pasta Dinner	
Location: Street Address		City	State
91 Taylor Ave		East Haven	CT
		Zip Code	
		06512	
Subpart 1: (All Committees)			
Was this fundraising event hosted at a personal residence?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input checked="" type="radio"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="radio"/> No	
		\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No	
Subpart 3: (Town Committees ONLY)			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="radio"/> No	
		\$	
Fundraising Event # Date of Fundraiser		Description	
Location: Street Address		City	State
		Zip Code	
Subpart 1: (All Committees)			
Was this fundraising event hosted at a personal residence?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input checked="" type="radio"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="radio"/> No	
		\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No	
Subpart 3: (Town Committees ONLY)			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="radio"/> No	
		\$	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page		0	
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page		0	
TOTAL of additional Section L1 Pages		0	
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a of Summary Page Totals)			

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

Page 9 of 17

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:

☐ Business Entity ☐ Individual☐ 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:

☐ Business Entity ☐ Individual☐ 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:

☐ Business Entity ☐ Individual☐ 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:

☐ Business Entity ☐ Individual☐ 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:

☐ Business Entity ☐ Individual☐ 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

SUBTOTAL Section L3
Total Purchases of Advertising in Program Book — This PageSUBTOTAL 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 or ON A SIGN
(Enter total on Line 16c of Summary Page Totals)

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE				TYPE OF REPORT	
Thompson 2015				4-7-2015 FINAL	
L4. In-Kind Donations Not Considered Contributions					
Name of Donor					
Street Address			City	State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="radio"/> Business Entity					
<input type="radio"/> Individual	Date Received	Event #	Aggregate Value for this Event		
<input type="radio"/> Sole Proprietorship					
Name of Donor					
Street Address			City	State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="radio"/> Business Entity					
<input type="radio"/> Individual	Date Received	Event #	Aggregate Value for this Event		
<input type="radio"/> Sole Proprietorship					
Name of Donor					
Street Address			City	State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="radio"/> Business Entity					
<input type="radio"/> Individual	Date Received	Event #	Aggregate Value for this Event		
<input type="radio"/> Sole Proprietorship					
Name of Donor					
Street Address			City	State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="radio"/> Business Entity					
<input type="radio"/> Individual	Date Received	Event #	Aggregate Value for this Event		
<input type="radio"/> Sole Proprietorship					
Name of Donor					
Street Address			City	State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="radio"/> Business Entity					
<input type="radio"/> Individual	Date Received	Event #	Aggregate value for this Event		
<input type="radio"/> Sole Proprietorship					
SUBTOTAL Section L4— This Page				0	
TOTAL of additional Section L4 Pages				0	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21 of Summary Page Totals)				0	

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE				TYPE OF REPORT			
Thompson 2015				4-7-15 FINAL			
M. In-Kind Contributions							
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No					Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative						
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No					Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative						
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No					Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative						
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No					Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative						
SUBTOTAL Section M — This Page							
TOTAL of additional Section M Pages							
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 22 of Summary Page Totals)				-0-			
N. Refundable Deposit to Telephone Company							
Last Name of Individual				First		MI	Date Deposit Made
Residential Street Address				City		State	Zip Code
Name of Telephone Company				Amount of Deposit			
Street Address							
TOTAL SECTION N (Enter total on Line 23 of Summary Page Totals)							

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE				TYPE OF REPORT	
Thompson 2015				4-7-15 FINAL	
O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus and Party Committees — OPTIONAL See Public Act 11-48					
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section O — This Page					
TOTAL of additional Section O Pages					
TOTAL RECEIPTS OF ALL ORGANIZATION EXPENDITURES (Enter total on Line 24 of Summary Page Totals)					

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE				TYPE OF REPORT	
Thompson 2015				4-7-15 FINAL	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Joseph Santino					<input checked="" type="radio"/> Check # 1001 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
Coe Ave		East Haven		CT	06512
Purpose of Expenditure (by code)	Description	Event #		Amount	
	catering pasta fundraiser	1		250.00	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required				
1	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Paul Thompson					<input checked="" type="radio"/> Check # 1002 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
233 Mansfielsd Grove Rd #507		East Haven		CT	06512
Purpose of Expenditure (by code)	Description	Event #		Amount	
	pasta dinner , cups, plates, deserts, covers, all paper	1		291.94	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required				
2	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Citizens Bank			12/31/2014		<input type="radio"/> Check # <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
PO Box 7000		Providence		RI	02940
Purpose of Expenditure (by code)	Description	Event #		Amount	
	bank statement fee charge - DECEMBER			12.99	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required				
3	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Citizens Bank			1/6/15		<input type="radio"/> Check # <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
PO Box 7000		Providence		RI	02940
Purpose of Expenditure (by code)	Description	Event #		Amount	
	bank statement fee charge - 1-31-15			44.99	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required				
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page					599.92
TOTAL of additional Section P Pages					2
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)					4015

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE			TYPE OF REPORT	
Thompson 2015			4/7/15 final filing	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
Citizens Bank		11/30/14	<input checked="" type="radio"/> Check # _____ <input checked="" type="radio"/> 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	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Citizens Bank		2/28/15	<input checked="" type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address		City	State	Zip Code
P O Box 7000		Providence		
Purpose of Expenditure (by code)	Description	Event #	Amount	
	Bank fees		\$3.00	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
			<input checked="" type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
			<input checked="" type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
			<input checked="" type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page		\$15.99		
TOTAL of additional Section P Pages		1		
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)		4215		

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE				TYPE OF REPORT	
Thompson 2015				Final- 4/7/2015	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
East Haven Democratic Town Committee			3/28/2015		<input checked="" type="radio"/> Check # 2899755-8 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
P.O. Box 120261		East Haven		CT	06512
Purpose of Expenditure (by code)	Description		Event #		Amount
	close out of exploratory thompson 2015- donation				\$800.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required				
	<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input checked="" type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
East Haven Animal Shelter			3/28/2015		<input checked="" type="radio"/> Check # 2899755-4 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
183 Commerce Street		East Haven		CT	06512
Purpose of Expenditure (by code)	Description		Event #		Amount
	close out of Thompson 2015- donation				\$1399.56
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required				
	<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
East Haven Food Pantry			3/28/2015		<input checked="" type="radio"/> Check # 2899755-6 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
39 Park Place		East Haven		CT	06512
Purpose of Expenditure (by code)	Description		Event #		Amount
	close out of Thompson 2015- donation				\$1399.53
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required				
	<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
					<input checked="" type="radio"/> Check # <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required				
	<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page					3599.09
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)					4215.00

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>Thompson 2015</i>				TYPE OF REPORT <i>4-7-2015 Final</i>	
S. Expenses Incurred by Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section S-This Page				<i>- 0 -</i>	
TOTAL of additional Section S Pages					
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28 of Summary Page Totals)					
Previously reported Expenses Unpaid and still Outstanding					
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a of Summary Page Totals)				<i>- 0 -</i>	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE				TYPE OF REPORT	
Thompson 2015				4-7-2015 Final	
T. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: <input checked="" type="radio"/> Check # <input type="radio"/> Debit Card
Secondary Payee					
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: <input checked="" type="radio"/> Check # <input type="radio"/> Debit Card
Secondary Payee					
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: <input checked="" type="radio"/> Check # <input type="radio"/> Debit Card
Secondary Payee					
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: <input checked="" type="radio"/> Check # <input type="radio"/> Debit Card
Secondary Payee					
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section T — This Page					
TOTAL of additional Section T Pages					
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS					