SEEC FORM 30 Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012



# Electronic Filing

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Page 1 of 115

# **COVER PAGE**

1.NAME OF COMMITTEE						2. TYI	PE OF COMMITTEE		
Mckinney For Governor						x	Candidate Committee Exploratory Committee		
3. TREASURER NAME									
First Thomas			МІ <b>м.</b>	Last Flynn			Suffix		
4. TREASURER ADDRESS			•				•		
Street Address		City			State		Zip Code		
87 Coral Rd		Fairfie	eld		СТ		06824		
5. ELECTION DATE	6. OFFICE SOUGHT ( Co	omplete or	nly if Candidate	Committee)	l	7. DISTR	RICT NUMBER ( if applicable		
11/04/2014	Governor								
8. CANDIDATE NAME (Complete only if Complete only if Comp	Candidate or Exploratory Co	ommittee	e)						
First			MI	Last			Suffix		
John			P.	McKinney					
9. TYPE OF REPORT									
October 10 Filing - Original									
10. PERIOD COVERED									
	Beginning Date 07/13/2013	thru		Ending Date <b>09/30/2013</b>					
11. CERTIFICATION									
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.									
Electronic Filing	Robert Russo			1	0/10/2013 3	:22:25PM	1		
SIGNATURE	PRINT NAME OF THE	∃ SIGNE	ĕR	D	ATE CERTIFIED				
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.									

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012

# **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE	TYPE OF REPORT							
Mckinney For Governor	October 10 Filing - Original							
Tradamicy For Governor								
	COLUMN A	COLUMNIA						
		COLUMN B						
	This Period	Aggregate						
12. Balance on hand from day Committee was formed		\$0.00						
13. Balance on hand at the beginning of Reporting Period	\$0.00							
14. Contributions received from Individuals (Section A and B)	\$33,087.00	\$33,087.00						
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00						
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00						
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00						
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$33,087.00	\$33,087.00						
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$33,087.00	\$33,087.00						
20. Expenses Paid by Committee (Section N)	\$11,241.86	\$11,241.86						
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$21,845.14	\$21,845.14						
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$596.79	\$596.79						
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00						
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00						
25. Receipts of Organization Expenditures (Section M) OPTIONAL	\$0.00	\$0.00						
26. Beginning Loan Balance	\$0.00							
26a. + Loans Received (Section D)	\$0.00	\$0.00						
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00						
26c Payments on Loan(s)	\$0.00	\$0.00						
26d. Total Outstanding Loan Amount	\$0.00							
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00						
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00						
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00							
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00							

Page 3 01115								
	I. MONETARY RECEIPTS	S (Se	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name	e as Registered with Commission)				TYPE OF REPORT			
Mckinney For Governor				Octobe	r 10 Filing - Original			
A. Total Contributions from Small Contr	ributors-Received this Perio	d O	NLY	ı	For Nonpartic	ipating Cand	idates ONLY	
]	<b>B. Itemized Contributions fron</b>	n Ind	lividuals					
Last Name		First				MI	Contribution ID #	
Signorelli			Carolyn				0113	
Residential Street Address		City				State	Zip Code	
18 Chimney Swift Rd			Sandy Hook			СТ	06482	
Principal Occupation			Name of Employer					
Assistant Attorney General			Attorne	ey Gener	al's Office	_		
Is contributor a principal of a state contractor or prospective state contri	ractor? Yes X No	•	Is contributor a lol dependent child of		se, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of  Execu	cutive Legislative				x No			
	hod of contribution:	Date	Received	Aggregate	Contributions	1		
fundraising event listed in Section J1?	🗖							
□ No □	Cash Personal Check  Money Order X Credit/Debit Card	07/2	24/2013		\$100.00		\$100.00	
If yes, list Event #	Money Order X Credit/Debit Card							
ist Name First					MI	Contribution ID #		
Russo		Robert					0114	
Residential Street Address		City				State	Zip Code	
208 Brooklawn Ave			Bridgeport			СТ	06604	
Principal Occupation			Name of Employer					
Attorney				& Associa				
Is contributor a principal of a state contractor or prospective state contri	ractor? Yes X No	,	Is contributor a lol dependent child of		se, or Yes	Amou	ınt of Contribution	
If yes, indicate which branch or branches of government the contract is with:	cutive Legislative				x <sub>No</sub>			
Is this contribution associated with a Meth	hod of contribution:	Date	Received	Aggregate	Contributions	1		
□ No □	Cash Personal Check Money Order X Credit/Debit Card	07/2	24/2013		\$100.00		\$100.00	
,,	croate Debit call							
Last Name		First				MI	Contribution ID #	
Tortora			Paul				0115	
Residential Street Address		City				State	Zip Code	
PO Box 664			Southport			СТ	06890	
Principal Occupation			Name of Employer					
Comm RE Broket				ang Las				
Is contributor a principal of a state contractor or prospective state contri	ractor? Yes X No	,	Is contributor a lol dependent child of		Se, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of government the contract is with:	cutive Legislative				x No			
Is this contribution associated with a Meth	hod of contribution:	Date	Received	Aggregate	Contributions	]		
Tandadising event listed in Section 31:	Cash Personal Check							
□ No □	Money Order X Credit/Debit Card	07/2	24/2013		\$100.00		\$100.00	

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(		TYPE OF REPORT						
Mckinney For Governor									
B. Itemized Contributions fro	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Flynn		Amelia			0001				
Residential Street Address	City			State	Zip Code				
87 Coral Dr		Fairfield		СТ	06825				
Principal Occupation	-	Name of Employ	er	-	•				
Homemaker		None							
Is contributor a principal of a state contractor or prospective state contractor?	lo		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	07/	24/2012	±100.00		+100.00				
If yes, list Event # Money Order Credit/Debit Card	07/.	24/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
McAvoy	1 1130	Kenneth		1111	0116				
Residential Street Address	City	Remeen		State	Zip Code				
107 N Beacon St		Hartford		СТ	06105				
Principal Occupation		Name of Employ	er		!				
Restauranteur		Self							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution				
	10	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Cash  Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	07/	25/2013	\$100.00		\$100.00				
	1			<u>!</u>	<b>.</b>				
Last Name	First			MI	Contribution ID #				
Wood Residential Street Address	C'i	Terrie		Gr. i	0117				
50 Saint Nicholas Rd	City	Darien		State CT	Zip Code 06820				
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00020				
Legislator		State							
			obbyist, spouse, or	Amou	ınt of Contribution				
Yes A	lo	dependent child of							
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Series 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # No Money Order X Credit/Debit Card	07/	25/2013	\$100.00		\$100.00				
I yes, in 2 reals									
Last Name	First			MI	Contribution ID #				
O'Keefe McAvoy	ļ	Kate			0118				
Residential Street Address	City			State	Zip Code				
107 N Beacon St		Hartford		СТ	06105				
Principal Occupation  Legislative Aide		Name of Employ State							
			-1.1	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	lo	dependent child of	Vac	Aillot	an or Commountion				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
In this contribution associated with a Method of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event #	07/	25/2013	\$100.00		\$100.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	~ (~		TYPE OF REPORT						
Mckinney For Governor			October 10 Filing - Original						
B. Itemized Contributions from	n Inc	lividuals							
Last Name	First			MI	Contribution ID #				
Hammersley		Robert			0119				
Residential Street Address	City			State	Zip Code				
358 Hobart St		Southington		СТ	06489				
Principal Occupation	-	Name of Employ	er	-	•				
Program Manager		Diver	sified Technology Consultants	s					
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	07/	25/2013	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Fox		Kristin			0120				
Residential Street Address	City			State	Zip Code				
19 Edgemarth Hill Rd		Westport		СТ	06880				
Principal Occupation		Name of Employ							
CEO/CMO		Orf A	11 1 ·	۸	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	O	dependent child of	obbyist, spouse, or  Yes	Amot	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		1	x <sub>No</sub>						
government the contract is with:  Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
Cash Personal Check	07/	25/2013	\$100.00		\$100.00				
If yes, list Event # No Money Order X Credit/Debit Card	077	23/2013	\$100.00		\$100.00 				
Last Name	First			MI	Contribution ID #				
Russo	1 1130	Christopher			0121				
Residential Street Address	City	Сппосорпсі		State	Zip Code				
180 Brooklawn Ave		Bridgeport		CT	06604				
Principal Occupation		Name of Employ	er						
Courier		Dr. Ro	obert D. Russo & Associates						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
Yes 🔼 No	D	dependent child of	·						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  Cash  Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	07/	25/2013	\$25.00		\$25.00				
if yes, list Event #									
Last Name	First			MI	Contribution ID #				
Pocock		Erika			0122				
Residential Street Address	City			State	Zip Code				
1252 East St		Southington		СТ	06489				
Principal Occupation		Name of Employ	er						
legislative aide		state							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		acpendent ennu (	x No						
government the contract is with:  Executive Legislative		D							
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash Personal Check		25/2012	<b>*25.00</b>		¢25.00				
If yes, list Event # No Money Order X Credit/Debit Card	0//	25/2013	\$25.00	1	\$25.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(		TYPE OF REPORT						
Mckinney For Governor			October 10 Filing - Original						
B. Itemized Contributions fro	m Inc	lividuals							
Last Name	First			MI	Contribution ID #				
Catania		Chuck			0123				
Residential Street Address	City			State	Zip Code				
20 Dailey Cir		Vernon		СТ	06066				
Principal Occupation		Name of Employ	er						
Sales		Self-E	Employed						
Is contributor a principal of a state contractor or prospective state contractor?	lo.		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	x No						
government the contract is with:  Is this contribution associated with a Method of contribution:  Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
Cash Personal Check	07/	25/2013	\$10.00		\$10.00				
If yes, list Event # Money Order X Credit/Debit Card	077	23/2013	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
рарра		mark			0124				
Residential Street Address	City	-		State	Zip Code				
55 Black Birch Rd		Wethersfield		СТ	06109				
Principal Occupation	!	Name of Employ	er	!	!				
Investment Advisor Representative		Lincol	n Financial Securities						
Is contributor a principal of a state contractor or prospective state contractor?	T	Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	NO	dependent child of	of a foodyist?						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Cash  Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	07/	25/2013	\$100.00		\$100.00				
	1 .			l	I				
Last Name	First			MI	Contribution ID #				
Heller Residential Street Address	C'i	Carole		Gr. i	0125				
141 Twin Lanes Rd	City	Fairfield		State CT	Zip Code 06824				
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00024				
accountant		self	Ci						
			obbyist, spouse, or	Amou	ınt of Contribution				
Yes LA N	No.	dependent child of							
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Series 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # No Money Order X Credit/Debit Card	07/	26/2013	\$100.00		\$100.00				
	<u> </u>			<u> </u>					
Last Name	First			MI	Contribution ID #				
bercik	ļ	richard			0126				
Residential Street Address	City			State	Zip Code				
4364 Black Rock Tpke		Fairfield		СТ	06824				
Principal Occupation  Physician		Name of Employ	er Jniversity						
			-libraries annual and	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	lo	dependent child of		Aillot	an or contribution				
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>						
Is this contribution associated with a Mathed of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event #	07/	26/2013	\$100.00		\$100.00				

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I. MONETARY RECEIPT	'S (S	notion A D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<del>10</del> (31	action A-1)	TYPE OF REPORT		
Mckinney For Governor			October 10 Filing - Original		
•					
B. Itemized Contributions from	m Ind	lividuals			1
Last Name	First			MI	Contribution ID #
Kupchick		Brenda			0127
Residential Street Address	City			State	Zip Code
213 Farist Rd	L	Fairfield		СТ	06825
Principal Occupation		Name of Employ	er		
Co owner		Peter	Kupchick Heating & Cooling		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent enna (	Í		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	07/2	28/2013	\$100.00		\$100.00
					T
Last Name	First			MI	Contribution ID #
Kupchick	-	Peter			0128
Residential Street Address	City			State	Zip Code
213 Farist Rd	<u>.                                    </u>	Fairfield		СТ	06825
Principal Occupation		Name of Employ			
Co owner/ hvac contractor			Peter Kupchick Heating & Cod		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent ennu (			
government the contract is with:  Executive Legislative					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	0//	28/2013	\$100.00		\$100.00
I and Name	First			MI	Contribution ID#
Last Name	First	D		MI	Contribution ID #
Iacono	Cit-	Pamela		Ct-t-	0129
Residential Street Address	City	Fairefield		State CT	Zip Code 06824
68 Phyfe Rd		Fairfield Name of Employ	or.	Ci	00024
Principal Occupation  Homemaker		None None	ei		
			obbyict chauca or	Amor	ant of Contribution
res ontributor a principal of a state contractor or prospective state contractor?	o	dependent child of	obbyist, spouse, or	Amot	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	07/	31/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	077.	31/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Carriera	1 1130	tony			0130
Residential Street Address	City	tony		State	Zip Code
26 Barberry Rd .	City	Southport		CT	06890
Principal Occupation	_	Name of Employ	or	Ci	00030
builder of new homes			on street assoc llc		
			abbriet anauga ar	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of	Vac	Amot	or Conditionion
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?  Yes  Method of contribution:  Yes	Date	received	15510gate Contributions		
No Cash Personal Check	08/	02/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	1	-, 2013	Ψ100.00	1	T-30.00

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT					
Mckinney For Governor October 10 Filing - Original					
B. Itemized Contributions from	n Ind	ividuals	•		
Last Name	First			MI	Contribution ID #
Mirti		Debbie			0131
Residential Street Address	City			State	Zip Code
32 Edfewater Cmns Principal Occupation	<u> </u>	Westport Name of Employ	or.	СТ	06880
Master Gardener			imployed		
			obbyist, spouse, or	Amou	ant of Contribution
Yes X No		dependent child of	<u> </u>		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check					
If yes, list Event # Cash Credit/Debit Card	08/0	03/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Fuller	That	Dave		IVII	0132
Residential Street Address	City	Dave		State	Zip Code
48 Sunnybank Ave .		Stratford		СТ	06614
Principal Occupation		Name of Employ	er		
Development/Fundraising		Bartle	ett Arboretum & Gardens		
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	x No		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			1-88-98-10		
If yes list Event # Cash Personal Check  No Money Order X Credit/Debit Card	08/0	03/2013	\$25.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Vanderslice		Paul			0133
Residential Street Address	City			State	Zip Code
103 Middlebrook Farm Rd		Wilton Name of Employ		СТ	06897
Principal Occupation  Banker			oup, Inc		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ınt of Contribution
	)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event risted in Section 31?					
If yes, list Event # Cash Personal Check    No	08/0	05/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
vanderslice		lynne			0134
Residential Street Address	City			State	Zip Code
103 Middlebrook Farm Rd		Wilton		СТ	06897
Principal Occupation		Name of Employ	er		
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event fisted in Section 31?					
If yes, list Event # Cash Credit/Debit Card	08/0	05/2013	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(	,	TYPE OF REPORT						
Mckinney For Governor	October 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Werner		Robert			0135				
Residential Street Address	City			State	Zip Code				
21 Bailey Ave		Darien		СТ	06820				
Principal Occupation		Name of Employ	er						
homemaker		Self							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  Cash  Personal Check									
If yes, list Event # Personal Check  No Cash Personal Check  Money Order X Credit/Debit Card	08/	06/2013	\$25.00		\$25.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Russo		Robert			0002				
Residential Street Address	City	F : C !!		State	Zip Code				
1475 Fairfield Beach Rd Principal Occupation	<u> </u>	Fairfield Name of Employ	on.	СТ	06824				
Real Estate Investor		Self	ei						
			obbyist, spouse, or	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  Cash  Personal Check									
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	08/	06/2013	\$100.00		\$100.00				
	<u> </u>			<u> </u>					
Last Name	First			MI	Contribution ID #				
Russo	a:	Kathleen		G: :	0003				
Residential Street Address  1475 Fairfield Beach Rd	City	Fairfield		State CT	Zip Code 06824				
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00024				
Homemaker		None	•						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
	0	dependent child of	-						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	]					
Tundraising event listed in Section 31?									
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	08/	06/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Toth	First	Marguerite		IVII	0004				
Residential Street Address	City			State	Zip Code				
994 S Pine Creek Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er		1				
		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		acpendent child (	x No						
government the contract is with:  Legislative  Legislative	Б.	D i 4							
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	<u>08/</u>	06/2013	\$100.00		\$100.00				
If yes, list Event #	00/	00,2010	φ100.00	I	¥100.00				

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I MONETADY DECEIPT	C (C.				
I. MONETARY RECEIPT  NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<del>5 (5</del> (	ection A-1)	TYPE OF REPORT		
· · · · · · · · · · · · · · · · · · ·			October 10 Filing - Original		
Mckinney For Governor			Colober 10 1 ming Chighian		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Denardo		Lucille			0005
Residential Street Address	City			State	Zip Code
203B Edgemoor Rd		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?		
government the contract is with:			x No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunditaising event listed in Section 71?					
× No	08/	06/2013	\$100.00		\$100.00
If yes, list Event #	<b> </b>				
Last Name	First			MI	Contribution ID #
Capitano		Alfonso			0006
Residential Street Address	City			State	Zip Code
203B Edgemoor Rd		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		!
Retired		Retire	ed		
			obbyist, spouse, or	Amou	int of Contribution
is contributor a principal of a state contractor or prospective state contractor?  Yes  X  No	)	dependent child of	Vac		
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Duit	Trecerved	1 1561 Chaire Commontons		
X No Cash X Personal Check	00/	06/2013	\$100.00		\$100.00
If yes, list Event #	00/	00/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
	FIISt	William		IVII	0007
Sangiovanni	City	vviiiiaiii		Ct-t-	
Residential Street Address	City	F-:-6:-14		State	Zip Code
749 Fairfield Beach Rd		Fairfield		СТ	06824
Principal Occupation		Name of Employ			
Priest / School Administration			Dame H.S Diocese of Brid		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of			x <sub>No</sub>		
government the contract is with:	_				
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check					
If yes, list Event #	08/	06/2013	\$100.00		\$100.00
					I
Last Name	First			MI	Contribution ID #
Erskine		Robert			0008
Residential Street Address	City			State	Zip Code
48 Gate Ridge Rd		Fairfield		СТ	06825
Principal Occupation		Name of Employ	er		
Retired GE Executive		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with:  Executive Legislative			x <sub>No</sub>	]	
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
rundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	08/	06/2013	\$100.00		\$100.00

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (		TYPE OF REPORT						
Mckinney For Governor									
B. Itemized Contributions from	n Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Erskine		Marjorie			0009				
Residential Street Address	City			State	Zip Code				
48 Gate Ridge Rd		Fairfield		СТ	06825				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No						
government the contract is with:  Is this contribution associated with a Method of contribution:	Data	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	08/	06/2013	\$100.00		\$100.00				
If yes, list Event #	00/	30/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Gallucci		Aldo			0010				
Residential Street Address	City			State	Zip Code				
985 Cutspring Rd		Stratford		СТ	06614				
Principal Occupation		Name of Employ	er		•				
Owner		A&T (	Communications						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	08/0	06/2013	\$100.00		\$100.00				
				l					
Last Name	First	1.		MI	Contribution ID #				
Gallucci Residential Street Address	City	Lisa		State	0011				
985 Cutspring Rd	City	Stratford		CT	Zip Code 06614				
Principal Occupation		Name of Employ	er	<u> </u>	00014				
Clerical			Communications						
			obbyist snouse or	Amou	ant of Contribution				
Yes 🔼 No	)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	08/0	06/2013	\$100.00		\$100.00				
T. S.				l	La . a . a . b . a				
Last Name Puskar	First	John		MI	Contribution ID # 0012				
Residential Street Address	City	JOHN		State	Zip Code				
14 Haverhill Pl	City	Trumbull		CT	06611				
Principal Occupation		Name of Employ	er	<u> </u>	1 00011				
Press Secretary			of Ct. House of Representati	ves					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or		unt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	or a roodyrst:						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	08/0	06/2013	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT October 10 Filing - Original		
Mckinney For Governor			October 10 1 ming Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Sturdevant		Richard			0014
Residential Street Address	City			State	Zip Code
36 Hearthstone Dr		Brookfield		СТ	06804
Principal Occupation  Retired		Name of Employe			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
If yes, indicate which branch or branches of	)	dependent child of	a lobbyist?		
government the contract is with:	لــــا		x <sub>No</sub>	_	
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	00/	ne /2012	¢E0.00		¢E0.00
If yes, list Event # Money Order Credit/Debit Card	08/0	06/2013	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Way		Carol			0015
Residential Street Address	City			State	Zip Code
857 Post Rd # 144		Fairfield		СТ	06824
Principal Occupation		Name of Employe	er		
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?			88 -8		
X No Cash X Personal Check	08/0	06/2013	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
McCullough		Mary			0016
Residential Street Address	City			State	Zip Code
2255 Burr St		Fairfield		СТ	06824
Principal Occupation fundraising		Name of Employe	eld University		
<u> </u>			·	Amou	nt of Contribution
Yes A No	)	dependent child o		1	
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a  fundamining quant listed in Section 112  Yes  Method of contribution:	Date	Received	Aggregate Contributions	1	
tundraising event listed in Section 31?					
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	08/0	06/2013	\$10.00		\$10.00
Last Name	First			MI	Contribution ID #
Hahn	1 1130	Michael		""	0136
Residential Street Address	City			State	Zip Code
9 Anthony Pl		Riverside		СТ	06878
Principal Occupation		Name of Employe	er	-	•
Deep Brain Stimulation Consultant/Speaker		Medtr	onic Inc.		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a le dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		acpendent child 0	x No		
government the contract is with:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?	Date				
If yes, list Event # Personal Check  No	08/0	08/2013	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (		TYPE OF REPORT					
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
McGlone-Hahn		Christina			0137			
Residential Street Address	City			State	Zip Code			
9 Anthony Pl		Riverside		СТ	06878			
Principal Occupation		Name of Employ	er	-	•			
Commodity Strategist		Deuts	che Bank					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with:		D : 1						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	00/	08/2013	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	06/	06/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Morten	1 1100	Stanley			0138			
Residential Street Address	City	- Starrier		State	Zip Code			
290 Sasco Hill Rd		Fairfield		СТ	06824			
Principal Occupation	•	Name of Employ	er	!				
Investor / Consultant		Self						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	08/	09/2013	\$100.00		\$100.00			
I w	F: .			L	Louis B"			
Last Name Donovan	First	John		MI	Contribution ID # 0139			
Residential Street Address	City	JOIIII		State	Zip Code			
164 Taintor Dr	City	Southport		CT	06890			
Principal Occupation	!	Name of Employ	er	<u> </u>	1 00030			
Financial Technology		Self						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	·					
government the contract is with:			x No					
Is this contribution associated with a Society 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # No Money Order X Credit/Debit Card	08/	10/2013	\$100.00		\$100.00			
				l				
Last Name	First	4		MI	Contribution ID #			
hergenhan Residential Street Address	City	joyce		State	0140 Zip Code			
715 Sasco Hill Rd	City	Fairfield		CT	06824			
Principal Occupation		Name of Employ	er	<u> </u>	1 00021			
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution			
	0	dependent child of	or a roodyrst?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
Parameter in Section 51:								
If yes, list Event # No Anney Order X Credit/Debit Card	08/	10/2013	\$100.00		\$5.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (	<del></del>	TYPE OF REPORT					
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
hergenhan		joyce			0141			
Residential Street Address	City			State	Zip Code			
715 Sasco Hill Rd		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er	-	•			
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child of						
government the contract is with: Executive Legislative	D-4-	D i d		-				
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	08/	10/2013	\$100.00		\$95.00			
If yes, list Event # Money Order X Credit/Debit Card	00/	10/2013	\$100.00		φ <b>9</b> 5.00			
Last Name	First			MI	Contribution ID #			
Tallman		Ariane			0142			
Residential Street Address	City			State	Zip Code			
14 Trout Brook Ln		Weston		СТ	06883			
Principal Occupation		Name of Employ	er	•				
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x <sub>No</sub>	_				
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	00/	44/2042	+400.00		+400.00			
If yes, list Event # No Money Order X Credit/Debit Card	08/	11/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Falkenhagen	1 1150	Patricia			0143			
Residential Street Address	City			State	Zip Code			
336 Silver Hill Rd .		Easton		СТ	06612			
Principal Occupation		Name of Employ	er	•				
homemaker		home	maker					
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	or a robbyist:					
government the contract is with:			x No	_				
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	00/	11/2013	\$100.00		¢100.00			
If yes, list Event # Money Order X Credit/Debit Card	00/	11/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Tallman	1 1150	Peter			0144			
Residential Street Address	City			State	Zip Code			
146 Somerset Ave .		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er	•	•			
Engineering		CTI Ir	ndustries					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?					
government the contract is with:			x <sub>No</sub>	]				
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event risted in Section 31?								
If yes, list Event # Cash Credit/Debit Card	08/	12/2013	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
DeMichele		Robert			0145			
Residential Street Address	City			State	Zip Code			
588 Oenoke Rdg		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er	•	•			
Investment Professional		Strate	egy Asset Managers, LLC					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with:	Б.	D : 1						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	00/	12/2013	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	00/	12/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Smith		Kathleen			0146			
Residential Street Address	City			State	Zip Code			
20 Lindsay Drvie		Greenwich		СТ	06830			
Principal Occupation	•	Name of Employ	er		•			
Research		Renai	ssance Capital					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with:			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	08/	12/2013	\$100.00		\$100.00			
T. AV	F: .			L	Louis B"			
Last Name Smith	First	William		MI	Contribution ID # 0147			
Residential Street Address	City	vviiiiaiii		State	Zip Code			
20 Lindsay Dr	City	Greenwich		CT	06830			
Principal Occupation	!	Name of Employ	er	<u> </u>	1 00000			
Research		Renai	ssance Capital					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	-					
government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # No Money Order X Credit/Debit Card	08/	12/2013	\$100.00		\$100.00			
Lad Name	E:t				Contribution ID #			
Last Name LePage	First	Bruce		MI	Contribution ID # 0148			
Residential Street Address	City	Diuce		State	Zip Code			
18 Cold Spring Rd	City	Easton		CT	06612			
Principal Occupation		Name of Employ	er	<u>                                     </u>				
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	or a robbyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions					
No Cash Personal Check	00.	14/2012	#100.00		¢100.00			
If yes, list Event # No Money Order X Credit/Debit Card	U8/	14/2013	\$100.00		\$100.00			

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I. MONETARY RECEIPT	'S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		<del></del>	TYPE OF REPORT		
Mckinney For Governor			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	111144415		MI	Contribution ID #
LePage	1 1100	Abigail			0149
Residential Street Address	City			State	Zip Code
18 Cold Spring Rd		Easton		СТ	06612
Principal Occupation		Name of Employ	er		•
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of			
government the contract is with:  Executive Legislative		D : 1			
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	00/	14/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00/	14/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Carpenter		Virginia			0150
Residential Street Address	City			State	Zip Code
144 Harbor Rd		Southport		СТ	06890
Principal Occupation	•	Name of Employ	er	•	
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
Cash Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	08/	15/2013	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Wynne	First	John		IVII	0151
Residential Street Address	City	301111		State	Zip Code
144 Harbor Rd		Southport		CT	06890
Principal Occupation		Name of Employ	er		
Financial Consultant		Gupto	onmarrs.com		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of	o	dependent child of	<u> </u>		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Service U2 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event fisted in Section 31?					
If yes, list Event # Cash Credit/Debit Card	08/	15/2013	\$100.00		\$100.00
T. O.	Б: .				G (3 ( B)
Last Name	First	Janice		MI	Contribution ID # 0152
Carpenter Residential Street Address	City	Janice		State	Zip Code
144 Harbor Rd	City	Southport		CT	06890
Principal Occupation		Name of Employ	er		
Financial Consultant			imployed		
Is contributor a principal of a state contractor or prospective state contractor?			-1.1	Amou	ant of Contribution
	0	dependent child of			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	]	
Tunidralising event listed in Section 31:					
If yes, list Event # No	08/	15/2013	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (		TYPE OF REPORT					
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Ault		Laura			0153			
Residential Street Address	City			State	Zip Code			
159 Acorn Ln		Southport		СТ	06890			
Principal Occupation		Name of Employ	er	•	•			
Sr. Tax Manager		EMCC	R GROUP, INC.					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyrst?					
government the contract is with:		D : 1						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	00/	15/2013	\$25.00		\$25.00			
If yes, list Event # Money Order X Credit/Debit Card	06/	13/2013	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Herley	1 1100	Michael			0154			
Residential Street Address	City			State	Zip Code			
94 Gray Rock Rd		Southport		СТ	06890			
Principal Occupation	•	Name of Employ	er					
Financial PR/IR		Kekst	and Company					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or  Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	08/	16/2013	\$50.00		\$50.00			
	I .							
Last Name	First	NA 12		MI	Contribution ID #			
Herley Residential Street Address	City	Melissa		State	0155			
94 Gray Rock Rd	City	Southport		CT	Zip Code 06890			
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00030			
Homemaker			maker					
			obbyist, spouse, or	Amou	ant of Contribution			
Yes 🔼 N	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # No Money Order X Credit/Debit Card	08/	16/2013	\$50.00		\$50.00			
	L							
Last Name	First	D: 1 1		MI	Contribution ID #			
Foley	City	Richard		Ct-t-	0156			
Residential Street Address  42 Lake Avenue Ext PMB 310 .	City	Danbury		State CT	Zip Code 06811			
Principal Occupation		Name of Employ	er	Ci	00011			
Consultant		Self	•					
			obbyist, spouse, or	Amou	unt of Contribution			
Yes X N	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Parsaged Charles								
If yes, list Event # No Money Order X Credit/Debit Card	08/	16/2013	\$100.00		\$100.00			

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I. MONETARY RECEIPT	G (G	notion A D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<del>12 (13)</del>	A11011 A-1)	TYPE OF REPORT		
Mckinney For Governor			October 10 Filing - Original		
-	T 1				
B. Itemized Contributions from		iividuais			Γ
Last Name	First	D. I		MI	Contribution ID #
Kelly	City	Robert		Ct-t-	0017
Residential Street Address	City	Fairfield		State CT	Zip Code 06824
133 Myren St Principal Occupation		Name of Employ	or	CI	00024
Retired		Retire			
			obbyjet anauga ar	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	Vac		
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>		
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash X Personal Check	08/2	24/2013	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Autuori		Roger			0018
Residential Street Address	City			State	Zip Code
1310 Melville Ave .		Fairfield		СТ	06825
Principal Occupation		Name of Employ	er		
Registrar of Voters		Town	of Fairfield		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with:			X No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?  Cash  Response Check					
If yes, list Event # Cash Credit/Debit Card	08/2	24/2013	\$50.00		\$50.00
				L	la .a . m.
Last Name	First	Turdith		MI	Contribution ID #
Stripay Residential Street Address	City	Judith		State	0019
42 Great Hollow Dr	City	Monroe		CT	Zip Code 06468
Principal Occupation		Name of Employ	er	Ci	00400
Registrar of Voters			of Monroe		
			obbyist, spouse, or	Amou	int of Contribution
Yes 🔼 No	)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Society U2 Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
Tunidialising event listed in Section 31?					
X No T	08/	24/2013	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Stripay		Thomas			0020
Residential Street Address	City			State	Zip Code
42 Great Hollow Dr		Monroe		СТ	06468
Principal Occupation		Name of Employ	er		
Retired		Retire	ed	•	
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le dependent child of	obbyist, spouse, or  Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		аерениені спиа с	of a foodyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
X   No		24/2042	4400		+400.00
If yes list Event # No Money Order Credit/Debit Card	l 08/2	24/2013	\$100.00	1	\$100.00

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I, MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Edmiston		Robert			0021			
Residential Street Address	City			State	Zip Code			
581 Pequot Ave		Southport		СТ	06890			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section 31:								
X No Cash X Personal Check	08/2	24/2013	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Starr		John			0022			
Residential Street Address	City			State	Zip Code			
161 Spring House Rd		Fairfield		СТ	06824			
Principal Occupation	-	Name of Employ	er	<u> </u>				
Investment Banker		1 7	idgehouse Securities, LLC					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Vac	111104	in or commonion			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
government the contract is with:  In this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	00/	24/2012	¢100.00		¢100.00			
If yes, list Event # Money Order Credit/Debit Card	08/	24/2013	\$100.00		\$100.00			
LadNama	Firet.			М	Contribution ID#			
Last Name	First	0.5.1		MI	Contribution ID #			
Shook	O.	S. Earl		a	0023			
Residential Street Address	City	D 16.11		State	Zip Code			
90 S Obtuse Rd		Brookfield		СТ	06804			
Principal Occupation		Name of Employ						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent ennu (	x No					
government the contract is with:  Executive Legislative								
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Credit/Debit Card	08/	24/2013	\$100.00		\$100.00			
-								
Last Name	First			MI	Contribution ID #			
Zank-Shook		Darlene			0024			
Residential Street Address	City			State	Zip Code			
90 S Obtuse Rd	L	Brookfield		СТ	06804			
Principal Occupation		Name of Employ	er					
Housewife		None						
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent ennu (	x No					
government the contract is with:								
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
fundraising event fisted in Section 31?	l							
If yes, list Event # Cash Credit/Debit Card	08/	24/2013	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  Mckinney For Governor			TYPE OF REPORT October 10 Filing - Original		
Mckilliey For Governor					
B. Itemized Contributions from	m Ind	lividuals		_	
Last Name	First			MI	Contribution ID #
Heck		Harold			0025
Residential Street Address	City	F-:-6:-14		State	Zip Code
794 Sasco Hill Rd Principal Occupation		Fairfield Name of Employe	or	СТ	06824
Student		Stude			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or  For labbridge Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of	J	dependent child of	of a lobbyist?	3	
government the contract is with:  Executive Legislative		D 1 1	x <sub>No</sub>	_	
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
X No Resonal Check	08/	24/2013	\$100.00		\$100.00
If yes, list Event #	00,	2 1/ 2015	Ψ100.00		<b>———</b>
Last Name	First			MI	Contribution ID #
Cornell		Mary Jo			0026
Residential Street Address	City			State	Zip Code
236 Millard St		Fairfield		СТ	06824
Principal Occupation		Name of Employ			
Retired  Is contributor a principal of a state contractor or prospective state contractor?		Retire	obbyist spays or	Amor	ant of Contribution
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	dependent child o	Va	S	int of Contribution
If yes, indicate which branch or branches of  Executive  Legislative			x No		
government the contract is with:  Is this contribution associated with a Section of Contribution:  Yes Method of contribution:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?					
If yes, list Event # Cash Credit/Debit Card	08/	24/2013	\$10.00		\$10.00
injus, inclusion in the control of t				1	1
Last Name	First			MI	Contribution ID #
Ambrose  Residential Street Address	City	Peter		Ct-t-	0027
110 Kings Hwy E	City	Fairfield		State CT	Zip Code 06825
Principal Occupation	<u> </u>	Name of Employe	er	101	00023
Attorney		Self			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or  of a lobbyist?  Ye	Amou	unt of Contribution
If was indicate which branch or branches of	3	dependent child of	i u ioooyist:		
government the contract is with:			x No		
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	00/	24/2013	\$100.00		\$100.00
If yes, list Event #	00/	24/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Wright		James			0028
Residential Street Address	City			State	Zip Code
740 Fairfield Beach Rd		Fairfield		СТ	06824
Principal Occupation		Name of Employ			
Municipal Employee			f Norwalk	1	
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	dependent child of	obbyist, spouse, or of a lobbyist?  Ye	S	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?  Yes  Yes  Respond Check					
If yes list Event # Cash X Personal Check    Cash X Personal Check   Credit/Debit Card	08/	24/2013	\$100.00		\$100.00

I. MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Appelberg		Mark			0029			
Residential Street Address	City			State	Zip Code			
2285 Reservoir Ave		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er					
Executive		E-Lite	Technologies					
Is contributor a principal of a state contractor or prospective state contractor?			obbyjet enouge or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
	Date	Received	Aggregate Contributions					
s this contribution associated with a fundraising event listed in Section J1?								
X No Cash X Personal Check	08/	24/2013	\$100.00		\$100.00			
If yes, list Event #	00,	,	Ψ100.00					
Last Name	First			MI	Contribution ID #			
Pearlstone	1 1150	Arnold		1411	0030			
Residential Street Address	City	Alliolu		State				
	City	\M/ = = t-= = -t		1	Zip Code			
36 Arlen Rd		Westport		СТ	06880			
Principal Occupation		Name of Employ						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (	<u> </u>					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	08/	24/2013	\$100.00		\$100.00			
in yes, and break in the state of the state								
Last Name	First			MI	Contribution ID #			
Bell		Drummond			0031			
Residential Street Address	City			State	Zip Code			
72 Willow St		Southport		СТ	06890			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	)	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Cash X Personal Check	08/2	24/2013	\$100.00		\$100.00			
If yes, list Event #		-						
Last Name	First			MI	Contribution ID #			
Madeo		John			0032			
Residential Street Address	City	301111		State	Zip Code			
163 Daybreak Ln .	City	Southport		CT	06890			
Principal Occupation		Name of Employ	or		00030			
Housing Developer			tco Construction Co.					
			obbyjet enouge or	A	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	in or Commounton			
If yes, indicate which branch or branches of			x No					
government the contract is with:  Executive Legislative		n · ·						
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Credit/Debit Card	08/2	24/2013	\$100.00		\$100.00			

I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT  October 10 Filing - Original		
Mckinney For Governor			Cotobol To Tilling Chighian		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
DeFilippo		Joseph			0033
Residential Street Address	City			State	Zip Code
170 Meadows End Rd		Milford	or.	СТ	06460
Principal Occupation  HVAC Contractor		Name of Employ Self	er		
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	a lobbyist?		
government the contract is with:  In this containation associated with a Mathed of containation.	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?					
If yes, list Event # Cash No Cash No No Money Order Credit/Debit Card	08/2	24/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Pinto	1 1130	Kevin		1411	0034
Residential Street Address	City			State	Zip Code
120 Millbrook Ter		Monroe		СТ	06468
Principal Occupation		Name of Employ	er	•	•
Business owner		Self			
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	a lobbyist?		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	_	
fundraising event listed in Section J1?  Yes  Cash  Regresonal Check					
If yes, list Event # Cash Y Personal Check  Money Order Credit/Debit Card	08/2	24/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Tallman		Jeffrey			0157
Residential Street Address	City			State	Zip Code
14 Trout Brook Ln		Weston		СТ	06883
Principal Occupation		Name of Employ	er		
Building Contractor			lman Builders	_	
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		•	x No	)	
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Parsonal Check					
If yes, list Event # Cash Credit/Debit Card	08/2	29/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Sturdevant		Marie			0013
Residential Street Address	City			State	Zip Code
36 Hearthstone Dr		Brookfield		СТ	06804
Principal Occupation		Name of Employ			
Retired		Retire		1 .	
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x N	,	
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
tundraising event listed in Section 31?					
If yes list Event # Cash X Personal Check    Money Order	09/0	02/2013	\$50.00		\$50.00

I, MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  October 10 Filing - Original								
Mckinney For Governor								
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Oldroyd		George			0158			
Residential Street Address	City			State	Zip Code			
828 4th Ave NW		Alabaster		AL	35007			
Principal Occupation		Name of Employ	er					
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No.	)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundamental section 112 Yes Wethold of contribution:	Date	Received	Aggregate Contributions					
rundraising event instea in section 11:								
No Cash Personal Check	09/0	04/2013	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card		•			<u> </u>			
Last Name	First			MI	Contribution ID #			
Weiler		Claire		S	0035			
Residential Street Address	City	Cidir C		State	Zip Code			
240 Maple Oak Dr	City	Stratford		CT	06614			
Principal Occupation		Name of Employ	on.	CI	00014			
		1 7	CI					
Homemaker		None						
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No.	)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of								
government the contract is with:								
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Credit/Debit Card	09/0	05/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Gallucci		Armando		Т	0036			
Residential Street Address	City			State	Zip Code			
563 Elm St		Monroe		СТ	06468			
Principal Occupation		Name of Employ	er	-				
Contractor		Self E	imployed					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	)	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section 31?								
X No Cash X Personal Check	09/0	05/2013	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Bonner		Susan			0159			
Residential Street Address	City			State	Zip Code			
1386 Hillside Rd		Fairfield		CT	06824			
Principal Occupation		Name of Employ	er	L ~ .	55521			
sales			Golden Ribbon					
			abbyist spaysa or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No.	)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Dete	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No Cash Personal Check	00.	06/2012	#100.00		¢100.00			
If yes, list Event # No Money Order X Credit/Debit Card	09/0	06/2013	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
vanderslice	ļ	elizabeth			0160			
Residential Street Address	City			State	Zip Code			
1 Central Park S # 815	L	New York		NY	10019			
Principal Occupation homemaker		Name of Employ none	er					
			obbyist, spouse, or	Amou	ınt of Contribution			
Yes X N	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	00.4	07/2012	+400.00		+400.00			
If yes, list Event # No Money Order X Credit/Debit Card	09/0	07/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Vanderslice	1 1100	Peter			0161			
Residential Street Address	City			State	Zip Code			
1 Central Park S # 815		New York		NY	10019			
Principal Occupation		Name of Employ	er	!	!			
Consultant		Deloit	te					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Personal Check	l							
If yes, list Event # No Money Order X Credit/Debit Card	09/0	07/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Wikman		Mark			0162			
Residential Street Address	City			State	Zip Code			
47 Dorking Dr		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er	-	-			
Marketing/Sales		F5 Ne	tworks, Inc.					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child c	x No					
government the contract is with:  Executive Legislative	l B.	D : 1						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	09/	09/2013	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	05/	03/2013	¥100.00		<b>4100.00</b>			
Last Name	First			MI	Contribution ID #			
Mackenzie		David			0163			
Residential Street Address	City			State	Zip Code			
505 Merwins Ln		Fairfield		СТ	06824			
Principal Occupation		Name of Employ						
Financial Advisor			I Lynch					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			55 -5					
No Cash Personal Check	09/0	09/2013	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT							
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Illuzzi		John			0164			
Residential Street Address	City			State	Zip Code			
468 Sasco Hill Rd		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	obbyist, spouse, or  Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Yes  Cash  Personal Check								
If yes, list Event # Personal Check  No Cash Personal Check  Money Order X Credit/Debit Card	09/	09/2013	\$100.00		\$100.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Mooney		James			0165			
Residential Street Address	City			State	Zip Code			
6 Partridge La		Newtown		СТ	06470			
Principal Occupation		Name of Employ	er					
RETIRED  Is contributor a principal of a state contractor or prospective state contractor?		N/A	obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	Vac	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
No	09/	09/2013	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
McKinney		Lucie			0166			
Residential Street Address	City			State	Zip Code			
1242 SW Pine Island Rd Ste 42-524		Cape Coral		FL	33991			
Principal Occupation		Name of Employ	er					
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			X No					
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Bute	received	riggregate contributions					
No Cash Personal Check	09/	10/2013	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		,	·		·			
Last Name	First			MI	Contribution ID #			
Kaner		Avi			0167			
Residential Street Address	City			State	Zip Code			
19 Deerwood Ln		Westport		СТ	06880			
Principal Occupation		Name of Employ	er					
business owner			n Williams Supermarkets					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of  Executive  Legislative			x No					
Is this contribution associated with a Mathed of contribution.	Data	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	received	Aggregate Contributions					
No Cash Personal Check	09/	10/2013	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	I '		,	I	•			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (		TYPE OF REPORT					
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Black		Joan			0168			
Residential Street Address	City			State	Zip Code			
106 Sherwood Rd		Easton		СТ	06612			
Principal Occupation		Name of Employ	er					
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with:		D : 1						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	00/	10/2012	¢100.00		¢100.00			
If yes, list Event # No Money Order X Credit/Debit Card	09/	10/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Hawkings	1 1150	Betsy			0169			
Residential Street Address	City	2007		State	Zip Code			
4332 Albemarle St NW		Washington		DC	20016			
Principal Occupation		Name of Employ	er					
Chief of Staff		U.S. (	Congress					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
	)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	09/	10/2013	\$25.00		\$25.00			
				l	1			
Last Name	First			MI	Contribution ID #			
McKirdy	O.	Andrew		- C	0170			
Residential Street Address  32 Linden Shrs	City	Duanfaud		State CT	Zip Code 06405			
Principal Occupation		Branford Name of Employ	or .	CI	06405			
RETIRED		N/A	Ci					
			obbyist, spouse, or	Amou	ant of Contribution			
Yes 🔼 No	)	dependent child of						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?  Yes  Cash  Personal Check								
No	09/	10/2013	\$100.00		\$100.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Smith		Elizabeth			0171			
Residential Street Address	City			State	Zip Code			
37 Holly Ln		Darien		СТ	06820			
Principal Occupation		Name of Employ	er					
RETIRED  Le contributor a principal of a state contractor or prognactive state contractor?		N/A	obbyist spays or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child of	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Mathod of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			55 -5					
If yes, list Event # Personal Check  No	09/	10/2013	\$100.00		\$100.00			
If yes, list Event #	1			I				

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I, MONETARY RECEIPTS (Section A-I)								
	2 (20	ection A-I)	Type of peropt					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor October 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
London		Michael			0172			
Residential Street Address	City			State	Zip Code			
15 Lake Ave .		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er	•				
Public relations			el J. London & Associates					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ınt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Vac					
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions	†				
s this contribution associated with a fundraising event listed in Section J1?								
No Cash Personal Check	na/	10/2013	\$25.00		\$25.00			
If yes, list Event # Money Order X Credit/Debit Card	03/	10/2013	\$25.00		\$25.00			
Lost Nome	First			MI	Contribution ID #			
Last Name	FIISt	_		IVII				
Honiss		James			0173			
Residential Street Address	City			State	Zip Code			
50 Wagon Rd		Glastonbury		СТ	06033			
Principal Occupation		Name of Employ	er					
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Amou	int of Contribution			
	,	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?								
No Cash Personal Check	09/	10/2013	\$25.00		\$25.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Gualtieri		Michael			0174			
Residential Street Address	City	riiciidei		State	Zip Code			
	City	West Hartfor	d	CT	06117			
17 Colony Rd		West Hartfor		CI	06117			
Principal Occupation		Name of Employ						
President		ProCo						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent enna (	x No					
government the contract is with:  Executive Legislative				1				
Is this contribution associated with a Method of contribution:  Separate State of the Separate State State of the Separate State of	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event # Cash Credit/Debit Card	09/	10/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
fazio		kathleen			0175			
Residential Street Address	City			State	Zip Code			
9 Chapel Hill Rd		Westport		СТ	06880			
Principal Occupation		Name of Employ	er	•	•			
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution			
	)	dependent child of	of a foodyist?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			== <del>*</del>					
No Cash Personal Check	09/	11/2013	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	09/	11/2013	φ100.00	1	¥100.00			

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I. MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Mckinney For Governor			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Massaro		Craig			0176
Residential Street Address	City			State	Zip Code
38 Fieldcrest Dr		Trumbull		СТ	06611
Principal Occupation		Name of Employ	er	•	-
Pharmacist		Lupe's	s Drug Store Fairfield		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a fobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	09/	11/2013	\$100.00		\$100.00
Last Name	г			L v.a.	
	First	David		MI	Contribution ID #
Quinn Residential Street Address	City	David		State	0177 Zip Code
410 Stonehaven Dr	City	Fayettevile		GA	30215
Principal Occupation		Name of Employ	er	I OA	30213
Sales Advisor		FexEx			
			obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes, list Event #	09/	11/2013	\$25.00		\$25.00
Noney Order Creamboon Card					
Last Name	First			MI	Contribution ID #
Brown		James			0178
Residential Street Address	City			State	Zip Code
90 Ross Hill Rd		Fairfield		СТ	06824
Principal Occupation		Name of Employ			
Transportation			m B Meyer		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions	ł	
fundraising event listed in Section J1?			1.00.10		
No Cash Personal Check	09/:	11/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
O'Kane		Adele			0179
Residential Street Address	City			State	Zip Code
48 Bibbins Rd .		Easton		СТ	06612
Principal Occupation		Name of Employ	er		
nurse		self			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)		obbyist, spouse, or  of a labbyist?  Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyfst?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	007	11/2012	#100.00		¢100 00
If yes_list Event # NO Money Order X Credit/Debit Card	l <sup>09/.</sup>	11/2013	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals	•					
Last Name O'Kane	First	Nicholas		MI	Contribution ID # 0180			
Residential Street Address	City			State	Zip Code			
48 Bibbins Rd .	<u> </u>	Easton		СТ	06612			
Principal Occupation Student		Name of Employ self	er					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative	0	dependent child o	of a lobbyist?  Yes  X No					
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			1.00.10					
If yes, list Event # Cash Personal Check  Money Order X Credit/Debit Card	09/	11/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
McKinney		Jean			0181			
Residential Street Address	City			State	Zip Code			
4 Pondside Way	L	Danbury		СТ	06810			
Principal Occupation		Name of Employ	er					
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # No Cash Personal Check  Money Order X Credit/Debit Card	09/	11/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Monroy Smith		Aimee			0182			
Residential Street Address	City			State	Zip Code			
37 Island Way	<u> </u>	Westport		СТ	06880			
Principal Occupation		Name of Employ						
Government Affairs			y Bowes	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of	V	Amot	int of Contribution			
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>					
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Yes  Cash  Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	09/	11/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Burns		David			0183			
Residential Street Address	City			State	Zip Code			
148 Ludlowe Rd	L	Fairfield		СТ	06824			
Principal Occupation		Name of Employ						
Attorney  Is contributor a principal of a state contractor or prospective state contractor?		KPMG	-1-1	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  N	0	dependent child of	Vac	Amot	an or Contribution			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?  Yes  Cash  Personal Check								
No Cash Personal Check	09/	11/2013	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						
Mckinney For Governor October 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Gudis		Mark			0184	
Residential Street Address	City			State	Zip Code	
5 Pritchard Ln		Westport		СТ	06880	
Principal Occupation  RETIRED		Name of Employ N/A	er			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of government the contract is with:		dependent ennu (	x No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?  Yes  Cash  Personal Check						
If yes, list Event # Cash Credit/Debit Card	09/	11/2013	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Gudis		MaryGrace			0185	
Residential Street Address	City			State	Zip Code	
5 Pritchard Ln		Westport		СТ	06880	
Principal Occupation		Name of Employ	er	-		
RETIRED		N/A				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	Is contributor a l dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative		dependent enna (	x No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?  Yes  Cash  Personal Check						
If yes, list Event # No Money Order X Credit/Debit Card	09/	11/2013	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Metcalfe		Brigham			0186	
Residential Street Address	City			State	Zip Code	
1707 Tuttle Ave		Cheshire		СТ	06410	
Principal Occupation		Name of Employ	er			
Business Manager			everage Mart			
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	obbyist, spouse, or	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No			
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions			
Cash Personal Check						
If yes, list Event # No Money Order X Credit/Debit Card	09/	11/2013	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Dukes		Philip			0187	
Residential Street Address	City			State	Zip Code	
55 Trumbull St Apt 204		Hartford		СТ	06103	
Principal Occupation		Name of Employ				
Attorney			of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	0	Is contributor a l dependent child of	obbyist, spouse, or	Amou	ant of Contribution	
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
If yes, list Event # Cash Personal Check  No Money Order X Credit/Debit Card	09/	12/2013	\$100.00		\$100.00	

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Mckinney For Governor			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
McDevitt		Elizabeth			0188
Residential Street Address	City			State	Zip Code
15 Saddle Ridge Rd .		Wilton		СТ	06897
Principal Occupation		Name of Employ	er		
at home mom			ployed		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of  Executive Legislative		dependent ennu (	x <sub>No</sub>		
government the contract is with:  Is this contribution associated with a Method of contribution:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	09/	12/2013	\$5.00		\$5.00
If yes, list Event #	03,		Ψ5.00		
Last Name	First			MI	Contribution ID #
lawrence		john			0189
Residential Street Address	City			State	Zip Code
6 Middlesex St		Wellesley		MA	02482
Principal Occupation		Name of Employ	er		
health care executive		nxsta	ge medical inc		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of			
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	00/	12/2012	±100.00		±100.00
If yes, list Event # Money Order X Credit/Debit Card	09/.	12/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Auray	1 1150	Delbert			0190
Residential Street Address	City			State	Zip Code
206 Salt Meadow Rd		Fairfield		СТ	06824
Principal Occupation	•	Name of Employ	er		
CEO		Bridge	eport Fittings Inc.		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution
If was indicate which branch or branches of	5	dependent child of	of a foodylst:		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check					
If yes, list Event # 10182013K No Money Order X Credit/Debit Card	09/	12/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Gaeta	FIISt	Ronald		IVII	0191
Residential Street Address	City	Kullalu		State	Zip Code
34 Obtuse Rd N	City	Brookfield		CT	06804
Principal Occupation		Name of Employ	er	<u>                                     </u>	
 Veterinarian			arton Equine		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
	0	dependent child of	of a foodyist?		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Idilidiaising event risted in Section 31?					
If yes list Event # No	09/	13/2013	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (		TYPE OF REPORT					
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Chiboucas		Donald			0192			
Residential Street Address	City			State	Zip Code			
51 Milbank Rd .		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of  Executive  Legislative		dependent child c	x No					
government the contract is with:	Doto	Received	Aggregate Contributions	-				
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	09/	13/2013	\$100.00		\$100.00			
If yes, list Event # 10012013M	03/	13/2013	Ψ100.00		<b>4100.00</b>			
Last Name	First			MI	Contribution ID #			
Addison		Gabby			0193			
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code			
974 Southford Rd		Southbury		СТ	06488			
Principal Occupation		Name of Employ	er	•				
Realtor		Keller	Williams Realty					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:  Executive Legislative			X No					
Is this contribution associated with a Method of contribution:  Section 112  Yes	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	09/	13/2013	\$50.00		\$50.00			
Lav	г			1	C C C D			
Last Name McGaan	First	Andrew		MI	Contribution ID # 0194			
Residential Street Address	City	Andrew		State	Zip Code			
4732 N Paulina St	City	Chicago		IL	60640			
Principal Occupation		Name of Employ	er	1	000.0			
Attorney			nd & Elllis LLP					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	)	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a	Date	Received	Aggregate Contributions					
Tundraising event risted in Section 31?								
If yes, list Event # 10042013H	09/	13/2013	\$100.00		\$100.00			
				1,5	la .a . m.			
Last Name	First			MI	Contribution ID #			
McIntosh Residential Street Address	City	Rachael		State	0195 Zip Code			
1677 Commonwealth Ave	City	Brighton		MA	02135			
Principal Occupation		Name of Employ	er	1 1 1 1	02133			
Account Manager			te Telecommunications					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution			
	)	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
tundralsing event listed in Section 31?								
If yes, list Event # 09212013V Cash Personal Check  No Money Order X Credit/Debit Card	09/	13/2013	\$100.00		\$100.00			

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L MONETARY RECEIPT	S (Se	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT October 10 Filing - Original								
Mckinney For Governor									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kellachan		Dylan			0196				
Residential Street Address	City			State	Zip Code				
104 Strathmore Rd	L	Brighton Name of Employe		MA	02135				
Principal Occupation  Economic Consultant		1 ,	er sis Group						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of  Executive Legislative		dependent child o	x No						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			1-88-18-10						
If yes, list Event # 09212013V No Cash Personal Check  Money Order X Credit/Debit Card	09/	13/2013	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Baldwin		Preston			0197				
Residential Street Address	City			State	Zip Code				
30 Milbank Ave	<u>L</u>	Greenwich		СТ	06830				
Principal Occupation		Name of Employ							
Business exec			rpoint360 LLC						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Nethod of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Cash  Personal Check									
If yes, list Event # 10042013H No Money Order X Credit/Debit Card	09/	13/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Ackerman		Larry			0198				
Residential Street Address	City			State	Zip Code				
10 Arrow Head Rd	<u>.                                    </u>	Westport		СТ	06880				
Principal Occupation  Brand consultant		Name of Employ	er dentity Circle						
				Amor	unt of Contribution				
Yes 🔼 N	0	dependent child of	3/						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundamining quent listed in Section 112	Date	Received	Aggregate Contributions						
Tunidralising event listed in Section 31:									
If yes, list Event # 10182013K No Cash Money Order X Credit/Debit Card	09/	13/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Muscato		Ryan			0366				
Residential Street Address	City			State	Zip Code				
15 Stroll Rock Cmn	L	Fairfield		СТ					
Principal Occupation		Name of Employ	er						
Student  Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  N	o	dependent child of	Vac	Amot	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?  Yes  Cash  Personal Check									
If yes, list Event # No   X   Money Order     Credit/Debit Card	09/	13/2013	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (		TYPE OF REPORT					
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Muscato		Michael			0367			
Residential Street Address	City			State	Zip Code			
15 Stroll Rock Cmn		Fairfield		СТ				
Principal Occupation		Name of Employ	er					
Student				_				
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event #	09/	13/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Auray		Thomas			0199			
Residential Street Address	City			State	Zip Code			
15 Flat Rock Rd		Easton		СТ	06612			
Principal Occupation		Name of Employ						
Executive			eport Fittings, Inc.					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna e						
government the contract is with:  Executive Legislative		D						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	00/	4.4/204.2	+100.00		+400.00			
If yes, list Event # 10182013K	09/	14/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Last Name  Kortze	FIISt	John		IVII	0200			
Residential Street Address	City	JOHN		State	Zip Code			
25 Hundred Acres Rd	City	Newtown		CT	06470			
Principal Occupation		Name of Employ	er	<u> </u>	00470			
Financial Advisor			Fargo Advisors					
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?								
If yes list Event # Cash Personal Check  No Money Order X Credit/Debit Card	09/	16/2013	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
McKee		Rusty			0201			
Residential Street Address	City			State	Zip Code			
210 Shore Rd		Old Greenwid	ch	СТ	06870			
Principal Occupation		Name of Employ	er	-	•			
RETIRED		N/A		_				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyfst?					
government the contract is with:  Executive Legislative			x <sub>No</sub>	]				
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions					
tundralsing event listed in Section 31?								
If yes, list Event # 10042013H Cash Personal Check  No Money Order X Credit/Debit Card	09/	16/2013	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT					
Mckinney For Governor			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
McKee		Libby			0202
Residential Street Address	City			State	Zip Code
210 Shore Rd	L.	Old Greenwid		СТ	06870
Principal Occupation		Name of Employ	er		
RETIRED -		N/A	-11	· · · · · · · · · · · · · · · · · · ·	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	0	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Alliot	int of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions	1	
Tunidiasing event instead in Section 71?					
If yes, list Event # 10042013H	09/	16/2013	\$100.00		\$100.00
If yes, list Event # 1004201311 Indices Order Indices Orde					
Last Name	First			MI	Contribution ID #
Seher		Jake			0203
Residential Street Address	City			State	Zip Code
575 7th St NW	Ь	Washington		DC	20004
Principal Occupation  Lobbyist		Name of Employ			
·			obl-Context LLP obbyist, spouse, or	Amoi	unt of Contribution
Yes X N	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions	1	
Tunidialising event listed in Section 31:					
If yes, list Event # 10042013H No Money Order X Credit/Debit Card	09/	16/2013	\$100.00		\$100.00
Type, and Profession 100+201911				<u> </u>	
Last Name	First			MI	Contribution ID #
McINtosh	G'i	david		G	0204
Residential Street Address	City	Minnoanolis		State MN	Zip Code 55408
3358 Irving Ave S Principal Occupation	<u> </u>	Minneapolis Name of Employ	er	IVIIN	33406
sales management			osh embossing		
			obbyist, spouse, or	Amou	ant of Contribution
Yes 🔼 N	0	dependent child of			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidralising event listed in Section 31:					
If yes, list Event # 09212013V	09/:	16/2013	\$100.00		\$100.00
	Б			   . , ,	Louis B"
Last Name mcintosh	First	kim		MI	Contribution ID # 0205
Residential Street Address	City	KIIII		State	Zip Code
3358 Irving Ave S	City	Minneapolis		MN	55408
Principal Occupation	<u>'                                    </u>	Name of Employ	er		
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	v	dependent child of	1 a 1000yist?		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
Tunidiasing event instead in Section 71?					
If yes, list Event # 09212013V No Cash Cash Personal Check	09/	16/2013	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Mckinney For Governor			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Nast		Christian			0206
Residential Street Address	City			State	Zip Code
4 Pondside Way	L	Danbury		СТ	06810
Principal Occupation		Name of Employ			
Executive Chef			na's Market & Catering		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions	1	
lundraising event listed in Section 31:					
If yes, list Event # 10182013K  No Cash Personal Check X Credit/Debit Card	09/	17/2013	\$100.00		\$100.00
If yes, list Event # 10182013K					
Last Name	First			MI	Contribution ID #
Woods		Nicholas			0207
Residential Street Address	City			State	Zip Code
371 Commonwealth Ave .	Щ,	Boston		MA	02115
Principal Occupation		Name of Employ			
sales  Is contributor a principal of a state contractor or prospective state contractor?			ahealth obbyist, spouse, or	Amoi	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of	Vac	7 111100	an or commount
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
fundraising event fisted in Section 31:					
If yes, list Event # 10042013H No Cash Personal Check  No Money Order X Credit/Debit Card	09/	17/2013	\$5.00		\$5.00
If yes, list Event # 10042013H					
Last Name	First			MI	Contribution ID #
Cronin		Michael			0208
Residential Street Address	City			State	Zip Code
47 Woodridge Cir	<u> </u>	West Hartfor		СТ	06107
Principal Occupation		Name of Employ			
attorney  Is contributor a principal of a state contractor or prospective state contractor?			of Connecticut obbyist, spouse, or	Amou	ant of Contribution
is contributor a principal of a state confunction of prospective state confunctor?  Yes  N	0	dependent child of		Amot	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
In this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check  No Cash Personal Check  Money Order X Credit/Debit Card	09/	17/2013	\$100.00		\$100.00
ii yes, iist Event #					
Last Name	First			MI	Contribution ID #
mitchell		john			0209
Residential Street Address	City			State	Zip Code
86 Middlebrook Farm Rd		Wilton		СТ	06897
Principal Occupation  Chairman		Name of Employ Mitch			
			-11	Amoi	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  N	0	dependent child of	Vac	Aiilot	an or contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
government the contract is with:  Is this contribution associated with a fundringing event litted in Section 112.	Date	Received	Aggregate Contributions	1	
Tunidiasing event instead in Section 71?					
If yes, list Event # 10182013K  No Cash Personal Check	09/	17/2013	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  October 10 Filing - Original									
Mckinney For Governor October 10 Filing - Original									
B. Itemized Contributions from	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Sadler		Christy			0210				
Residential Street Address	City			State	Zip Code				
27 Meadow Rd		Riverside		СТ	06878				
Principal Occupation  Name of Employer  Investor  Willowmere Capital Partners									
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No						
government the contract is with:	Date	Received	Aggregate Contributions	ł					
fundraising event listed in Section J1?	Dute	received	riggiogue Controutions						
If yes, list Event # 10042013H No Cash Personal Check  Money Order X Credit/Debit Card	09/	17/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Sadler		Meredith			0211				
Residential Street Address	City			State	Zip Code				
27 Meadow Rd		Riverside		СТ	06878				
Principal Occupation		Name of Employ	er						
RETIRED		N/A							
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative		dependent ennu (	x No						
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Cash  Personal Check									
If yes, list Event # 10042013H No Money Order X Credit/Debit Card	09/	17/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Debicella		Dan			0212				
Residential Street Address	City			State	Zip Code				
1 Lazybrook Rd		Shelton		СТ	06484				
Principal Occupation		Name of Employ							
Candidate			employed obbyist, spouse, or	1 Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	o	dependent child of		Amou	iit of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	09/	17/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
McMaster		Jo-Ann		М	0037				
Residential Street Address	City			State	Zip Code				
341 Sigwin Dr .		Fairfield		СТ	06824				
Principal Occupation		Name of Employ							
Office Manager			rest Services						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		1	x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			55 -5						
X No Cash X Personal Check  If yes list Event # Card Order Credit/Debit Card	09/	17/2013	\$25.00		\$25.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (		TYPE OF REPORT						
Mckinney For Governor			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Shain		Leslie		Р	0038				
Residential Street Address	City			State	Zip Code				
24 Buckingham		Wilton		СТ	06897				
Principal Occupation		Name of Employ	er						
Reg. Nurse		Reque	ested						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with:	Б.	D : 1							
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	00/	17/2012	¢100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	09/	17/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Osborn	1 1100	Richard			0039				
Residential Street Address	City	Tacitara		State	Zip Code				
3215 Ashlar Vilage		Wallingford		СТ	06492				
Principal Occupation		Name of Employ	er						
Retired		None							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
iundraising event listed in Section J1?									
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	09/	17/2013	\$100.00		\$100.00				
	l			l					
Last Name	First			MI	Contribution ID #				
Osborn		Elizabeth			0040				
Residential Street Address	City			State	Zip Code				
3215 Ashlar Vilage	<u> </u>	Wallingford		СТ	06492				
Principal Occupation		Name of Employ	er						
Retired		None Is contributor at	obbyist spouse or	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No.	0	dependent child of	oody ist, spouse, or	Alliou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			86 8						
X No Cash X Personal Check	09/	17/2013	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
McKinney		Lucie		С	0041				
Residential Street Address	City			State	Zip Code				
95 Beachside Ave		Greens Farm	S	СТ	06838				
Principal Occupation		Name of Employ	er						
Retired		None							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	Is contributor a l dependent child of	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
Is this contribution associated with a Mathed of contribution.	Doto	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?	Date		1-55105ate Continutions						
X No Cash X Personal Check	09/	17/2013	\$100.00		\$100.00				
If yes, list Event # Money Order	1	,	4200.00	I					

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  October 10 Filing - Original									
Mckinney For Governor			October to Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Migliaccio		Mark		J	0042				
Residential Street Address	City			State	Zip Code				
6 Black Oak Dr		West Granby		СТ	06090				
Principal Occupation  Name of Employer  Attorney  Butler, Norris & Gold									
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative		aepenaent enna e	x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  Cash  Personal Check									
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	09/	17/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Migliaccio		Melissa		E	0043				
Residential Street Address	City			State	Zip Code				
6 Black Oak Dr		West Granby	,	СТ	06090				
Principal Occupation		Name of Employ	er	•					
Attorney			al Counsel, Inc						
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No.	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative		dependent enna e	x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  Cash  Personal Check									
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	09/	17/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Fox		Karen		Z	0044				
Residential Street Address	City			State	Zip Code				
40 Old Hickory Rd	<u> </u>	Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
Mom		None							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	o	dependent child of	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundamining execut listed in Section 112.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  X No Cash  Personal Check	١								
If yes, list Event # No Money Order Credit/Debit Card	09/	17/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Fox		Michael		R	0045				
Residential Street Address	City			State	Zip Code				
40 Old Hickory Rd	<u> </u>	Fairfield		СТ	06824				
Principal Occupation		Name of Employ							
PR Consultant		ICR, I							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	o	Is contributor a li dependent child of	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		-	x <sub>No</sub>						
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?			•						
X No Cash X Personal Check  If yes, list Event # Card Order Credit/Debit Card	09/	17/2013	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT							
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name Barrett	First	Carolee		MI	Contribution ID # 0352			
Residential Street Address	City			State	Zip Code			
120 Southport Woods Dr		Southport		СТ				
Principal Occupation		Name of Employ	er		-			
		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Responsible Cash  Cash  Responsible Cash	١							
If yes, list Event # No Money Order Credit/Debit Card	09/	18/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
juan		marilyn			0213			
Residential Street Address	City			State	Zip Code			
11 Red Coat Ln		Greenwich		СТ	06830			
Principal Occupation		Name of Employ	er					
calligraphy		self						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>					
government the contract is with:  Is this contribution associated with a fundringing event listed in Section 112.  X Yes  Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event # 10042013H No Money Order X Credit/Debit Card	09/	18/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Daley		Sherri			0214			
Residential Street Address	City			State	Zip Code			
74 Homefair Dr .		Fairfield		СТ	06825			
Principal Occupation  Teacher		Name of Employ	er alk Public Schools					
			obbyist snouse or	Amou	int of Contribution			
Yes 🔼 N	o	dependent child of						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tunidralising event listed in Section 31:								
If yes, list Event # 09212013V No Cash Versional Check Money Order X Credit/Debit Card	09/	18/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Russo		Carolyn			0215			
Residential Street Address	City			State	Zip Code			
208 Brooklawn Ave		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er					
Bobby & Jack's Mom  Is contributor a principal of a state contractor or prospective state contractor?		None Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
Yes X N	o	dependent child of	Vac	Amou	or continuation			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tunidiasing event instead in Section 71?								
No Cash Personal Check	09/	18/2013	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Parrish		Diane			0216			
Residential Street Address	City			State	Zip Code			
273 Saugatuck Ave		Westport		СТ	06880			
Principal Occupation		Name of Employ	er		-			
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child (	x No					
government the conduct is with.	Date	Received	Aggregate Contributions	-				
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions					
No Cash Personal Check	09/	19/2013	\$100.00		\$100.00			
If yes, list Event # 10182013K	037	15, 2010	Ψ100.00					
Last Name	First			MI	Contribution ID #			
Vanderslice		Paul			0217			
Residential Street Address	City			State	Zip Code			
103 Middlebrook Farm Rd		Wilton		СТ	06897			
Principal Occupation		Name of Employ	er					
n/a		n/a						
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or  of a labbyist?  Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child (						
government the contract is with:  Executive Legislative	l _		x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	00/	10/2012	¢200.00		¢100.00			
If yes, list Event # 09212013V	09/	19/2013	\$200.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Jeffries		Rebecca			0218			
Residential Street Address	City			State	Zip Code			
3712 Arbor Way		Charlotte		NC	28211			
Principal Occupation		Name of Employ	er	•				
student		n/a						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or  of a labbyist?  Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist:					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	00/	19/2013	\$100.00		¢100.00			
If yes, list Event # 09212013V	09/	19/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
duran		robert			0219			
Residential Street Address	City			State	Zip Code			
136 Parkwood Rd		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er	•				
Insurance		Crysta	al & Company					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:		40/00:-						
If yes, list Event # 09212013V No Money Order X Credit/Debit Card	09/	19/2013	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT October 10 Filing - Original		
Mckinney For Governor			Ostober 10 Tilling Original		
B. Itemized Contributions from	n Ind	lividuals		_	
Last Name	First			MI	Contribution ID #
Fogel		David			0220
Residential Street Address	City			State	Zip Code
470 Mine Hill Rd Principal Occupation		Fairfield		СТ	06824
Business Owner		Name of Employe			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	,	dependent child o	f a lobbyist?		
government the contract is with:  Executive Legislative	-	n : 1		_	
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	09/	19/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	03/	19/2013	\$100.00		<b>\$100.00</b>
Last Name	First			MI	Contribution ID #
COLACURCIO		EDWARD			0221
Residential Street Address	City			State	Zip Code
714 Reef Rd		Fairfield		СТ	06824
Principal Occupation		Name of Employe			
OWNER			DELICATESSEN		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child o	obbyist, spouse, or f a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions	-	
s this contribution associated with a fundraising event listed in Section J1?					
If yes, list Event # 09212013V	09/:	19/2013	\$100.00		\$100.00
If yes, list Event # 09212013V					
Last Name	First			MI	Contribution ID #
Ronan		Michael			0222
Residential Street Address	City			State	Zip Code
25 Mount Pleasant Rd		Newtown		СТ	06470
Principal Occupation		Name of Employe			
Nonprofit Executive			o Partnership, Inc.	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child o	37 -	S	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
Parsonal Check					
If yes, list Event # No Money Order X Credit/Debit Card	09/:	19/2013	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
tengel	1 1130	jeffrey		1411	0223
Residential Street Address	City	J 0 /		State	Zip Code
81 Birch Rd		Fairfield		СТ	06824
Principal Occupation		Name of Employe	er	•	
Banker		People	e's United Bank		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a le dependent child o	obbyist, spouse, or f a lobbyist?  Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	x No		
government the contract is with:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?			200 20maroanono		
If yes, list Event # Personal Check  No	09/2	20/2013	\$100.00		\$100.00

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (		TYPE OF REPORT					
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Ostrosky		Thomas			0224			
Residential Street Address	City			State	Zip Code			
12 Ship Ave # 8		Medford		MA	02155			
Principal Occupation		Name of Employ	er					
Financial Services		Beaco	on Financial Partners					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child (						
government the contract is with:	D-4-	D i 4						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	ng/	20/2013	\$100.00		\$100.00			
If yes, list Event # 09212013V	09/.	20/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Aiello		Greg			0225			
Residential Street Address	City			State	Zip Code			
333 E 79th St		New York		NY	10075			
Principal Occupation	•	Name of Employ	er	•				
SVP-Communications		Natio	nal Football League					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	51 a 1000y1st?					
government the contract is with:			X No					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check		00/0010						
If yes, list Event # 10042013H No Money Order X Credit/Debit Card	09/	20/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Kyle	1 1130	Nancy			0226			
Residential Street Address	City			State	Zip Code			
219 Orchard St		Cos Cob		СТ	06807			
Principal Occupation	•	Name of Employ	er					
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyfst?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	00/	20/2012	<b>#100.00</b>		+100.00			
If yes, list Event # No Money Order X Credit/Debit Card	09/.	20/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Signora	1 1130	Michael		1411	0227			
Residential Street Address	City			State	Zip Code			
256 Rider Ave		Malverne		NY	11565			
Principal Occupation	•	Name of Employ	er		•			
Vice President of Football Communications		Natio	nal Football League					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	31 a 1000yist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
Indicating event instead in Section 71:		20/2012			+400.00			
If yes, list Event # 10042013H Cash Cash Personal Check  No Cash Personal Check  Money Order X Credit/Debit Card	09/	20/2013	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Mckinney For Governor			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
ryan		thomas			0228				
Residential Street Address	City			State	Zip Code				
16 Oid HI	L	Westport		CT	06880				
Principal Occupation		Name of Employ	er						
PR consultant		ICR							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
rundraising event fisted in Section 31?									
If yes, list Event # 10102013F	09/2	20/2013	\$100.00		\$100.00				
If yes, his Evene# 101020151 Indicey order Creation Control									
Last Name	First			MI	Contribution ID #				
Ryan		Stephanie			0229				
Residential Street Address	City			State	Zip Code				
16 Old HI		Westport		СТ	06880				
Principal Occupation  RETIRED		Name of Employ  N/A	er						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a  fundamining count listed in Section 112  X Yes  Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event listed in Section 31?									
If yes, list Event # 10102013F	09/2	20/2013	\$100.00		\$100.00				
injuny order in create some care									
Last Name	First			MI	Contribution ID #				
Stone		Robert			0230				
Residential Street Address	City	M/s store set		State	Zip Code				
14 Brookside Dr Principal Occupation		Westport Name of Employ	or	СТ	06880				
Executive			erkley Corp						
T			obbyist, spouse, or	Amou	nt of Contribution				
Yes 🔼 No	)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tunidiaising event risted in Section 31?									
If yes, list Event # 10102013F	09/2	20/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Diaz Residential Street Address	City	Isaias		State	0231				
195 Easton Ave	City	Waterbury		CT	Zip Code 06704				
Principal Occupation	_	Name of Employ	er	CI	00704				
Attorney			ler Strickland						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
	)	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
Tunidasing event issed in Section 71:									
If yes list Event # 10182013K	09/2	20/2013	\$10.00		\$10.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Mckinney For Governor	October 10 Filing - Original							
B. Itemized Contributions from	m Ind	lividuals	•					
Last Name Winschel	First	theodore		MI	Contribution ID # 0232			
Residential Street Address	City			State	Zip Code			
210 Lindamir Ln		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
Finance			of America Merrill Lynch					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	Is contributor a le dependent child of	obbyist, spouse, or Yes of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 09212013V    Open	09/2	21/2013	\$100.00		\$100.00			
If yes, list Event # USZ12013V I Molley Older I Cledio Deolit Cald								
Last Name	First			MI	Contribution ID #			
Bruckmann	C'i	Joseph		Gr. 4	0233 Zip Code			
Residential Street Address  51 Jackson Dr	City	Trumbull		State CT	2ip Code 06611			
Principal Occupation	Щ.	Name of Employ	er	CI	00011			
Attorney			of Connecticut					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	o	dependent child of	of a lobbyist?					
government the contract is with:			x No					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	00/	21/2013	\$100.00		\$100.00			
If yes, list Event # 10182013K Money Order X Credit/Debit Card	03/2	21/2013	\$100.00		<del></del>			
Last Name	First			MI	Contribution ID #			
Hammersley		Lisa			0234			
Residential Street Address	City			State	Zip Code			
358 Hobart St	Ļ.,	Southington		СТ	06489			
Principal Occupation Senior Policy Advisor		Name of Employ	of Connecticut					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution			
Yes 🔼 N	o	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # No Money Order X Credit/Debit Card	09/2	21/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Downes		Michael			0235			
Residential Street Address	City			State	Zip Code			
175 S End Rd # 40	L	East Haven		СТ	06512			
Principal Occupation		Name of Employ						
Communications Manager  Is contributor a principal of a state contractor or prospective state contractor?			of Connecticut obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  N	o	dependent child of	Vac	Amou	in or contribution			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event fisted in Section 31?								
No Cash Personal Check	09/2	21/2013	\$50.00		\$50.00			

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I, MONETARY RECEIPTS (Section A-I)									
	2 (20	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Mckinney For Governor October 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
flaherty		john			0236				
Residential Street Address	City			State	Zip Code				
9 Sasqua Rd		Norwalk		СТ	06855				
Principal Occupation		Name of Employ	er						
attorney		dickst	ein shapiro Ilp						
			abbyist spanse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions						
rundraising event instea in section 11:									
No Cash Personal Check	09/	21/2013	\$100.00		\$100.00				
If yes, list Event # 10102013F									
Last Name	First			MI	Contribution ID #				
Walsh		James			0237				
Residential Street Address	City	- Janco		State	Zip Code				
85 Pratt St		Fairfield		DE	06824				
Principal Occupation		Name of Employ	or	DL	00024				
Attorney			, Garrell & Walsh, LLC						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Vac	Amou	iit of Contribution				
If yes, indicate which branch or branches of			x <sub>No</sub>						
government the contract is with:  Executive Legislative		<b>.</b>							
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # 09212013V	09/	21/2013	\$100.00		\$100.00				
				l					
Last Name	First			MI	Contribution ID #				
Sposito		Mary			0351				
Residential Street Address	City			State	Zip Code				
1213 Cedar Rd		Fairfield		СТ					
Principal Occupation		Name of Employ	er						
On Request		On Re	equest						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a followist:						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:  Yes  Yes	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31:									
If yes, list Event #	09/	21/2013	\$25.00		\$25.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Peressutti		Gian-Carlo			0238				
Residential Street Address	City			State	Zip Code				
29 Farm Hill Rd		Ridgefield		СТ	06877				
Principal Occupation		Name of Employ	er						
Corp executive		Pepsi	СО						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?									
If yes list Event # Cash Personal Check  No Money Order X Credit/Debit Card	09/	22/2013	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	I			I					

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (		TYPE OF REPORT					
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Runk		Robert			0239			
Residential Street Address	City			State	Zip Code			
33 Commonwealth Dr		Fairfield		CT	06824			
Principal Occupation		Name of Employ	er					
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (	<u> </u>					
government the contract is with:  Executive Legislative	_		x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	00/	22/2012	¢100.00		¢100.00			
If yes, list Event # No Money Order X Credit/Debit Card	09/.	23/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
roraback	1 1150	molly			0240			
Residential Street Address	City			State	Zip Code			
608 Goshen Rd		Litchfield		СТ	06759			
Principal Occupation		Name of Employ	er					
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	09/	23/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Dale		Eric		_	0241			
Residential Street Address	City	Faire field		State CT	Zip Code 06824			
140 Fair Oak Dr Principal Occupation		Fairfield Name of Employ	or .	CI	00824			
Attorney			son & Cole LLP					
·			obbyist, spouse, or	Amou	nt of Contribution			
Yes X No	)	dependent child of						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundacing over this test of in Section 112	Date	Received	Aggregate Contributions					
Cook Demond Check								
If yes, list Event # 10102013F	09/	23/2013	\$100.00		\$100.00			
Type, list Event ii Totozoffi Event ii Honey order Event Book Calle					-			
Last Name	First			MI	Contribution ID #			
roraback		charles			0242			
Residential Street Address	City			State	Zip Code			
608 Goshen Rd		Litchfield		СТ	06759			
Principal Occupation		Name of Employ	er					
lawyer  Is contributor a principal of a state contractor or prospective state contractor?		self	obbyist, spouse, or	Aman	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	dependent child of	Vac	Amou	in of Contidution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			30 -0					
No Cash Personal Check	09/	23/2013	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		•						

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Flaherty		Kevin			0243			
Residential Street Address	City			State	Zip Code			
7 Clark St		Old Greenwi	ch	СТ	06870			
Principal Occupation		Name of Employ	er					
Finance		Natio	nal Football League					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child t						
government the contract is with:	D-4-	Received	Aggregate Contributions					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	ng/	23/2013	\$100.00		\$100.00			
If yes, list Event # 10042013H	09/.	23/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Tieman		John			0244			
Residential Street Address	City			State	Zip Code			
13 Meeting House Ln		Shelton		СТ	06484			
Principal Occupation	•	Name of Employ	er		•			
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a fundacional social section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # 09302013C No Money Order X Credit/Debit Card	09/	23/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Burton	FIISt	Don		IVII	0245			
Residential Street Address	City			State	Zip Code			
1376 Pequot Ave	City	Southport		CT	06890			
Principal Occupation		Name of Employ	er					
EdTech		Self						
Is contributor a principal of a state contractor or prospective state contractor?	_		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	3	dependent child of	of a foodyfst?					
government the contract is with:			x No					
Is this contribution associated with a fundacional social listed in Section 112	Date	Received	Aggregate Contributions					
Tunidaising event listed in Section 31:								
If yes, list Event # 10102013F	09/	23/2013	\$100.00		\$100.00			
T. SV					la di pu			
Last Name	First			MI	Contribution ID #			
Trepp Residential Street Address	City	Andrew		State	0246 Zip Code			
365 W 20th St Apt 5C	City	New York		NY	10011			
Principal Occupation		Name of Employ	er		10011			
Hedge Fund Analyst			el LLC					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
	O	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Parsaged Charles								
If yes, list Event # 10042013H No Sasin Section Residual Circles No Money Order X Credit/Debit Card	09/	23/2013	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<del>(</del>	ction /x-1)	TYPE OF REPORT						
Mckinney For Governor October 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Goodell		Roger			0376				
Residential Street Address	City			State	Zip Code				
14 Hemlock Rd		Bronxville		NY					
Principal Occupation		Name of Employ	er	-	•				
Commissioner		Natio	nal Football League	_					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?						
government the contract is with:			x <sub>No</sub>	4					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	09/	23/2013	\$100.00		\$100.00				
T				1.0	La .a . m.				
Last Name	First	A 1		MI	Contribution ID #				
Craft Residential Street Address	City	A. Lee		State	0360 Zip Code				
8095 SE Golfhouse Dr	City	Hoho Cound		FL	Zip Code				
Principal Occupation		Hobe Sound Name of Employ	er	I FL	<u> </u>				
Trincipal Occupation		Retire							
Is contributor a principal of a state contractor or prospective state contractor?			obbyjet enouse or	Amor	ant of Contribution				
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	37	111100	an or commount				
If yes, indicate which branch or branches of  Executive  Legislative			x No						
government the contract is with:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?									
No Cash X Personal Check	09/	24/2013	\$100.00		\$100.00				
If yes, list Event # 09302013C	,	,							
Last Name	First			MI	Contribution ID #				
Craft		Anne			0361				
Residential Street Address	City			State	Zip Code				
8095 SE Golfhouse Dr		Hobe Sound		FL					
Principal Occupation		Name of Employ	er	-	•				
On Request		On Re	equest						
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	or a robbyist:						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
Tundraising event instead in Section 31:									
If yes, list Event # 09302013C	09/	24/2013	\$100.00		\$100.00				
1					I				
Last Name	First	5 1		MI	Contribution ID #				
DeFelice	G:	David		G	0247				
Residential Street Address	City	F	.l.	State	Zip Code				
6 Hemlock Ter		East Sandwid		MA	02537				
Principal Occupation  Teacher		Name of Employ	of Middleboro						
			obbyist spausa or	Amor	ant of Contribution				
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Voc	711100					
If yes, indicate which branch or branches of Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?			35 5						
No Cash Personal Check	09/	24/2013	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card	l		•	I					

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<del>o (o</del>	ection A-1)	TYPE OF REPORT					
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
	_	iividuais		1	T			
Last Name  Leventhal	First	Robert		MI	Contribution ID # 0248			
Residential Street Address	City			State	Zip Code			
1312 W Main St		Waterbury		СТ	06708			
Principal Occupation		Name of Employ	er					
Physician		NV G	astroenterology Cons.					
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a fundricing agent listed in Section 112.	Date	Received	Aggregate Contributions					
tundraising event listed in Section 31?								
If yes, list Event # 10032013A Cash Personal Check  No Cash Personal Check  Money Order Credit/Debit Card	09/2	24/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Leventhal Leventhal	FIISt	Francine		IVII	0249			
Residential Street Address	City	Trancine		State	Zip Code			
1312 W Main St	City	Waterbury		CT	06708			
Principal Occupation		Name of Employ	er	<u> </u>	00700			
Realtor			gni Real Estate					
			obbyist, spouse, or	Amou	int of Contribution			
is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions					
rundraising event risted in Section 31?								
If yes, list Event # 10032013A	09/2	24/2013	\$100.00		\$100.00			
				l				
Last Name	First	Eile e e		MI	Contribution ID #			
Paradis	City	Eileen		Ct-t-	0250			
Residential Street Address  1312 W Main St	City	Waterbury		State CT	Zip Code 06708			
Principal Occupation		Waterbury Name of Employ	or.	Ci	00708			
Administrator			ndoscopy Center LLC					
			obbyist, spouse, or	Amou	int of Contribution			
Yes 🚨 No	)	dependent child of						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions					
Tunidraising event instead in Section 31:								
If yes, list Event # 10032013A No Cash Personal Check  Money Order X Credit/Debit Card	09/	24/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Paradis		Jeremy			0251			
Residential Street Address	City	<u> </u>		State	Zip Code			
1312 W Main St		Waterbury		СТ	06708			
Principal Occupation		Name of Employ	er					
Consultant		Loure	iro Engineering					
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		,	x No					
government the contract is with.	Date	Received	Aggregate Contributions					
s this contribution associated with a fundraising event listed in Section J1?	Date	received	15510gate Contributions					
No Cash Personal Check	09/	24/2013	\$100.00		\$100.00			
If yes, list Event # 10032013A Money Order X Credit/Debit Card	I/.	,	¥200.00	I				

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Mckinney For Governor			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
O'Connor		Thomas			0252
Residential Street Address	City			State	Zip Code
18 Knoll St	L	Riverside		СТ	06878
Principal Occupation		Name of Employ			
Commodity Trader  Is contributor a principal of a state contractor or prospective state contractor?		_	obbyist, spouse, or	1	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of	37	Amot	int of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions	1	
Tunidralising event listed in Section 31:					
If yes, list Event # 10042013H No Assn Credit/Debit Card	09/2	24/2013	\$100.00		\$100.00
, , , , , , , , , , , , , , , , , , ,					
Last Name	First			MI	Contribution ID #
Marmann  Paridorial Secret Address	City	Ana		Ct-t-	0253
Residential Street Address  26 Leatherstocking Ln	City	Scarsdale		State	Zip Code 10583
Principal Occupation		Name of Employ	er	1 1/1	10303
DIrector		Citign			
Is contributor a principal of a state contractor or prospective state contractor?		_	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check					
If yes, list Event # 09212013V No Money Order X Credit/Debit Card	09/.	24/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
hodgman		thomas			0254
Residential Street Address	City			State	Zip Code
731 Sasco Hill Rd		Fairfield		СТ	06824
Principal Occupation		Name of Employ	er		•
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (	x No		
government the contract is with:	Date	Received	Aggregate Contributions	ł	
fundraising event listed in Section J1?			1-88-98-1		
If yes, list Event # 10012013M  No Cash Personal Check  No Money Order  Credit/Debit Card	09/2	24/2013	\$100.00		\$100.00
If yes, list Event # 10012013M					
Last Name	First			MI	Contribution ID #
Krollman		Rick			0255
Residential Street Address	City			State	Zip Code
668 S Pine Creek Rd		Fairfield		СТ	06824
Principal Occupation Financial Advisor		Name of Employ	<sup>er</sup> an Stanley		
		_	-1.1	Amoi	unt of Contribution
Yes X N	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
Tunidiasing event instead in Section 71?					
If yes, list Event # 10102013F	09/2	24/2013	\$100.00		\$100.00

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Mckinney For Governor			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Baldwin		James			0256				
Residential Street Address	City			State	Zip Code				
1261 Post Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er	•	•				
Attorney		Coles	, Baldwin & Kaiser						
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		аерепаені сппа с							
government the contract is with:	Doto	Received	Aggregate Contributions						
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	09/	25/2013	\$100.00		\$100.00				
If yes, list Event # 09302013C Money Order X Credit/Debit Card	03/.	25/2015	Ψ100.00						
Last Name	First			MI	Contribution ID #				
Baldwin		Luise			0257				
Residential Street Address	City			State	Zip Code				
150 Inwood Rd		Fairfield		СТ	06825				
Principal Occupation		Name of Employ	er		•				
Jewelry Designer		In2 D	esigns						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions						
Cash Personal Check		25 (2012			1100.00				
If yes, list Event # 09302013C No Money Order X Credit/Debit Card	09/.	25/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Callahan	THSC	James		1411	0258				
Residential Street Address	City	34.1105		State	Zip Code				
PO Box 4131		Greenwich		СТ	06831				
Principal Occupation		Name of Employ	er						
Sales		Penta	lpha Global						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	or a robbyist?						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions						
Cook Pawanal Charle									
If yes, list Event # 09212013V No Money Order X Credit/Debit Card	09/.	25/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Ward	1 1130	David		1411	0259				
Residential Street Address	City	241.4		State	Zip Code				
426 Mine Hill Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er		1				
publisher		early	advantage						
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Wethod of contribution:  Yes	Date	Received	Aggregate Contributions						
Parsonal Cheek		25/2012			+400.00				
If yes, list Event # No Money Order X Credit/Debit Card	09/	25/2013	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)	1	_		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  Mckinney For Governor  October 10 Filing - Original						
Weathiney I of Governor						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First			MI		Contribution ID #
Preschlack		David				0260
Residential Street Address	City	C		State	:	Zip Code
600 Warner Hill Rd Principal Occupation		Southport Name of Employe	or .	СТ		06890
Salesman		ESPN	ci			
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of		dependent child o	a todoyist?	No		
government the contract is with:	Date	Received	Aggregate Contributions	No		
fundraising event listed in Section J1?	Dute	received	Aggregate Controllions			
If yes, list Event # 09302013C	09/2	25/2013	\$100.00			\$100.00
Last Name	First			MI		Contribution ID #
McKnight	1 1130	Richard		I WII		0354
Residential Street Address	City	Tuchara		State		Zip Code
320 Old Oaks Rd		Fairfield		СТ		
Principal Occupation		Name of Employ	er			
Executive Search Consultant		McKni	ght Services, LLC			
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:	,	dependent child of	a todoyist?	No		
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions	_		
No Cash X Personal Check	09/2	25/2013	\$100.00		:	\$100.00
If yes, list Event # 09302013C						
Last Name	First			MI		Contribution ID #
McKnight		Judith				0355
Residential Street Address	City			State	:	Zip Code
320 Old Oaks Rd		Fairfield		СТ		
Principal Occupation		Name of Employ				
ON REQUEST  Is contributor a principal of a state contractor or prospective state contractor?			ebbyist, spouse, or	-	Amou	nt of Contribution
Yes A No	)	dependent child o	of a lobbyist?			ar or commodute.
If yes, indicate which branch or branches of government the contract is with:			x	No		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?  I res  No  Cash  Rersonal Check  Money Order  Credit/Debit Card	09/2	25/2013	\$100.00		:	\$100.00
Last Name	First	10UN		MI		Contribution ID #
MOFFLY Residential Street Address	City	JOHN		State		0261 Zip Code
100 Meadow Rd	City	Riverside		CT		06878
Principal Occupation		Name of Employe	er		<del></del>	
RETIRED		N/A				
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le dependent child of	obbyist, spouse, or fa lobbyist?	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			х	No		
government the contract is with.	Date	Received	Aggregate Contributions	$\dashv$		
s this contribution associated with a fundraising event listed in Section J1?						
If yes, list Event # 10182013K	09/	26/2013	\$100.00		:	\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		<del></del>	TYPE OF REPORT		
Mckinney For Governor			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	ii (Iuuui)		MI	Contribution ID #
Tengel	1 1150	Mary			0262
Residential Street Address	City			State	Zip Code
81 Birch Rd		Fairfield		СТ	06824
Principal Occupation		Name of Employ	er	-	
RN			vs Pediatrics		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Built	10001100	riggregate contributions		
If yes, list Event # 09302013C No Cash Personal Check	09/2	26/2013	\$100.00		\$100.00
If yes, list Event # 09302013C					
Last Name	First			MI	Contribution ID #
Hetler		Robert			0263
Residential Street Address	City			State	Zip Code
PO Box 99	<u>.                                    </u>	Suttons Bay		MI	49682
Principal Occupation  RETIRED		Name of Employ  N/A	er		
			obbyist, spouse, or	Amou	ant of Contribution
Yes X N	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			<b>x</b> No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?  Cash  Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	09/2	26/2013	\$100.00		\$100.00
	I			l	La .a . p.
Last Name Serenbetz	First	Warren		MI	Contribution ID # 0264
Residential Street Address	City	waiteii		State	Zip Code
165 Signal Hill Rd	City	Wilton		CT	06897
Principal Occupation	<u>'</u>	Name of Employ	er		Į.
President		Radcl	iff Group Inc		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of			
government the contract is with:	لے		x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	09/3	26/2013	\$100.00		\$100.00
If yes, list Event # 09212013V No Money Order X Credit/Debit Card	03/2	20,2013	Ψ100.00		<b>4100.00</b>
Last Name	First			MI	Contribution ID #
herlihy		thomas			0265
Residential Street Address	City			State	Zip Code
PO Box 1134	L	Simsbury		СТ	06070
Principal Occupation		Name of Employ			
Ins. Agency Owner			lerlihy Insurance		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?  Yes  Geth  Remark Charles  The property Charles					
If yes, list Event # Cash Personal Check  No Money Order X Credit/Debit Card	09/2	26/2013	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Mckinney For Governor			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
decker		arthur			0266				
Residential Street Address	City			State	Zip Code				
84 Longmeadow Rd .	L	Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
RETIRED		N/A							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	0	dependent child of	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions	1					
Tunidralising event listed in Section 31:									
│	09/2	26/2013	\$10.00		\$10.00				
If yes, list Event # 10182013K									
Last Name	First			MI	Contribution ID #				
Schoendorf		Charles			0267				
Residential Street Address	City			State	Zip Code				
8 Harbor Bluff Ln	L	Rowayton		СТ	06853				
Principal Occupation		Name of Employ							
insurance sales & services  Is contributor a principal of a state contractor or prospective state contractor?			r J. Gallagher & Co. obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of	Vac	7 111100	ant of Continuation				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
Tundraising event instead in Section 31:									
If yes, list Event # Cash Personal Check  No Money Order X Credit/Debit Card	09/2	26/2013	\$100.00		\$100.00				
If yes, list Event #	L								
Last Name	First			MI	Contribution ID #				
Kreitler		John			0268				
Residential Street Address	City	F-:6:-1-1		State	Zip Code				
745 Verna Hill Rd	<u>.                                    </u>	Fairfield Name of Employ	or.	СТ	06824				
Principal Occupation  Consultant/Investor			imployed						
			obbyist, spouse, or	Amou	ant of Contribution				
Yes 🔼 N	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # No Money Order X Credit/Debit Card	09/	26/2013	\$100.00		\$100.00				
					1				
Last Name	First			MI	Contribution ID #				
Kreitler	C'i	Heather		Gr. i	0269				
Residential Street Address 745 Verna Hill Rd	City	Fairfield		State CT	Zip Code 06824				
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00024				
Benefactor			ewife/Mother						
			-1.1	Amou	ant of Contribution				
Yes X N	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
Tunidiasing event instead in Section 71?									
If yes, list Event # 09302013C No Cash Personal Check	09/2	26/2013	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Mckinney For Governor			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Buffone		Barbara			0270				
Residential Street Address	City			State	Zip Code				
11 Kenilworth Ter		Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er						
Mother		n/a							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent cinia c	x No						
government the contract is with:	Doto	Received	Aggregate Contributions						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions						
No Cash Personal Check	09/	27/2013	\$100.00		\$100.00				
If yes, list Event # 10042013H	03/	27/2013	Ψ100.00		ψ100.00				
Last Name	First			MI	Contribution ID #				
Buffone		Steven			0271				
Residential Street Address	City			State	Zip Code				
11 Kenilworth Ter		Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er		•				
Partner		Gibso	n Dunn						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # 10042013H No Money Order X Credit/Debit Card	09/	27/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
poudrier	First	rob		IVII	0272				
Residential Street Address	City			State	Zip Code				
31 Mai Rd	ا ا	Amston		СТ	06231				
Principal Occupation		Name of Employ	er		!				
Reseach Analyst		State	of CT						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a foodyfst?						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	09/	27/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Mattus	First	Steven		IVII	0273				
Residential Street Address	City	Steven		State	Zip Code				
30 Ermine St	City	Fairfield		CT	06824				
Principal Occupation		Name of Employ	er						
Portfolio Manager		Credi	t Suisse						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution				
	υ	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Indicating event instead in Section 71:									
If yes, list Event # 10102013F Cash Cash Personal Check  No Cash Personal Check  No Money Order X Credit/Debit Card	09/	27/2013	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Mckinney For Governor			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Randall		Darley			0274				
Residential Street Address	City			State	Zip Code				
17 Shagbark Rd		Norwalk		СТ	06854				
Principal Occupation		Name of Employ	er						
RETIRED		N/A							
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with:	Б.	D : 1							
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	00/	27/2012	¢25.00		¢25.00				
If yes, list Event # No Money Order X Credit/Debit Card	09/.	27/2013	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Buckley	1 1130	Peter		1411	0275				
Residential Street Address	City	1 CCC1		State	Zip Code				
283 Mariomi Rd	City	New Canaan		CT	06840				
Principal Occupation		Name of Employ	er	<u> </u>	00040				
Fitness Entrepreneur		1 7	n Ventures, Inc.						
			obbyist, spouse, or	Amou	ant of Contribution				
Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Personal Check  No	09/	27/2013	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Lesko		Kevin			0375				
Residential Street Address	City			State	Zip Code				
96 Woods End Rd		Fairfield		СТ					
Principal Occupation		Name of Employ	er						
Funeral Director		Lesko	& Polke Funeral Home						
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No.	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with:    Executive			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions						
Cach X Barcanal Chack					1100.00				
If yes, list Event # No Money Order Credit/Debit Card	09/.	27/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Waugh	First	Sarah		IVII	0368				
Residential Street Address	City	Surun		State	Zip Code				
441 Pequot Ave	City	Southport		CT	Z.p code				
Principal Occupation		Name of Employ	er		,1				
			mployed						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
	υ	dependent child of	or a roodyrst?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
_ Cost									
If yes, list Event #	09/	27/2013	\$50.00		\$50.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Mckinney For Governor			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Reid		Douglas		М	0046				
Residential Street Address	City			State	Zip Code				
258 Mulberry Hill Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
Retired		None							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  Cash  Personal Check									
X No	09/	27/2013	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Ackley		Harry		R	0047				
Residential Street Address	City			State	Zip Code				
25 Wagon Hill Rd	<u> </u>	Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
State Marshal		State	11 1 · ·						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Dute	10001100	1.66.06ate continuations						
X No Cash X Personal Check	09/	27/2013	\$100.00		\$100.00				
If yes, list Event #		,	·						
Last Name	First			MI	Contribution ID #				
Shannon		Jodie		А	0048				
Residential Street Address	City			State	Zip Code				
283 Daniels Farm Rd		Fairfield		СТ	06611				
Principal Occupation		Name of Employ	er						
Teacher			eld Board of Ed						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Dute	10001100	1.66. egate controlations						
X No Cash X Personal Check	09/	27/2013	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Shannon		John		W	0049				
Residential Street Address	City			State	Zip Code				
283 Daniels Farm Rd		Fairfield		СТ	06611				
Principal Occupation		Name of Employ							
Chief of Staff		State							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date		op-ogate continuations						
X No Cash X Personal Check	09/	27/2013	\$100.00		\$100.00				
If yes, list Event #	Ĭ.			1					

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I. MONETARY RECEIPT	'S (S	ection A_D						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<del>5 (5)</del>	cenon /x-1)	TYPE OF REPORT					
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
		iividuais		T	[ a . a			
Last Name	First	Lincoln		MI	Contribution ID #			
Craighead  Residential Street Address	City	Lincoln		W	0050			
175 Barlow Rd	City	Fairfield		State CT	Zip Code 06824			
Principal Occupation	<u> </u>	Name of Employ	or	CI	00024			
Retired		None	Ci					
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?	о	dependent child of	Vac					
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>					
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Cash X Personal Check	09/	27/2013	\$100.00		\$100.00			
If yes, list Event #			,					
Last Name	First			MI	Contribution ID #			
Cellar		Richard		S	0051			
Residential Street Address	City			State	Zip Code			
83 Lawrence Rd		Fairfield		СТ	06824			
Principal Occupation	•	Name of Employ	er					
Retired		None						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a	Date	Received	Aggregate Contributions					
fundraising event fisted in Section 31?								
X No T	09/	27/2013	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Durrell		Bryce		Α	0052			
Residential Street Address	City			State	Zip Code			
64 Woodcrest Rd		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
Teacher/Homemaker		Self E	mployed					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or  of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist:					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Cash Personal Check    Money Order   Credit/Debit Card	09/	27/2013	\$100.00		\$100.00			
Last Name	First	_		MI	Contribution ID #			
Ryan		Bruce		C	0053			
Residential Street Address	City	=		State	Zip Code			
439 Beach Rd		Fairfield		СТ	06824			
Principal Occupation		Name of Employ						
Finance			ce Capital	A	nt of Contrib-ti			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	0	dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			X No					
government the contract is with:	Dot-	Received	<del> </del>					
fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
x No Cash x Personal Check	007	27/2013	\$50.00		\$50.00			
If yes_list Event # Money Order Credit/Debit Card	l <sup>UB/</sup>	21/2013	\$30.00		Ψ50.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Mckinney For Governor October 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Stone		Jack		E	0054				
Residential Street Address	City			State	Zip Code				
195 Carroll Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
Retired		None							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of  Executive Legislative		dependent enna (	x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	09/2	27/2013	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Henry		Brian		J	0055				
Residential Street Address	City			State	Zip Code				
500 Old Academy Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
Executive		Terex	· · · · · · · · · · · · · · · · · · ·	•					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent enna (							
government the contract is with:  Is this contribution associated with a Method of contribution:	Doto	Received							
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	00/	27/2013	\$100.00		\$100.00				
If yes, list Event #	03/.	27/2013	Ψ100.00						
Last Name	First			MI	Contribution ID #				
Rueckert		William		D	0056				
Residential Street Address	City			State	Zip Code				
850 Hull Farm Rd		Fairfield		СТ	06890				
Principal Occupation		Name of Employ	er	-	•				
Executive		Oyste	r Management Group						
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	00/	27/2013	\$100.00		\$100.00				
If yes, list Event #	03/.	27/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
O'Such		Bruce		w	0057				
Residential Street Address	City			State	Zip Code				
1313 Old Academy Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er		•				
Graphics Art Consultant		RTO (	Group						
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No		Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		acpendent ennu (	x No						
government the contract is with:  Legislative  Legislative	Б.	D i 4							
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	00/	27/2013	\$100.00		\$100.00				
If yes, list Event #	05/	21/2013	\$100.00	1	Ψ100.00				

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I MONETA DV DECEMBER (CC A. D.									
I. MONETARY RECEIPT	5 (5)	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Mckinney For Governor			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
de Lara		Angela		D	0058				
Residential Street Address	City			State	Zip Code				
71 Gate Ridge Rd		Fairfield		СТ	06825				
Principal Occupation		Name of Employ	er						
Retired		None							
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	09/	27/2013	\$100.00		\$100.00				
If yes, list Event #			T						
Last Name	First			MI	Contribution ID #				
Murray	1 1100	W.		S	0059				
Residential Street Address	City	vv.		State	Zip Code				
302 Caribbean Rd	City	Palm Beach			33480				
				FL	33480				
Principal Occupation		Name of Employ	er						
Retired		None							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna (							
government the contract is with:									
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Cash  Personal Check									
If yes, list Event # Cash Credit/Debit Card	09/	27/2013	\$100.00		\$100.00				
,									
Last Name	First			MI	Contribution ID #				
Sanford		Virginia		V	0060				
Residential Street Address	City			State	Zip Code				
1831 Hillside Rd .		Fairfield		CT	06824				
Principal Occupation		Name of Employ	er						
Retired		None							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
	,	dependent child of	-						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section 31?									
X No Cash X Personal Check	09/	27/2013	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Shannon		John		н	0061				
Residential Street Address	City	30		State	Zip Code				
27 Balmaha Close	City	Fairfield		CT	06825				
Principal Occupation		Name of Employ	or	Ci	00025				
Retired		None None	Ci						
			obbyjet enouge or	A	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	н от Сонатопноп				
If yes, indicate which branch or branches of			x <sub>No</sub>						
government the contract is with:  Executive Legislative	- F	n · ·							
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Credit/Debit Card	09/	27/2013	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
	2 (20	ection A-1)	TWDE OF DEDONA						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Mckinney For Governor			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Shapiro		Judith			0062				
Residential Street Address	City			State	Zip Code				
796 Sport Hill Rd		Easton		СТ	06612				
Principal Occupation		Name of Employ	er						
Retired		None							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	)	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Gradien H2 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
rundraising event risted in Section 31:									
X No Cash X Personal Check	09/	27/2013	\$100.00		\$100.00				
If yes, list Event #		•							
Last Name	First			MI	Contribution ID #				
Barnes		Paul		Т	0063				
Residential Street Address	City	i dui		State	Zip Code				
1681 Fairfield Beach Rd	City	Fairfield		CT	06824				
Principal Occupation		Name of Employ	on.	Ci	00024				
Real Estate Broker			imployed						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of									
government the contract is with:  Executive Legislative									
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Anney Order Credit/Debit Card	09/	27/2013	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Kupinse		William		J	0064				
Residential Street Address	City			State	Zip Code				
5 Stones Throw Rd		Easton		СТ	06612				
Principal Occupation		Name of Employ	er	-					
Attorney		Golds	tein & Peck						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
	)	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
rundraising event listed in Section J1?									
X No	09/	27/2013	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Carroll - Mirylees		Mary			0065				
Residential Street Address	City	,		State	Zip Code				
1365 Mill Hill Ter		Southport		СТ	06890				
Principal Occupation		Name of Employ	er	l	-				
Human Resources			of Fairfield						
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X  No	)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?			op-opaio contituations						
x No Cash x Personal Check	007	27/2013	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	09/.	21/2013	\$100.00	1	φ100.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (		TYPE OF REPORT						
Mckinney For Governor			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Stapleton		James		F	0066				
Residential Street Address	City			State	Zip Code				
6 Winding Way		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er	•	•				
Attorney		Self E	mployed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyrst?						
government the contract is with:	Б.	D : 1							
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	ng/	27/2013	\$100.00		\$100.00				
If yes, list Event #	03/	27/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
McIntosh		Robert			0067				
Residential Street Address	City			State	Zip Code				
2450 Skyline Dr		Bloomington		MN	55425				
Principal Occupation	•	Name of Employ	er		!				
Retired		None							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or  Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section J1?									
If yes, list Event #	09/	27/2013	\$100.00		\$100.00				
	I .				I				
Last Name	First	5.1		MI	Contribution ID #				
Kellechan  Residential Street Address	City	Dylan		State	0068				
104 Strathmore Rd	City	Brighton		MA	Zip Code 02135				
Principal Occupation	<u> </u>	Name of Employ	er	MA	02133				
Economic Consultant		1 ,	sis Group						
Is contributor a principal of a state contractor or prospective state contractor?		-	obbyist, spouse, or	Amou	ınt of Contribution				
	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a  Secondariation countribution associated with a  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	09/	27/2013	\$80.00		\$80.00				
Last Name	First			MI	Contribution ID #				
Trembicki	a:	Alexander		J	0069				
Residential Street Address 743 Stratfield Rd	City	Faire field		State	Zip Code				
Principal Occupation		Fairfield Name of Employ	or	СТ	06825				
Attorney			, Trembicki & Boyuton						
			abbreigt anguag or	Amou	unt of Contribution				
Yes X No	0	dependent child of		1					
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  Yes  Cash  Personal Check									
X No	09/	27/2013	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name Brown	First	James		MI R	Contribution ID #			
Residential Street Address	City			State	Zip Code			
982 S Pine Creek Rd		Fairfield		СТ	06824			
Principal Occupation  Engineer		Name of Employ Self E	<sup>er</sup> mployed					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with:		•	x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash No Money Order Credit/Debit Card	09/	27/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Muscato		David		М	0071			
Residential Street Address	City			State	Zip Code			
748 Rowland Rd		Fairfield		СТ	06824			
Principal Occupation  Executive		Name of Employ	er e Water N. A.					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution			
Yes N  If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash No Cash No No Money Order Credit/Debit Card	09/	27/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Valk		Barbara		В	0072			
Residential Street Address	City			State	Zip Code			
43 Whipple Rd		Wilton		СТ	06897			
Principal Occupation Student		Name of Employ None	er					
			obbyist, spouse, or	Amou	int of Contribution			
Yes 🔼 N	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions					
No Cash X Personal Check	09/	27/2013	\$100.00		\$100.00			
If yes, list Event # 09212013V					-			
Last Name Brennan	First	William		MI F	Contribution ID # 0073			
Residential Street Address	City	vviiiiaiii		State	Zip Code			
41 Hunting Ridge Ln		Wilton		СТ	06897			
Principal Occupation	•	Name of Employ		!	!			
CFO  Is contributor a principal of a state contractor or prospective state contractor?			of Wilton obbyist, spouse, or	Amor	ınt of Contribution			
Yes X N	o	dependent child o	of a lobbyist?	Aiilot	an or Commountion			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	09/	27/2013	\$50.00		\$50.00			
If you list Eyent # 00212012V	1 / .		1	ı				

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I. MONETARY RECEIPT	S (Se	ection A-D							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (	<del></del>	TYPE OF REPORT						
Mckinney For Governor			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
klyver		adam			0276				
Residential Street Address	City			State	Zip Code				
280 Hillside Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
architect		self							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Duite	10001100	11gg. egate continuations						
If yes list Event # 10102013F	09/2	28/2013	\$100.00		\$100.00				
If yes, list Event # 10102013F									
Last Name	First			MI	Contribution ID #				
Salcedo		Jaime			0277				
Residential Street Address	City			State	Zip Code				
4 Pondside Way		Danbury		СТ	06810				
Principal Occupation		Name of Employ							
Student  Is contributor a principal of a state contractor or prospective state contractor?		Stude	abbyist spanse or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	Vac	7 tinot	nt of Controution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No						
Is this contribution associated with a State of the Contribution a	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Cash  Personal Check									
If yes, list Event # 10182013K No Money Order X Credit/Debit Card	09/2	29/2013	\$100.00		\$100.00				
	<u> </u>				i				
Last Name	First	CI I		MI	Contribution ID #				
Haberstroh  Residential Street Address	City	Charles		Ct-t-	0278				
3 Hermit Ct	City	Westport		State CT	Zip Code 06880				
Principal Occupation		Name of Employ	er	CI	00000				
Investment Advisor			eKeep Investment Advisors						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
If we sindicate which branch or branches of	)	dependent child of							
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions						
No Cash Personal Check	00/	20/2012	±100.00		±100.00				
If yes, list Event # No Money Order X Credit/Debit Card	09/.	29/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Pearlstone	1 1150	David			0279				
Residential Street Address	City			State	Zip Code				
166 Sport Hillrd		Easton		СТ	06612				
Principal Occupation		Name of Employ	er	-	•				
Physician		Middle	esex Hospital						
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		acpendent child (	x No						
government the contract is with:	Dat-	Pagaiyad							
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
No Cash Personal Check	09/2	29/2013	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	ı '		i	I					

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I, MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Mckinney For Governor			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Dunsby		Adm			0280
Residential Street Address	City			State	Zip Code
65 Redding Rd		Easton		СТ	06612
Principal Occupation		Name of Employ	er		
Investments			nerHaven		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Duite	10001100	1.66. egate controlations		
If yes, list Event # Cash Personal Check    No	09/2	29/2013	\$100.00		\$100.00
T. O.	F: .			\	G (7 ( ID )
Last Name	First	Chuistan han		MI	Contribution ID #
Healy Residential Street Address	City	Christopher		State	0281
	City	Watharafiald			Zip Code
27 Dorchester Rd Principal Occupation		Wethersfield Name of Employ	or	СТ	06109
Director			nit Financial		
			obbyjet enouge or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No		
Is this contribution associated with a Society With a X Yes Method of contribution:	Date	Received	Aggregate Contributions		
rundraising event fisted in Section 31?					
If yes. list Event # 10032013A Credit/Debit Card	09/	29/2013	\$50.00		\$50.00
If yes, list Event # 10032013A					
Last Name	First			MI	Contribution ID #
Gallagher		Mary Ellen			0282
Residential Street Address	City			State	Zip Code
5 Wildwood Ln		Westport		СТ	06880
Principal Occupation		Name of Employ	er		
Realtor			endent Contractor		
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		<b>F</b>	x <sub>No</sub>		
government the contract is with:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # 10182013K	09/2	29/2013	\$100.00		\$100.00
<u> </u>					
Last Name	First			MI	Contribution ID #
Murphy		Jennifer			0283
Residential Street Address	City	C		State	Zip Code
104 Main St		Southport		СТ	06890
Principal Occupation  Homemaker		Name of Employ Self	er		
			obbyist, spouse, or	Amou	nt of Contribution
Yes X N	)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a X Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidasing event issed in Section 71:					
If yes, list Event # 10182013K	09/	29/2013	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT								
Mckinney For Governor			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Brown		Dennis			0284				
Residential Street Address	City			State	Zip Code				
90 Barlow Pl		Fairfield		СТ	06824				
Principal Occupation		Name of Employ							
Finical Advisor			I Lynch	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?  Yes  Cash  Personal Check									
If yes, list Event # 10102013F No Money Order X Credit/Debit Card	09/	29/2013	\$100.00		\$100.00				
in yes, list Event # 101020131 Invioley Order In Credit Debit Cald									
Last Name	First			MI	Contribution ID #				
Harris		Tommy			0285				
Residential Street Address	City			State	Zip Code				
18 Crystal Lake Dr		Weston		СТ	06883				
Principal Occupation  RETIRED		Name of Employ	er						
		N/A Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	Vac	111100	ant of Continuation				
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions						
Tundraising event fisted in Section 31?									
If yes, list Event # 10182013K No Cash Personal Check Money Order Credit/Debit Card	09/	29/2013	\$100.00		\$100.00				
If yes, list Event # 10182013K									
Last Name	First			MI	Contribution ID #				
Dillinger		Karen			0286				
Residential Street Address	City			State	Zip Code				
3 Pinecroft Rd		Greenwich		СТ	06830				
Principal Occupation  RETIRED		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?		N/A Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of		7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions	1					
Tundraising event instead in Section 31?									
If yes, list Event # 10042013H  No Cash Personal Check Money Order  Credit/Debit Card	09/	29/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Brennan	C'i	Dorothea		Gr. r	0287				
Residential Street Address  1246 Fairfield Beach Rd	City	Fairfield		State CT	Zip Code 06824				
Principal Occupation		Name of Employ	er	CI	00024				
Manager			Inited Illuminating Company						
			abbrief analysis of	Amou	unt of Contribution				
Yes X No	)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tunidralising event listed in Section 31?									
If yes, list Event # 10182013K No San Service Cash Servic	09/	29/2013	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Mckinney For Governor			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Dillinger		Scott			0288				
Residential Street Address	City			State	Zip Code				
3 Pinecroft Rd		Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er						
Bond Broker		BCP S	Securities, LLC						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
s contributor a principal of a state contractor or prospective state contractor?  Yes  X  No	)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
	Date	Received	Aggregate Contributions						
s this contribution associated with a fundraising event listed in Section J1?									
No Cash Personal Check	09/	29/2013	\$100.00		\$100.00				
If yes, list Event # 10042013H			7						
Last Name	First			MI	Contribution ID #				
Vanderslice	1 1150	Megan			0074				
Residential Street Address	City	riegan		State	Zip Code				
	City	Naw Yards		NY	10017				
230 E 44th St Apt 11	_	New York		INT	10017				
Principal Occupation		Name of Employ							
Intern			g & Rubicam						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna (	·						
government the contract is with:									
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  X Cash  Personal Check									
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	09/2	29/2013	\$100.00		\$100.00				
,									
Last Name	First			MI	Contribution ID #				
Vanderslice		Janet			0075				
Residential Street Address	City			State	Zip Code				
978 Bellview Rd		McLean		VA	22102				
Principal Occupation		Name of Employ	er	-					
Retired		None							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
	,	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section 31?									
X No	09/2	29/2013	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Vanderslice		John			0076				
Residential Street Address	City	30		State	Zip Code				
978 Bellview Rd	City	McLean		VA	22102				
Principal Occupation		Name of Employ	ar .	I VA	22102				
Executive			<sup>ध</sup> । Worldwide						
			abbyigt groups or	A	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	,	dependent child of	Vac	Amou	in or Contribution				
If yes, indicate which branch or branches of  Executive  Legislative		=	x <sub>No</sub>						
government the contract is with:	D.	D i d		1					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check		20/2012			+400.00				
If yes, list Event # Money Order Credit/Debit Card	09/	29/2013	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (		TYPE OF REPORT						
Mckinney For Governor			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Morten		Elizabeth			0077				
Residential Street Address	City			State	Zip Code				
290 Sasco Hill Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er	•	•				
Producer/Author		Self E	mployed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyrst?						
government the contract is with:		D : 1							
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	00/	29/2013	\$100.00		\$100.00				
If yes, list Event # Money Order	09/.	29/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Stern	1 1100	Edward			0353				
Residential Street Address	City	2411414		State	Zip Code				
932 Mill Hill Rd		Southport		СТ					
Principal Occupation	•	Name of Employ	er						
lawyer		Power	Bridge, LLC						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Cash  Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	09/	29/2013	\$100.00		\$100.00				
T. W	F: .			\ <i>a</i>	Louis B"				
Last Name  Geckle	First	Robert		MI	Contribution ID # 0372				
Residential Street Address	City	Robert		State	Zip Code				
35 Queen St	City	Newtown		CT	Zip code				
Principal Occupation	!	Name of Employ	er	<u> </u>					
		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	-						
government the contract is with:  Executive Legislative			x No						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # No Money Order Credit/Debit Card	09/	29/2013	\$100.00		\$100.00				
I w	F: .			\n_	Louis B"				
Last Name Kachele	First	Karen		MI	Contribution ID # 0373				
Residential Street Address	City	Karen		State	Zip Code				
85 Kachele St	City	Easton		CT	Zip code				
Principal Occupation		Name of Employ	er	<u> </u>					
Administrative Assistant			n Community Center						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
	υ	dependent child of	a loodyist?						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
X Descend Check									
If yes, list Event # No Money Order Credit/Debit Card	09/	30/2013	\$100.00		\$100.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Mckinney For Governor			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kachele		Andrew			0374				
Residential Street Address	City			State	Zip Code				
85 Kachele St		Easton		СТ					
Principal Occupation		Name of Employ	er						
Administrative Assistant		Easto	n Community Center						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of  Executive Legislative		dependent enna (	x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event #	09/	30/2013	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Duggan		Maureen			0369				
Residential Street Address	City			State	Zip Code				
65 High Meadow Rd	L	Southport		СТ					
Principal Occupation		Name of Employ							
Is contributor a principal of a state contractor or prospective state contractor?			emaker obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child of	Vac	Aimot	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  Cash  Regresonal Check									
If yes, list Event # No September 1 Cash X Personal Check Money Order Credit/Debit Card	09/	30/2013	\$50.00		\$50.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Duggan		Patrick			0370				
Residential Street Address	City			State	Zip Code				
65 High Meadow Rd	<u> </u>	Southport		СТ	<u> </u>				
Principal Occupation		Name of Employ							
On Request  Is contributor a principal of a state contractor or prospective state contractor?			equest obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child of		7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  Cash  Personal Check									
If yes, list Event #	09/	30/2013	\$50.00		\$50.00				
	L								
Last Name Griebel	First	D. Nolson		MI	Contribution ID # 0371				
Residential Street Address	City	R. Nelson		State	Zip Code				
7 Caryn Ln	City	Weatoque		CT	Zip Code				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>					
CEO			Hartford Alliance						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	or a robbyist?						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions						
No Cash Personal Check	00.	20/2012	4100.00		¢100.00				
If yes, list Event #	09/.	30/2013	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
	<del>5 (5</del> 0	ection A-1)	TWDE OF DEDORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT October 10 Filing - Original						
Mckinney For Governor									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Biggers		R. Kelsey			0356				
Residential Street Address	City			State	Zip Code				
2345 Redding Rd		Fairfield		СТ					
Principal Occupation		Name of Employ	er	•					
Asset Management		K2 Ac	lvisors						
			obbyjet enouse or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No.	)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundaming award listed in Section 112	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section 31:									
No Cash X Personal Check	09/	30/2013	\$100.00		\$100.00				
If yes, list Event # 09302013C		•			•				
Last Name	First			MI	Contribution ID #				
Biggers		Martha			0357				
Residential Street Address	City	Hartia		State	Zip Code				
2345 Redding Rd	City	Fairfield		CT	Zip Code				
Principal Occupation		Name of Employ	on.	Ci					
ON REQUEST			EQUEST		1 60 17 5				
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No.	)	dependent child of	obbyist, spouse, or of a lobbyist?	Amot	unt of Contribution				
If yes, indicate which branch or branches of									
government the contract is with:				_					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check									
If yes, list Event # 09302013C	09/	30/2013	\$100.00		\$100.00				
_ · ·				<u> </u>					
Last Name	First			MI	Contribution ID #				
Rissolo		Alan			0358				
Residential Street Address	City			State	Zip Code				
431 Warner Hill Rd		Southport		СТ					
Principal Occupation		Name of Employ	er	-					
Surgeon		Self							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
	,	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions	1					
rundraising event insect in section 31:									
U No   F cash F cash F cash	09/	30/2013	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Rissolo		Jan			0359				
Residential Street Address	City			State	Zip Code				
431 Warner Hill Rd		Southport		СТ	F				
Principal Occupation		Name of Employ	er	<del>,                                    </del>	!				
On Request			equest						
			obbyist spays or	Amor	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Vac	7 111100					
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Dete	Received	Aggregate Contributions	-					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check		20/2012	+50.00		<b>+</b> F0.00				
If yes, list Event # No Money Order Credit/Debit Card	09/3	30/2013	\$50.00		\$50.00				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<del>o (o</del> i	ection A-1)	TYPE OF REPORT					
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
	_	iividuais		<u> </u>	1			
Last Name Simon	First	Adam		MI	Contribution ID # 0362			
Residential Street Address	City			State	Zip Code			
617 Toilsome Hill Rd		Fairfield		СТ				
Principal Occupation		Name of Employ	er		•			
Sales		Some	rset Capital Group, LLC					
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		aepenaem emia (	x <sub>No</sub>					
government the contract is with.	Date	Received	Aggregate Contributions	†				
is this contribution associated with a fundraising event listed in Section J1?								
If yes, list Event # 09302013C	09/	30/2013	\$100.00		\$100.00			
T. AV	г			1	C C C D			
Last Name	First	147		MI	Contribution ID #			
Simon	G:	Wendy		G	0363			
Residential Street Address	City	F-:6:-1-1		State	Zip Code			
617 Toilsome Hill Rd Principal Occupation		Fairfield Name of Employ	or.	СТ				
On Request			equest					
			obbyist, spouse, or	Amou	ınt of Contribution			
Yes X No	)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a fundaming awart listed in Section 112.	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event # 09302013C	09/	30/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Sjodin	1 1130	Kevin		IVII	0364			
Residential Street Address	City			State	Zip Code			
268 Sherwood Farm Rd		Fairfield		СТ				
Principal Occupation		Name of Employ	er	•				
On Request		VHT						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of  Executive  Legislative		dependent ennu (	x No					
government the contract is with:	Data	Received	Aggregate Contributions	4				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # 09302013C	09/	30/2013	\$100.00		\$100.00			
LadVana	First			MI	Contribution ID #			
Last Name Sjodin	FIISt	Pamela		IVII	Contribution ID # 0365			
Residential Street Address	City	Tarricia		State	Zip Code			
268 Sherwood Farm Rd	City	Fairfield		CT	Z.p code			
Principal Occupation		Name of Employ	er					
On Request			equest					
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of  Executive Legislative		dependent emili (	x No					
government the contract is with:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			300 30					
If yes, list Event # 09302013C	09/	30/2013	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Mckinney For Governor			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Perkins		Gilman		С	0078
Residential Street Address	City			State	Zip Code
99 Governors Ln	L.,	Fairfield		СТ	06824
Principal Occupation		Name of Employ			
Sales & Marketing  Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
Yes X N	0	dependent child of	Vac	Amot	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundamining quent listed in Section 112	Date	Received	Aggregate Contributions	1	
Tunidiasing event instead in Section 71:					
If yes, list Event # 09302013C	09/3	30/2013	\$100.00		\$100.00
				l	La .a . p.
Last Name	First	Marian		MI	Contribution ID #
Baldwin Residential Street Address	City	Marion		S State	0079 Zip Code
3200 Park Ave # 7B1	City	Bridgeport		CT	06604
Principal Occupation		Name of Employ	er	<u> </u>	00001
Home Maker		None			
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	obbyist, spouse, or  Yes	Amou	ınt of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with:  Executive Legislative			x No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31?					
If yes, list Event # 09302013C No Cash Credit/Debit Card	09/3	30/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Kreitler	1 1100	Sally		S	0080
Residential Street Address	City	<b>,</b>		State	Zip Code
792 Hulls Farm Rd		Southport		СТ	06890
Principal Occupation	•	Name of Employ	er	•	
Retired		None			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or  Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of			
government the contract is with:  Executive Legislative		D : 1	x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	09/	30/2013	\$100.00		\$100.00
If yes, list Event # 09302013C	05/	30,2013	Ψ100.00		<b>4100.00</b>
Last Name	First			MI	Contribution ID #
Kreitler		Hobart		С	0081
Residential Street Address	City			State	Zip Code
792 Hulls Farm Rd		Southport		СТ	06890
Principal Occupation		Name of Employ	er		
Retired		None			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?			55 0		
If yes, list Event # 09302013C	09/3	30/2013	\$100.00		\$100.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (		TYPE OF REPORT						
Mckinney For Governor			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Stripp		Judith		D	0082				
Residential Street Address	City			State	Zip Code				
4 Scatacook Trl		Weston		СТ	06883				
Principal Occupation		Name of Employ	er	-	•				
Retired		None							
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with:		p : 1							
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	00/	30/2013	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	09/.	30/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Guthrie	1 1100	Jennifer		A	0083				
Residential Street Address	City	30		State	Zip Code				
2033 Burr St		Fairfield		СТ	06824				
Principal Occupation	•	Name of Employ	er	!	!				
Home Maker		None							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 71:									
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	09/	30/2013	\$100.00		\$100.00				
T. AV	F: .				C C C D				
Last Name Loh	First	Daniel		MI M	Contribution ID # 0084				
Residential Street Address	City	Daniei		State	Zip Code				
140 Daves Ln	City	Southport		CT	06890				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	00030				
Retired		None							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	-						
government the contract is with:			x No						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	09/	30/2013	\$100.00		\$100.00				
Lad Name	Eine				Contribution ID #				
Last Name Ervin	First	Roy		MI H	Contribution ID # 0085				
Residential Street Address	City	Ruy		State	Zip Code				
17 Barlow Pl	City	Fairfield		CT	06824				
Principal Occupation		Name of Employ	er	<u> </u>					
Attorney			imployed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
	υ	dependent child of	or a roodyrst?						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	09/	30/2013	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  October 10 Filing - Original									
Mckinney For Governor			Colober 10 1 ming Chightan						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Meyer		Alice		V	0086				
Residential Street Address	City			State	Zip Code				
18 Lantern Hill Rd	<u> </u>	Easton Name of Employ	ON.	СТ	06612				
Principal Occupation Name of Employer  Retired None									
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	or a lobbyist?						
government the contract is with:	D-4-	D i d		-					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	09/	30/2013	\$25.00		\$25.00				
If yes, list Event #	,								
Last Name	First			MI	Contribution ID #				
Santilli		Beverly			0087				
Residential Street Address	City			State	Zip Code				
130 Primrose Ln	<u> </u>	Fairfield		СТ	06825				
Principal Occupation		Name of Employ	er						
Retired  Is contributor a principal of a state contractor or prospective state contractor?		None Is contributor a l	obbyist, spouse, or	Amor	ant of Contribution				
is contributor a principal of a state contractor or prospective state contractor?  Yes  No	о	dependent child of	Voc	111104	an or control				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	09/	30/2013	\$100.00		\$100.00				
	l				I				
Last Name O'Connor	First	Davis		MI	Contribution ID #				
Residential Street Address	City	Barbara		A	O088 Zip Code				
36 Little Brook Ln	City	Newtown		CT	06470				
Principal Occupation	<u> </u>	Name of Employ	er	1					
Wholesale Nursery		Plante	er's Choice LLC						
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or  Yes	Amou	ant of Contribution				
If was indicate which branch or branches of	5	dependent child of	a toobyist:						
government the contract is with:			x <sub>No</sub>	_					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	09/	30/2013	\$50.00		\$50.00				
If yes, list Event #	05/	30,2013	Ψ30.00		<b>450.00</b>				
Last Name	First			MI	Contribution ID #				
Bodine		Barbara		Α	0089				
Residential Street Address	City			State	Zip Code				
25 Lantern Hill Rd		Easton		СТ	06612				
Principal Occupation		Name of Employ	er						
Retired		None Is contributor at	ohlyvigt anguag or	1 Amor	out of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	o	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Aillou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
Is this contribution associated with a Mathed of contribution	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?  Yes  Yes  Respond Check									
If yes list Event # Cash X Personal Check    Money Order	09/	30/2013	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  Mckinney For Governor  October 10 Filing - Original									
ivicklinicy for dovernor									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kearney		Joseph		W	0090				
Residential Street Address	City			State	Zip Code				
9 Daniels Hill Rd Principal Occupation	<u> </u>	Newtown Name of Employe		СТ	06470				
Business Development		DFA,							
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or  Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child o	a lobbyist?						
government the contract is with:  Is this contribution associated with a Method of contribution:  Method of contribution:	Doto	Received	Aggregate Contributions	-					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # Cash X Personal Check    Money Order	09/	30/2013	\$100.00		\$100.00				
	l			<u> </u>					
Last Name	First			MI	Contribution ID #				
Dougherty  Residential Street Address	City	Dennis		M State	O091 Zip Code				
23 Pocono Rd	City	Newtown		CT	06470				
Principal Occupation		Name of Employe	er	1 01	00470				
Retired		None							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of	0	dependent child o	a lobbyist?						
government the contract is with:  Is this contribution associated with a Method of contribution:  Method of contribution:	D-4-	Received	Aggregate Contributions	-					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # Cash X Personal Check  Money Order Credit/Debit Card	09/	30/2013	\$100.00		\$100.00				
Last Name	First			МІ	Contribution ID #				
Schinella	FIISt	Michael		WII	0092				
Residential Street Address	City			State	Zip Code				
77 Brookbend Rd		Fairfield		СТ	06824				
Principal Occupation	-	Name of Employe	er	-	-				
Real estate developer		Self E	mployed						
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event listed in Section 31?									
If yes, list Event # Cash Credit/Debit Card	09/	30/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Centrella		Scott		S	0093				
Residential Street Address	City			State	Zip Code				
40 Old Stonewall Rd		Easton		СТ	06612				
Principal Occupation		Name of Employe							
Attorney			o Martin O'Connor & Catagle						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	o	Is contributor a le dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with:		-	x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
tundraising event listed in Section 31?									
If yes list Event # Cash X Personal Check    Money Order	09/	30/2013	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
	<del>2 (2</del> 0	ection A-I)	TYPE OF DEPONT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Mckinney For Governor			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Freeman		Maryann		С	0094				
Residential Street Address	City			State	Zip Code				
60 Morehouse Rd		Easton		СТ	06612				
Principal Occupation		Name of Employ	er						
Retired		None							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?  Yes  X  No.	)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section 31?									
X No Cash X Personal Check	09/	30/2013	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Fogel		Meade		Υ	0095				
Residential Street Address	City			State	Zip Code				
470 Mine Hill Rd		Fairfield		CT	06824				
Principal Occupation		Name of Employ	or	<u> </u>	00024				
Homemaker		None None	Ci						
			obbyist, spouse, or	A.m.o.v	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child	37	Alliou	iit of Collification				
If yes, indicate which branch or branches of									
government the contract is with:									
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Cash Personal Check    Money Order   Credit/Debit Card	09/	30/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Johnson		Marc		V	0096				
Residential Street Address	City			State	Zip Code				
12 Laurel Ln		Fairfield		СТ	06830				
Principal Occupation		Name of Employ	er	-	•				
Real Estate Developer		Stone	Harbor Land Co						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
	)	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
To this contribution are sixed with a Mathed a Contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	09/	30/2013	\$100.00		\$100.00				
If yes, list Event #					·				
Last Name	First			MI	Contribution ID #				
Rondano		Rose		S	0097				
Residential Street Address	City	11030		State	Zip Code				
31 Indian Rd	City	Trumbull		CT	06611				
		1	on.	Ci	00011				
Principal Occupation		Name of Employ	CI						
Retired		None Is contributor at	obbysist spays		nt of Containation				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of		r	x No						
government the contract is with:  Executive Legislative									
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section 31?									
If yes, list Event #	09/	30/2013	\$7.00		\$7.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Mckinney For Governor			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Cottle		Dorothy		J	0098
Residential Street Address	City			State	Zip Code
166 Clinton Dr	L	South Winds	or	СТ	06074
Principal Occupation		Name of Employ	er		
Retired		None			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	0	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
tundraising event instead in Section 31?					
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	09/3	30/2013	\$25.00		\$25.00
If yes, list event #					
Last Name	First			MI	Contribution ID #
Smith		Christopher		V	0099
Residential Street Address	City			State	Zip Code
470 Redding Rd	Ь	Fairfield		СТ	06824
Principal Occupation		Name of Employ			
Executive  Is contributor a principal of a state contractor or prospective state contractor?		H.J. E	11 1	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of	Vac	7 111100	an of controunon
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?  Cash  Response Check					
If yes, list Event # 09302013C No Cash Credit/Debit Card	09/3	30/2013	\$100.00		\$100.00
If yes, list Event # 09502013C I Money Order I Credit Debit Cald				<u> </u>	
Last Name	First			MI	Contribution ID #
Smith		Jennifer		Т	0100
Residential Street Address	City			State	Zip Code
470 Redding Rd	<u> </u>	Fairfield Name of Employ		СТ	06824
Principal Occupation  Homemaker		None None	ei		
			obbyist, spouse, or	Amou	unt of Contribution
Yes X N	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
Tunidratising event instead in Section 31?					
If yes, list Event # 09302013C No Cash Credit/Debit Card	09/3	30/2013	\$100.00		\$100.00
				l	
Last Name	First			MI	Contribution ID #
Cooper	C'i	Seth		L	0101
Residential Street Address  53 Kachele St	City	Easton		State CT	Zip Code 06612
Principal Occupation	<u> </u>	Easton Name of Employ	er	CI	00012
Attorney			Wilkinson, PC		
			-1.1	Amou	ınt of Contribution
Yes X N	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
Tunidialising event listed in Section 31:					
If yes, list Event # 09302013C No Money Order Credit/Debit Card	09/3	30/2013	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<del>o (o</del>	ection A-1)	TYPE OF REPORT					
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
	_	iividuais		1	<u> </u>			
Last Name	First			MI	Contribution ID #			
Mott		Peter		_	0102			
Residential Street Address	City	=		State	Zip Code			
80 Oriole Ln	ļ	Fairfield		СТ	06824			
Principal Occupation		Name of Employ						
Attorney			Wilkinson, PC					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>					
government the contract is with:	Dete	Received	Aggregate Contributions					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
Cash X Personal Check	00/	20/2012	¢100.00		\$100.00			
If yes, list Event # 09302013C No Money Order Credit/Debit Card	09/.	30/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Ives	1 1130	Elizabeth		M	0103			
Residential Street Address	City	Liizabetii		State	Zip Code			
21 Tantor Dr .	City	Southport		CT	06890			
Principal Occupation		Name of Employ	er	<u> </u>	00030			
None		None	Ci					
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X  No	)	dependent child of	37					
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
No Cash X Personal Check	09/:	30/2013	\$100.00		\$100.00			
If yes, list Event # 09302013C	057.	30, 2013	Ψ100.00		<del></del>			
Last Name	First			MI	Contribution ID #			
Bradley		James		Р	0104			
Residential Street Address	City			State	Zip Code			
111 Cherry Ln		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
Senior Associate		Roger	r, Ferris & Partners					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	)	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a fundarioing agent listed in Section 112	Date	Received	Aggregate Contributions					
Tunidasing event listed in Section 31:								
If yes, list Event # 09302013C	09/3	30/2013	\$100.00		\$100.00			
11 yes, interest in order 255020130					-			
Last Name	First			MI	Contribution ID #			
Pavia		John		Р	0105			
Residential Street Address	City			State	Zip Code			
120 Beers Rd		Easton		СТ	06612			
Principal Occupation		Name of Employ						
Owner			icility Maintenance					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (	·					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
		20/2012	1100 00		±100.00			
If yes, list Event # 09302013C	09/3	30/2013	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT					
Mckinney For Governor			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Philip		Craft		С	0106
Residential Street Address	City			State	Zip Code
42 Division St	L	Easton		СТ	06612
Principal Occupation		Name of Employ			
Real Estate			mployed		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions	1	
Tunidiaising event listed in Section 31?					
If yes, list Event # 09302013C	09/3	30/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Donna Residential Street Address	G:	Craft		T	0107
42 Division St	City	Factor		State CT	Zip Code 06612
Principal Occupation		Name of Employ	er	CI	00012
Fund Raising		1 ,	mployed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
	)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a	Date	Received	Aggregate Contributions	1	
tundraising event listed in Section 31?					
If yes, list Event # 09302013C Cash Cash Personal Check  No Some Cash Personal Check  No Cash Cash Cash Cash Cash Cash Cash Cash	09/3	30/2013	\$100.00		\$100.00
LadVaria	First			Lva	Ct-ilti ID#
Last Name Delia	First	Marjorie		MI C	Contribution ID # 0108
Residential Street Address	City	Marjone		State	Zip Code
109 Grovers Ave	City	Bridgeport		CT	06605
Principal Occupation		Name of Employ	er		
None		Sef E	mployed		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or  Yes	Amou	nt of Contribution
TO 1	,	dependent child of	a loodyist:		
government the contract is with:			x <sub>No</sub>	]	
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	00/	20/2012	±100.00		±100.00
If yes, list Event # 09302013C No Money Order Credit/Debit Card	09/.	30/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Delia	1 1130	Jonathan		W	0109
Residential Street Address	City			State	Zip Code
109 Grovers Ave		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er	•	
Insurance Broker		People	e's United Bank	_	
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	x No		
government the contract is with:  Executive Legislative	Б	D : 1			
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	097	30/2013	\$100.00		\$100.00
If yes, list Event # 09302013C Money Order Credit/Debit Card	Ι ΄΄΄	,	¥100.00	1	T = 30.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Mckinney For Governor			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Santa		John		S	0110				
Residential Street Address	City			State	Zip Code				
33 Chester Pl		Southport		СТ	06890				
Principal Occupation		Name of Employ							
Corporate Director			mployed						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of  Executive Legislative			x <sub>No</sub>						
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Is this contribution associated with a fundraising event listed in Section J1?    Method of contribution:   Method of contribution:									
│	09/	30/2013	\$100.00		\$100.00				
If yes, list Event # 10012013M									
Last Name	First			MI	Contribution ID #				
Bodine		William		Е	0111				
Residential Street Address	City			State	Zip Code				
1417 Fairfield Beach Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ							
Real Estate Sales			las Fingelly Real Estate obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Vac	Alliou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			86 18						
No Cash X Personal Check	09/	30/2013	\$100.00		\$100.00				
If yes, list Event # 10012013M									
Last Name	First			MI	Contribution ID #				
Fingelly		Victoria			0112				
Residential Street Address	City			State	Zip Code				
1417 Fairfield Beach Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ							
Real Estate Sales			las Fingelly Real Estate						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		i	x No						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			86 8						
No Cash X Personal Check	09/	30/2013	\$100.00		\$100.00				
If yes, list Event # 10012013M									
Last Name	First			MI	Contribution ID #				
Adams		Daniel			0289				
Residential Street Address	City			State	Zip Code				
160 Morgan Ave		East Haven		CT	06512				
Principal Occupation		Name of Employ							
Executive Chairman			n Sciences						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		- "	x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			200						
If yes, list Event # Personal Check  No	09/	30/2013	\$100.00		\$100.00				
If yes, list Event #	1		i	ī					

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT					
Mckinney For Governor			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Mears		Michael			0290
Residential Street Address	City			State	Zip Code
44 Bay Edge Ct	L	Fairfield		СТ	06824
Principal Occupation		Name of Employ	er		
Banking		UBS			unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of	obbyist, spouse, or	Amot	int of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions	1	
Tunidralising event listed in Section 31:					
If yes, list Event # 10182013K No Cash Credit/Debit Card	09/3	30/2013	\$100.00		\$100.00
Last Name	First	_		MI	Contribution ID #
Toth  Residential Street Address	City	Donna		State	0291
82 S Gate Ln	City	Southport		CT	Zip Code 06890
Principal Occupation		Name of Employ	er	[ [	00030
management		na			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	00/	20/2012	+400.00		+100.00
If yes, list Event # Money Order X Credit/Debit Card	09/.	30/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Yanicelli		Nicholas			0292
Residential Street Address	City			State	Zip Code
1293 Ponus Rdg		New Canaan		СТ	06840
Principal Occupation		Name of Employ	er		
RETIRED		N/A		1	
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?    Section 1   Section 1					
If yes, list Event # 10182013K	09/3	30/2013	\$100.00		\$100.00
in yes, list event # 10182013K					
Last Name	First			MI	Contribution ID #
Dunn		Christa Care	<i>y</i>		0293
Residential Street Address	City	Enirfield		State CT	Zip Code
305 Old Oaks Rd Principal Occupation	<u> </u>	Fairfield Name of Employ	er	CI	06825
marketing			nn, llc		
Is contributor a principal of a state contractor or prospective state contractor?			obbvist, spouse, or	Amou	unt of Contribution
	0	dependent child of			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a	Date	Received	Aggregate Contributions		
Tunidialising event listed in Section 31:					
If yes, list Event # 09302013C No Money Order X Credit/Debit Card	09/3	30/2013	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Romano		Peter			0294			
Residential Street Address	City			State	Zip Code			
31		Westport		СТ	06880			
Principal Occupation		Name of Employ						
Owner/Engineer		LAND Is contributor of		Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	O	dependent child	Voc	Alliou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundaming event listed in Section 112	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # 10182013K No Money Order X Credit/Debit Card	09/	30/2013	\$100.00		\$100.00			
				l				
Last Name	First			MI	Contribution ID #			
Residential Street Address	City	William		State	0295 Zip Code			
2 Minor Rd .	City	Terryville		CT	06786			
Principal Occupation		Name of Employ	rer	C1	00700			
Attorney		The H	łamzy Law Firm, LLC					
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a foodyrst?					
government the contract is with:			X No					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions					
No Cash Personal Check	00,	20/2012	±100.00		±100.00			
If yes, list Event # 10032013A Money Order X Credit/Debit Card	09/	30/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Dunsby		Catherine			0296			
Residential Street Address	City			State	Zip Code			
65 Redding Rd .		Easton		СТ	06612			
Principal Occupation		Name of Employ	rer					
Homemaker		n/a						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	O	dependent child of	lobbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
government the contract is with.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?    X Yes								
If yes, list Event # 09302013C No Cash Personal Check  Money Order Credit/Debit Card	09/	30/2013	\$100.00		\$100.00			
I you, is a treat to the control of								
Last Name	First			MI	Contribution ID #			
bitzonis	C'i	james		G	0297			
Residential Street Address 47 Sunset Dr	City	Orange		State CT	Zip Code 06477			
Principal Occupation	<u> </u>	Name of Employ	rer	Ci	00477			
President			M Franchising LLC					
Is contributor a principal of a state contractor or prospective state contractor?	2		lobbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	U	dependent child of	31 a 1000y1st?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions					
No Cash Personal Check		20/2012	#100.00		¢100.00			
If yes, list Event # 09302013C No Money Order X Credit/Debit Card	09/	30/2013	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-D						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (	<del></del>	TYPE OF REPORT					
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Ragland		Tom			0298			
Residential Street Address	City			State	Zip Code			
2 Spring St .		Riverside		СТ	06878			
Principal Occupation		Name of Employ	er	•	-			
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # 10182013K No San Woney Order Credit/Debit Card	09/3	30/2013	\$100.00		\$100.00			
-				l	T			
Last Name	First	and also all		MI	Contribution ID #			
mckeever Residential Street Address	City	michael		State	0299			
595 Indian Field Rd	City	Croonwich		CT	Zip Code 06830			
Principal Occupation		Greenwich  Name of Employ	er	Сі	00030			
RETIRED		N/A	Ci					
			obbyist, spouse, or	Amou	ınt of Contribution			
Yes X No	)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Society William X Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
tundraising event listed in Section 31?								
U No I□	09/3	30/2013	\$100.00		\$100.00			
If yes, list Event # 10042013H								
Last Name	First			MI	Contribution ID #			
mcgowan		peter			0300			
Residential Street Address	City			State	Zip Code			
9 Cliff Rd		Greenwich		СТ	06830			
Principal Occupation		Name of Employ						
investment banking			ım cronus					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			1.00.10					
No Cash Personal Check	09/3	30/2013	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Buckley		Eileen			0301			
Residential Street Address	City			State	Zip Code			
248 Lyons Plain Rd		Weston		СТ	06883			
Principal Occupation		Name of Employ	er	-	•			
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyfst?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	00.	20/2012	*100.00		¢100.00			
If yes, list Event # No Money Order X Credit/Debit Card	I <sup>09/.</sup>	30/2013	\$100.00	I	\$100.00			

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I MONETARY DECEMBE	ng (g	4° A T)			
I. MONETARY RECEIPT  NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	2 (20	ection A-1)	TYPE OF REPORT		
Mckinney For Governor			October 10 Filing - Original		
•					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Devlin		Laura			0302
Residential Street Address	City			State	Zip Code
85 Brett Ln	L	Fairfield		СТ	06824
Principal Occupation		Name of Employ			
Consultant		Strate	egic Communications Consult		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (	x <sub>No</sub>		
government the contract is with:  Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	00/	20/2012	¢E0.00		¢50.00
If yes, list Event # Money Order X Credit/Debit Card	09/.	30/2013	\$50.00		\$50.00
I and Name	First			MI	Contribution ID#
Last Name	FIISt			IVII	Contribution ID #
Langton Residential Street Address	Cit-	jennifer		C+-+-	0303
	City	Na. Vasl		State	Zip Code
620 W 42nd St Apt S 56C	Щ,	New York		NM	10036
Principal Occupation		Name of Employ	er		
PR		NFL			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amot	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x <sub>No</sub>		
government the contract is with:	Doto	Received			
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	00/	20/2012	#3F 00		<b>#25.00</b>
If yes, list Event # 10042013H Money Order X Credit/Debit Card	09/.	30/2013	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Svensk	FIISt	Robert		IVII	0304
Residential Street Address	City	Robert		State	Zip Code
96 Willow St	City	Southport		CT	06890
Principal Occupation		Name of Employ	er	Ci	00030
CEO		LAU L			
T . T			obbyist, spouse, or	Amoi	ant of Contribution
is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of		7 tino	ant of Contribution
If yes, indicate which branch or branches of  Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?  Yes  Wethod of contribution:	Duite	10001100	riggregate contributions		
No Cash Personal Check	09/	30/2013	\$100.00		\$100.00
If yes, list Event # 10012013M	05/	30,2013	Ψ100.00		<b>4100.00</b>
Last Name	First			MI	Contribution ID #
Gojkovich	1 1100	Paul			0305
Residential Street Address	City			State	Zip Code
238 Greens Farms Rd	City	Westport		CT	06880
Principal Occupation		Name of Employ	er		1 00000
Vice President			attan Christian Academy		
			-1.1	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  N	o	dependent child of	Vac		
If yes, indicate which branch or branches of  Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?			30 0		
No Cash Personal Check	09/	30/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	1 1		'	I	

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (		TYPE OF REPORT						
Mckinney For Governor			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Weisenburger		Randall			0306				
Residential Street Address	City			State	Zip Code				
354 Stanwich Rd		Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er	-	•				
CFO CFO		Omni	com Management						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of  Executive Legislative		dependent enna (	x <sub>No</sub>						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Duit	10001100	riggregate contributions						
No Cash Personal Check	09/	30/2013	\$100.00		\$100.00				
If yes, list Event # 10042013H	,								
Last Name	First			MI	Contribution ID #				
Weisenburger		Catherine			0307				
Residential Street Address	City			State	Zip Code				
354 Stanwich Rd		Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er						
N/A		Not e	mployed						
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent cinia (							
government the contract is with:    Executive	В.	D : 1							
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions						
No Cash Personal Check	00/	30/2013	\$100.00		\$100.00				
If yes, list Event # 10042013H No Money Order X Credit/Debit Card	05/	30,2013	Ψ100.00		Ψ100.00				
Last Name	First			MI	Contribution ID #				
Hammersley		Robert			0308				
Residential Street Address	City			State	Zip Code				
358 Hobart St		Southington		СТ	06489				
Principal Occupation		Name of Employ	er	-	•				
Program Manager		Diver	sified Technology Consultants	S					
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with:  Executive Legislative			x No						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions						
Cash Personal Check	00/	30/2013	\$100.00		\$75.00				
If yes, list Event # 10032013A Money Order X Credit/Debit Card	03/.	30/2013	\$100.00		\$/3.00 				
Last Name	First			MI	Contribution ID #				
Rosow		Christopher			0309				
Residential Street Address	City			State	Zip Code				
16 Church St		Southport		СТ	06890				
Principal Occupation		Name of Employ	er	-	•				
General Contractor		Three	beans LLC						
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with:		D : 1	x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	007	30/2013	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	09/.	50/2013	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Valenti		David			0310			
Residential Street Address	City			State	Zip Code			
399 N Colony St		Wallingford		СТ	06492			
Principal Occupation		Name of Employ	er					
Auto Dealer			ti Auto Sales Inc.					
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?			86 .6					
If yes, list Event # 10032013A No Cash Personal Check  No Money Order X Credit/Debit Card	09/:	30/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Lash		James			0311			
Residential Street Address	City			State	Zip Code			
4 Sound Shore Dr		Greenwich		СТ	06830			
Principal Occupation		Name of Employ	er		•			
Executive		Manch	nester Principal LLC					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?					
government the contract is with:  Executive Legislative			X No					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	09/3	30/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Rubin		Jack			0312			
Residential Street Address	City			State	Zip Code			
440 Middlesex Rd		Darien		СТ	06820			
Principal Occupation		Name of Employ	er					
RETIRED		N/A		,				
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?			1.66.46					
If yes, list Event # 10182013K  No Cash Personal Check  No Money Order  Credit/Debit Card	09/3	30/2013	\$100.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Kiley		Kevin			0313			
Residential Street Address	City			State	Zip Code			
237 Steiner St		Fairfield		СТ	06825			
Principal Occupation		Name of Employ	er	•				
Vice President of Finance		Mana	gement Health Solutions, Inc	с.				
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		zependent ennu (	x No					
government the contract is with:	Det	Dagaiya 4		-				
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	09/	30/2013	\$100.00		\$100.00			
If yes, list Event # 10012013M Money Order X Credit/Debit Card	I/.	,	4200.00					

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Makking   For Outstand   Proposed Complex   Proposed Contributions   For Outstand   Proposed Contributions   Proposed C	I. MONETARY RECEIPT	S (Se	ection A-I)			
Table   March   Marc				TYPE OF REPORT		
Last Name   Rubbin   Dark   State   Companies to the Controlled to 1   Dark   State   Companies to 1   Oak   Oa	Mckinney For Governor			October 10 Filing - Original		
Marchanial Start, National   Marchanial Start, National Natio	B. Itemized Contributions from	m Ind	lividuals			
Particular Congruence	Last Name	First			MI	Contribution ID #
Principal Colongition   Prin	Rubin		Jack			0314
Name of Employer   Name of Emp	Residential Street Address	City			State	Zip Code
RETHEED	440 Middlesex Rd	L.	Darien		СТ	06820
Securithean a principal of a state centractor of prospective state centractor of prospective state centractor of contribution (a contribution)   Vision				er		
Management the contract as white						
The contribution associated with a function of processor as within the contribution associated with a contribution associ	Is contributor a principal of a state contractor or prospective state contractor?	o		Vac	Amou	nt of Contribution
Note	Evacutiva Lagislativa			<u> </u>		
Securior   Security	government the contract is with:	Date	Received			
Last Name	Vac	Buie	10001100	riggregate contributions		
Last Name	│	09/3	30/2013	\$100.00		\$95.00
Residential Street Authors	If yes, list Event # Money Order Credit/Debit Card			•		•
Residential Sizeer Address	Last Name	First			MI	Contribution ID #
So	Herrera		Adriana			0315
Principal Occupation Physician  Securithour a gimicipal of a state continuous or prospective state contractor?    Yes   South	Residential Street Address	City			State	Zip Code
Physician	50 Williams Rd	<u> </u>			СТ	06492
Security   Processing   Proce	Principal Occupation		Name of Employ	er		
Yes, indicate which branches of software its with:   Executive   Legislative   Legislative   Date Received   Aggregate Contributions   No   Stock   No   No   No   No   No   No   No   N				<u> </u>		
Security	Is contributor a principal of a state contractor or prospective state contractor?  Yes X No.	o		Vac	Amou	nt of Contribution
The six contribution associated with a fundrating event listed in Section 17?  If yes, list Event # 10032013A	Evacutiva Lagislativa			<u> </u>		
## Amount of Contribution    Last Name	government the contract is with:	Date	Received			
All	fundraising event listed in Section J1?	Buie	10001100	riggregate contributions		
Last Name  Ziobro  Residential Street Address 10 Chapel Hill Rd  First Thomas  City Westport CT 06880  Principal Occupation RETIRED  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Last Name Backe  Last Name Backe  Legislative  First Thomas  Name of Employer No  Amount of Contribution  Legislative  Date Received Aggregate Contributions  Will Contribution ID #  Amount of Contribution  Apploar Special Contributions  First No  Credit/Debit Card  Principal Occupation MD  Legislative  First No  No  State Received Aggregate Contributions  MI Contribution ID #  Amount of Contribution ID #  Amount of Contribution  First Henry  City Salte Name  Backe  Fairfield  CT 06824  Principal Occupation MD  Legislative  Legislative  Fairfield  CT 06824  Principal Occupation MD  Legislative  Legislative  Fairfield  CT 06824  Amount of Contribution  State Contribution ID #  Amount of Contribution  Fairfield  CT 06824  Fairfield  CT 06824  Fairfield  CT 06824  Fairfield  State Contribution ID #  Amount of Contribution  State Contribution ID #  Amount of Contribution  Amount of Contribution  Fairfield  CT 06824  Fairfield  CT 06824  Fairfield  Amount of Contribution  State Contribution ID #  Amount of Contribution  Fairfield  CT 06824  Fairfield  Amount of Contribution  Fairfield  CT 06824  Fairfield  CT 06824  Fairfield  Amount of Contributi	U No I□	09/3	30/2013	\$100.00		\$100.00
Residential Street Address	If yes, list Event # 10032013A	,	.,	,		
Residential Street Address	Last Name	First			MI	Contribution ID #
Name of Employer   Name of Em	Ziobro		Thomas			0316
Principal Occupation RETIRED    Name of Employer   N/A	Residential Street Address	City			State	Zip Code
Is contributor a principal of a state contractor or prospective state contractor?	10 Chapel Hill Rd	<u>L.</u>	Westport		СТ	06880
If yes, indicate which branch or branches of government the contract is with:  If yes, indicate which branch or branches of government the contract is with:  Is this contributor a sociated with a fundraising event listed in Section J1?  Last Name  Backe  Legislative  Legislative  Legislative  Legislative  Date Received  Aggregate Contributions  Aggregate Contributions  \$25.00\$  \$25.00  \$				er		
If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event # 10182013K						
If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event # 10182013K    No   Method of contribution:   Date Received   Aggregate Contributions	Is contributor a principal of a state contractor or prospective state contractor?  Yes X No.	o			Amou	nt of Contribution
If yes, list Event # 10182013K	Evacutiva Lagislativa		1			
fundraising event listed in Section J1?  If yes, list Event # 10182013K	government the contract is with:	Date	Received			
If yes, list Event # 10182013K	fundraising event listed in Section J1?			1.00.10.10		
Last Name  Backe  Henyr  City  State  Zip Code  State  Size Code  Teairfield  Principal Occupation  MD  Scontributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  MI  Contribution ID #  O317  Name of Employe  OSG, PC  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  Method of contribution:  Date Received  Aggregate Contributions  \$100.00  \$100.00		09/3	30/2013	\$25.00		\$25.00
Residential Street Address Residential Street Address State Zip Code Tairfield  Principal Occupation MD  State Zip Code Tairfield  OSG, PC  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Date Received  O9/30/2013  State  OT  O6824  Amount of Contribution  Amount of Contribution  Aggregate Contributions  \$100.00	If yes, list Event # 10182013K					
Residential Street Address  388 Old Post Rd  Principal Occupation MD  State Zip Code CT  06824  Principal Occupation MD  State City  Name of Employer OSG, PC  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  No  Cash  Personal Check  Personal Check  O9/30/2013  State  Zip Code CT  06824  Amount of Contribution  Amount of Contribution  Aggregate Contributions	Last Name	First			MI	Contribution ID #
Principal Occupation MD  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  Name of Employer  OSG, PC  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section J1?  No  OB824  Amount of Contribution  Amount of Contribution  Aggregate Contributions  \$\text{\$100.00}\$	Backe		Henyr			0317
Principal Occupation MD OSG, PC  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  No	Residential Street Address	City			State	Zip Code
MD  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  No  OSG, PC  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is no  Date Received  Aggregate Contributions  \$\text{No}\$  \$\text{No}\$  \$\text{No}\$  \$\text{No}\$  \$\text{No}\$  \$\text{No}\$  \$\text{Ostate}\$  \$\text{Personal Check}\$  \$\text{O9/30/2013}\$  \$\text{\$\text{\$\text{\$\text{\$\text{NO}\$}\$}}\$  \$\$\text{\$\text		L			СТ	06824
Is contributor a principal of a state contractor or prospective state contractor?    Yes   X   No   Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   X   No						
If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  No Cash Personal Check 09/30/2013 \$100.00 \$100.00			•			
If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  No Cash Personal Check 09/30/2013 \$100.00 \$100.00	is contributor a principal of a state contractor or prospective state contractor?	0		Vac	Amou	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Date Received Aggregate Contributions  Date Received Aggregate Contributions  Personal Check 09/30/2013 \$100.00	Evacutiva Lagislativa			·		
fundraising event listed in Section J1?    Ves	government the contract is with:	Date	Received		1	
│	fundraising event listed in Section J1?			30 -0		
	If yes, list Event # 09302013C	09/3	30/2013	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)								
	<u>s (s</u> i	ection A-1)	TVDE OF DEDORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT October 10 Filing - Original					
Mckinney For Governor October 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Roche		Ann			0318			
Residential Street Address	City			State	Zip Code			
245 Unquowa Rd		Fairfield		СТ	06824			
Principal Occupation	•	Name of Employ	er					
Asst. Town Clerk		Town	of Fairfield					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
	Date	Received	Aggregate Contributions					
s this contribution associated with a fundraising event listed in Section J1?								
No Cash Personal Check	09/	30/2013	\$5.00		\$5.00			
If yes, list Event # Money Order X Credit/Debit Card		,	75.00		7			
Last Name	First			MI	Contribution ID #			
Adcock	1 1150	Charles			0319			
Residential Street Address	City	Charles		State	Zip Code			
241 Noroton Ave	City	Davian		1	06820			
	L	Darien		СТ	06820			
Principal Occupation		Name of Employ						
Legal Assistant			& Associates					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	0	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna (	· –					
government the contract is with:								
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	09/	30/2013	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Musicant		Robyn			0320			
Residential Street Address	City			State	Zip Code			
11 Olcott Way		Ridgefield		СТ	06877			
Principal Occupation		Name of Employ	er	-				
Account Manager		CDW						
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	5	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions					
rundraising event fisted in Section 31?								
No Cash Personal Check	09/	30/2013	\$100.00		\$100.00			
If yes, list Event # 10182013K								
Last Name	First			MI	Contribution ID #			
Almour		Alexandra			0321			
Residential Street Address	City			State	Zip Code			
38 Lakewood Dr		Denville		NJ	07834			
Principal Occupation		Name of Employ	er	L	5,051			
Political Fundraiser			Employed					
			abbyist spays or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child of	Vac	Amou	in or Contribution			
If yes, indicate which branch or branches of  Executive  Legislative		- "	x <sub>No</sub>					
government the contract is with:	Б.	D i d		1				
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
— Demonst Charle		20/2012			+400.00			
If yes, list Event # Cash Credit/Debit Card	09/	30/2013	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Mckinney For Governor			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Tritschler		Brett			0322
Residential Street Address	City			State	Zip Code
271 Westway Rd		Southport		СТ	06890
Principal Occupation		Name of Employ	er		
Student		None			
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent enna e			
government the contract is with:  Is this contribution associated with a Method of contribution:  Method of contribution:	Dete	Received			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	09/	30/2013	\$100.00		\$100.00
If yes, list Event # 10182013K	05/.	30,2013	Ψ100.00		φ100.00 
Last Name	First			MI	Contribution ID #
Tritschler		Libby			0323
Residential Street Address	City	<u> </u>		State	Zip Code
271 Westway Rd		Southport		СТ	06890
Principal Occupation		Name of Employ	er		-
RETIRED		Willia	m Raveis		
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with:			x No		
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
Cook Revenuel Check					
If yes, list Event # 09212013V	09/3	30/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Tritschler	FIISt	Fred		IVII	0324
Residential Street Address	City	TTEU		State	Zip Code
271 Westway Rd	City	Southport		CT	06890
Principal Occupation		Name of Employ	er	<u>                                     </u>	
Student		None			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
Yes 🔼 No	)	dependent child of			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31:					
If yes, list Event # No Money Order X Credit/Debit Card	09/3	30/2013	\$100.00		\$100.00
				l	
Last Name	First			MI	Contribution ID #
boyle kirby	O.	kate		G: :	0325
Residential Street Address	City	Westport		State CT	Zip Code
8 Evergreen Ave Principal Occupation	<u> </u>	Westport Name of Employ	or	CI	06880
former banker		none	Ci		
			obbyist, spouse, or	Amou	nt of Contribution
Yes X N	)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
government the contract is with.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes list Event # Cash Personal Check  No Cash Personal Check    No No Noney Order   X Credit/Debit Card	09/3	30/2013	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Mckinney For Governor			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Beeman		Mary			0326
Residential Street Address	City			State	Zip Code
39 Boston St		Guilford		СТ	06437
Principal Occupation		Name of Employ	er		
Sales		Sache	em Card and Party	•	
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check    No	09/3	30/2013	\$10.00		\$10.00
Last Name	First			MI	Contribution ID #
O'Connor	FIISt	Kathleen		IVII	0327
Residential Street Address	City	Katilleeli		State	Zip Code
30 Westwood Rd	City	West Hartfor	d	CT	06117
Principal Occupation		Name of Employ			00117
Attorney		McKei	nna Long & Aldrich LLP		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution
	)	dependent child of	<u> </u>		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a	Date	Received	Aggregate Contributions		
Parsonal Charles					
If yes, list Event # No Money Order X Credit/Debit Card	09/3	30/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Elworthy		Stephen			0328
Residential Street Address	City			State	Zip Code
PO Box		Southport		СТ	06890
Principal Occupation		Name of Employ	er		
Loan Originator		Landr	nark Financial Group		
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le dependent child of	obbyist, spouse, or  Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent cinia c	x No		
government the contract is with:	Б.	D : 1			
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 10012013M No Cash Personal Check  No Money Order X Credit/Debit Card	09/:	30/2013	\$25.00		\$25.00
1					Г
Last Name	First	<b>D</b> . I		MI	Contribution ID #
Ives	City	David		C+-+-	0329
Residential Street Address  21 Taintor Dr	City	Southport		State CT	Zip Code 06890
Principal Occupation		Name of Employ	er	Ci	00030
Ceo		tVEyE			
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with:  Executive Legislative		D	x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	007	20/2012	#100 00		¢100 00
If yes list Event # 09302013C No Money Order X Credit/Debit Card	l <sup>09/.</sup>	30/2013	\$100.00		\$100.00

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I MONETADY DECEIDT	ים (פ	nation A I)			
I. MONETARY RECEIPT  NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>a (a</u>	ection A-1)	TYPE OF REPORT		
Mckinney For Governor			October 10 Filing - Original		
•					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Walker		Michelle			0330
Residential Street Address	City			State	Zip Code
58 Hollydale Rd	L.,	Fairfield		СТ	06824
Principal Occupation		Name of Employ			
Mental Health Counselor			eline Wellness Center		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent cinia (	*		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	09/3	30/2013	\$25.00		\$25.00
				<u> </u>	1
Last Name	First			MI	Contribution ID #
Woodruff		Jack			0331
Residential Street Address	City			State	Zip Code
10 Hillside Dr	Щ,	Greenwich		СТ	06831
Principal Occupation		Name of Employ	er		
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?  Yes X N.	0	Is contributor a l dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent ennu (			
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
Cook Parsonal Chook					
If yes, list Event # 10042013H No Money Order X Credit/Debit Card	09/3	30/2013	\$100.00		\$100.00
·				l	
Last Name	First			MI	Contribution ID #
Woodruff		Pam			0332
Residential Street Address	City	0		State	Zip Code
10 Hillside Dr		Greenwich		СТ	06831
Principal Occupation		Name of Employ			
Flight attendant			Airlines		
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of  Executive  Legislative		1	x <sub>No</sub>		
government the contract is with:	Doto	Received	Aggregate Contributions	l	
fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions		
Cash Personal Check	00/	20/2012	¢100.00		¢100.00
If yes, list Event # 10042013H No Money Order X Credit/Debit Card	09/.	30/2013	\$100.00		\$100.00
Lost Nama	Einst			MI	Contribution ID#
Last Name	First	Vouce		IVII	Contribution ID #
Elmasry	City	Karen		Ct-t-	0333
Residential Street Address	City	New Canaan		State CT	Zip Code
52 Rocky Brook Rd		New Canaan	or.	Ci	06840
Principal Occupation		Name of Employ	er		
real estate professional  Is contributor a principal of a state contractor or prospective state contractor?		self	obbyist, spouse, or	A	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	Aiilot	in or Contribution
If yes, indicate which branch or branches of  Executive  Legislative		- "	X No		
government the contract is with:	Dot-	Received		-	
fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	007	30/2013	\$25.00		\$25.00
If yes_list Event # Money Order   X   Credit/Debit Card	I 09/.	20/2013	\$2J.UU		Ψ23.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	. (	,	TYPE OF REPORT						
Mckinney For Governor			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Belaga		Julie			0334				
Residential Street Address	City			State	Zip Code				
196 Newtown Tpke		Westport		СТ	06880				
Principal Occupation		Name of Employ	er						
RETIRED		N/A	-1.1i	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Sociated With a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # No Money Order X Credit/Debit Card	09/	30/2013	\$100.00		\$100.00				
ii yes, iist Event #									
Last Name	First			MI	Contribution ID #				
Keefe		Matthew			0335				
Residential Street Address	City			State	Zip Code				
459 Morehouse Ln		Southport		СТ	06890				
Principal Occupation		Name of Employ							
Broker  Is contributor a principal of a state contractor or prospective state contractor?		HK Gr	11 1	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	Vac	Aillot	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
government the contact is with.	Date	Received	Aggregate Contributions						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:									
If yes, list Event # 09302013C No Cash Personal Check  Money Order Credit/Debit Card	09/	30/2013	\$100.00		\$100.00				
If yes, list Event # 09302013C									
Last Name	First			MI	Contribution ID #				
Keefe		Gretchen			0336				
Residential Street Address	City			State	Zip Code				
459 Morehouse Ln		Southport		СТ	06890				
Principal Occupation		Name of Employ							
Homemaker			maker						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If ves. list Event # 09302013C No Cash Personal Check  Money Order Credit/Debit Card	09/	30/2013	\$100.00		\$100.00				
If yes, list Event # 09302013C									
Last Name	First			MI	Contribution ID #				
LUPARIELLO		DANIEL			0337				
Residential Street Address	City			State	Zip Code				
55 Applewood Dr		Shelton		CT	06484				
Principal Occupation		Name of Employ							
pharmacist		-	drug store bpt						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			200						
If yes, list Event # 10182013K No Cash Personal Check	09/	30/2013	\$100.00		\$100.00				
If yes, list Event # 10182013K	1		i l	ī					

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Mckinney For Governor			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Fasano		Mark			0338
Residential Street Address	City			State	Zip Code
1003 Pequot Ave .	L	Southport		CT	06890
Principal Occupation		Name of Employ	er		
Real estate developer		Self			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundricing agent listed in Section 112.	Date	Received	Aggregate Contributions		
rundraising event fisted in Section 31?					
If yes, list Event # 09302013C	09/3	30/2013	\$100.00		\$100.00
in yes, list Event # 09302013C Intolley Order Chemisbeon Card					
Last Name	First			MI	Contribution ID #
fasano		Laura			0339
Residential Street Address	City			State	Zip Code
1003 Pequot Ave		Southport		СТ	06890
Principal Occupation  Homemaker		Name of Employ			
			obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	Vac	7 tinot	nt of Controution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a State of the Contribution a	Date	Received	Aggregate Contributions		
tundraising event listed in Section 31?					
If yes, list Event # 09302013C	09/3	30/2013	\$100.00		\$100.00
1 yes, use broken book call					
Last Name	First			MI	Contribution ID #
Bolinsky		Mitchell			0340
Residential Street Address	City	Name		State	Zip Code
3 Wiley Ln		Newtown Name of Employ	or .	СТ	06470
Principal Occupation  Legislator		State			
			obbyist, spouse, or	Amou	nt of Contribution
Yes 🔼 No	)	dependent child of			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Tunidiaising event listed in Section 31?					
If yes, list Event #	09/3	30/2013	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Christoph	G'i	Robert		G	0341
Residential Street Address  2181 N Bay Rd	City	Miami Boach		State FL	Zip Code 33140
Principal Occupation		Miami Beach Name of Employ	er	FL.	33140
Realestate		Self	Ci		
			obbyist, spouse, or	Amou	nt of Contribution
Yes X No	)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Tunidiaising event listed in Section 31?					
If yes list Event # 10182013K No Money Order X Credit/Debit Card	09/3	30/2013	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Mckinney For Governor			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Wollen		Dori			0342			
Residential Street Address	City			State	Zip Code			
8 Cedar Hill Ln		Easton		СТ	06612			
Principal Occupation		Name of Employ	er	-	•			
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (						
government the contract is with:  Executive Legislative		D : 1						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	00/	20/2012	¢10.00		\$10.00			
If yes, list Event # 10182013K No Money Order X Credit/Debit Card	09/.	30/2013	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Polio	1 1150	Dennis			0343			
Residential Street Address	City	Dennis		State	Zip Code			
259 High Plains Dr		Orange		СТ	06477			
Principal Occupation		Name of Employ	er					
Student		Syrac	use University College of Lav	٧				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	)	dependent child of	<u> </u>					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a	Date	Received	Aggregate Contributions					
Parsonal Charles								
If yes, list Event # No Money Order X Credit/Debit Card	09/3	30/2013	\$25.00		\$25.00			
If yes, list Death if								
Last Name	First			MI	Contribution ID #			
Casey		James			0344			
Residential Street Address	City			State	Zip Code			
16 Chenal Cir		Little Rock		AR	72223			
Principal Occupation		Name of Employ						
Management			nd Specialty Ventures LLC	A				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			1.00.10.10					
No Cash Personal Check	09/3	30/2013	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card			·					
Last Name	First			MI	Contribution ID #			
Andrukevich		Thomas			0345			
Residential Street Address	City			State	Zip Code			
245 Unquowa Rd		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er	•				
Medical Asst		Fairfie	eld County Gastroenteroloy					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	]	20/2012	±5.00		<b>*</b> F 00			
If yes, list Event # No Money Order X Credit/Debit Card	I <sup>09/.</sup>	30/2013	\$5.00		\$5.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Mckinney For Governor			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Luscombe		Josephine			0346
Residential Street Address	City			State	Zip Code
56 Long Lots Rd		Westport		СТ	06880
Principal Occupation		Name of Employ	er		
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:  Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	09/	30/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	03/.	30/2013	Ψ100.00		φ100.00 
Last Name	First			MI	Contribution ID #
Luscombe		John			0347
Residential Street Address	City			State	Zip Code
56 Long Lots Rd		Westport		СТ	06880
Principal Occupation		Name of Employ	er		
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a	Date	Received	Aggregate Contributions		
Cash Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	09/3	30/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Hwang	O.	Anthony		a	0348
Residential Street Address	City	Fairfield		State CT	Zip Code
80 Martingale Ln Principal Occupation		Name of Employ	or	CI	06824
Real Estate			eld Homes		
T			obbyist, spouse, or	Amou	nt of Contribution
Yes X No	)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundringing agent listed in Section 112.	Date	Received	Aggregate Contributions		
Tunidraising event instead in Section 31:					
If yes, list Event # 09302013C	09/3	30/2013	\$50.00		\$50.00
in yes, hist Event # 09302013C					
Last Name	First			MI	Contribution ID #
Hwang		Grace			0349
Residential Street Address	City			State	Zip Code
80 Martingale Ln		Fairfield		СТ	06824
Principal Occupation		Name of Employ			
Finance			an Stanley		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of  Executive  Legislative		Sima	x No		
government the contract is with:	Doto	Received	Aggregate Contributions		
is this contribution associated with a fundraising event listed in Section J1?	Date	received	regregate Continuations		
No Cash Personal Check	09/	30/2013	\$50.00		\$50.00
If yes, list Event # 09302013C	I		7	1	

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								Page 97 01 113
I. N	MONE	TARY RECEIPT	rs (s	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as I			`	,	TYPE O	FREPORT		
Mckinney For Governor					October 10 Fili	ng - Original		
B. I	temized	l Contributions fro	m Inc	lividuals				
Last Name			First				MI	Contribution ID #
Casazza				Peter				0350
Residential Street Address			City				State	Zip Code
642 N Salem Rd				Ridgefield			CT	06877
Principal Occupation				Name of Employe	r			
Consultant				Self				
Is contributor a principal of a state contractor or prospective state contractor	?	Yes X	No	Is contributor a lo		Yes	Am	ount of Contribution
If yes, indicate which branch or branches of				dependent child of	a lobbyist?			
government the contract is with:		Legislative	_			x <sub>No</sub>		
Vac	contribution	on:	Date	Received	Aggregate Contribu	itions		
fundraising event listed in Section J1?		Personal Check						
□ No □	ey Order	X Credit/Debit Card	09/	30/2013	5	\$50.00		\$50.00
	.,			l l				
						Total of	Section B	\$33,087.00
TOTAL OF ALL CONTRIBUTIONS FROM IND	IVIDIIA	ALS (Sect	tions A	+ B) (Total	al on Line 14 of Si	ummarv Page)		\$33,087.00
TOTAL OF ALL CONTRIBUTIONS FROM IND	TVIDO	ILS (See	10115 71	(100	ar on zine 17 oj si			422,221.00
I. I	MONE	TARY RECEIP	ΓS (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Re	egistered	l with Commission)				TYPI	E OF REP	ORT
` -	051510100	· with Commission)				October 10 F	ilina Oriai	nal
Mckinney For Governor						October 10 F	·IIIng - Origi	nai
C1. Co	ntribut	ions from Other C	ommi	ttees				
Name of Committee				Name of Treasurer				
Name of Committee				Name of Treasurer	ı			
Address		-						
				ibution associated wit		Yes	No F	Amount of Contribution
		lun	iaraisinį	g event listed in Secti	ion J1?			
		<u> </u>	1	If yes, list Event #	1			
City	State	Zip Code	Date R	eceived	Aggregate Contr	ibutions		
					1	Total of Sect	ion C1	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE					Т	YPE OF REPOR	Т		
Mckinney For Governor					October 10 Filing - Original				
C2. Reimbursements, Payments, or Surplus Distributions from other Committees									
Name of Committee				Name of Treasurer					
Address					Date Received	l	Amount of Receipt		
City	State	Zip Code		Reimbursement for	shared expense				
				Payment for goods a	and services				
					To	tal of Section C2	,		
I. MO	NETARY R	ECEIPT	ΓS (Sect	tion A-I)					
NAME OF COMMITTEE					TYPE (	OF REPORT			
Mckinney For Governor	Mckinney For Governor  October 10 Filing - Original								
D. Loans Received this Period									
Name of Lender			Source of				Date of Receipt		
Street Address		City	Bank	c Candidate	Individua State	Zip Code	Is there a cosigner or Guarantor of this loan?		
Name of Cosigner/Guarantor (if applicable)		<u> </u>					Yes No  Amount Received		
						ı			
Street Address		City			State	Zip Code			
					•	Total of Section	D		
I. MO	NETARY R	ECEIPT	S (Sect	ion A-I)					
NAME OF COMMITTEE						TYPE OF REPO			
Mckinney For Governor					Octo	bber 10 Filing - Orig	inal		
E. Personal Funds of the Candidate l	Received this	Period (C	Candidat	e Committees ON	LY)				
Date of Receipt Method of Payment  Cash	Per	rsonal Check		Credit/Debit Card			Amount		
,					Total of	f Section E			

I. M	I. Monetary Receipts (Section A-I)										
NAME OF COMMITTEE					TYPE OF REPOR	Γ					
Mckinney For Governor				Octob	oer 10 Filing - Original						
G. Interest fr	om Deposits	in Authorized Accounts									
Name of Institution			Da	te Receive	d	Amount					
Street Address	City		State	2	Zip Code						
					Total of Section G						
I. MONI	ETARY RE	CEIPTS (Section A-K)									
NAME OF COMMITTEE				,	TYPE OF REPORT						
Mckinney For Governor October 10 Filing - Original											
H. Public Grant Funds Received from the Citizens' Election Fund											
Purpose of Grant:  Grant Cycle:  Date Received											
Initial Grant Adjustment	Primary	General Election S	Special Elec	etion							
Supplemental/Post Election Deficit											
					Total of Section H						
I. Mo	ONETARY	RECEIPTS (Section A-K)	)								
NAME OF COMMITTEE					TYPE OF REPOR	Γ					
Mckinney For Governor				Octob	per 10 Filing - Original						
I. Miscellaneous	Monetary Re	ceipts not Considered Contri	ibutions	8							
Name				Date o	of Transaction	Amount Received					
Street Address	City		State		Zip Code						
Description											
					Total of Section	<u>'</u> [					

11	I. FUNDRAISING EVENT A	ACTIVI	TY (	Sections J1 - J	3)			
NAME OF COMMITTEE						TYPE OF R	EPORT	
Mckinney For Governor						October 10 Filing - Orig	ginal	
	J1. Fundraising Event	Informat	tion					
Fundraising Event # Date of Fundraiser 09/21/2013 Letter	Description Home Fundraiser							
Location: Street Address 103 Middlebrook Farm Rd					City Wilton		State CT	Zip Code 06897
Was this fundraising event hosted at a personal resid	dence?	$\overline{}$	Yes No			ions not Considered Contri hases made by host(s) for f		nd
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	_	Yes No	If yes, to to Section J3 complete required info		ons not Considered Contrib	butions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with		Yes No	(If yes, enter Total Rec	ceipts here.)			\$0.00
Fundraising Event # Date of Fundraiser 09/30/2013 Letter C	Description Home Fundraiser							
Location: Street Address 42 Division St					City Easton		State CT	Zip Code 06612
Was this fundraising event hosted at a personal resid	ience?	$\overline{}$	Yes No			ions not Considered Contri hases made by host(s) for f		nd
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items	_	Yes No	If yes, to to Section J3 complete required info		ons not Considered Contrib	butions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	_	Yes No	(If yes, enter Total Red	ceipts here.)			\$0.00
Fundraising Event # Date of Fundraiser 10/01/2013 Letter M	Description Home Fundraiser							
Location: Street Address 290 Sasco Hill Rd					City Fairfield		State CT	Zip Code 06824
Was this fundraising event hosted at a personal resid	lence?	$\overline{}$	Yes No			ions not Considered Contri chases made by host(s) for f		nd
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	sess entity of up to \$200 or items	_	Yes No	If yes, to to Section J3 complete required info		ons not Considered Contrib	butions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	$\equiv$	Yes No	(If yes, enter Total Rec	ceipts here.)			\$0.00

11	I. FUNDRAISING EVENT A	CTIVI	TY (	Sections J1 - J	[3)			
NAME OF COMMITTEE						TYPE OF R	EPORT	
Mckinney For Governor						October 10 Filing - Orig	ginal	
	J1. Fundraising Event I	Informa	tion					
Fundraising Event # Date of Fundraiser 10/03/2013 Letter A	Description Cocktail Event							
Location: Street Address 1075 S Colony Rd					City Wallingfor	rd	State CT	Zip Code 06492
Was this fundraising event hosted at a personal resid	dence?	$\overline{}$	Yes No			tions not Considered Contri chases made by host(s) for t		and
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items		Yes No	If yes, to to Section J3 complete required info		ions not Considered Contri	butions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with		Yes No	(If yes, enter Total Rec	ceipts here.)			\$0.00
Fundraising Event # Date of Fundraiser 10/04/2013 Letter H	Description Cocktail Event							
Location: Street Address 19 Doubling Rd					City		State CT	Zip Code 06830
Was this fundraising event hosted at a personal resid	dence?	$\overline{}$	Yes No			tions not Considered Contri chases made by host(s) for		and
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items		Yes No	If yes, to to Section J3 complete required info		ions not Considered Contri	butions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with		Yes No	(If yes, enter Total Rec	ceipts here.)			\$0.00
Fundraising Event # Date of Fundraiser 10/10/2013 Letter F	Description Home Fundraiser							_
Location: Street Address 40 Old Hickory Rd					City Fairfield		State CT	Zip Code 06824
Was this fundraising event hosted at a personal resid	dence?	$\overline{}$	Yes No			tions not Considered Contri chases made by host(s) for t		and
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items		Yes No	If yes, to to Section J3 complete required info		ions not Considered Contri	butions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	_	Yes No	(If yes, enter Total Rec	ceipts here.)			\$0.00

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)											
NAME OF COMMITTEE				TYPE OF	REPORT						
Mckinney For Governor				October 10 Filing - O	Priginal						
	J1. Fundraising Event l	Information									
Fundraising Event # Date of Fundraiser 10/18/2013 Letter	Description Home Fundraiser										
Location: Street Address 95 Beachside Ave			City	y estport	State CT	Zip Code 06680					
Was this fundraising event hosted at a personal resid	lence?	X Yes No		ind Donations not Considered Cor on for puchases made by host(s) fo		nd					
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?  Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  No											
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Receipts	here.)		\$0.00					
				Total of Section J1		\$0.00					

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)									
NAME OF COMMITTEE (Provide	Complete Name as Reg	istered with Commission)			TYPE OF REPO	ORT			
Mckinney For Governor				Oc	ctober 10 Filing - Original				
	J3. In-Kind Donat	ions Not Considered Contrib	utions						
Name of the Donor Lynne Vanderslice									
Street Address  103 Middlebrook Farm Rd  City  Wilton						State CT	Zip Code 06897		
Donation Given by:  X Individual	Description of Donation Two hours of passed hors d'oeuvres						arket Value of Donation		
Business Entity  Sole Proprietorship	Date Received 09/21/2013	Event# 09212013V		Aggregate value	for this event \$325.00		\$325.00		
Name of the Donor  Donna Craft									
Street Address 42 Divison St			City East	ton		State CT	Zip Code 06612		
Donation Given by:  X Individual	Description of Donation beverages						arket Value of Donation		
Business Entity  Sole Proprietorship	Date Received 09/30/2013	Event # 09302013C		Aggregate value	for this event \$271.79		\$271.79		
					Total of Section J3		\$596.79		

III. NONMONETARY RECEIPTS (Sections K - M)										
NAME OF COMMITTEE					TYI	PE OF REF	PORT			
Mckinney For Governor					October 10 Filir	ng - Original				
K. In-Kine	d Con	ıtributi	ons							
Name										
Street Address				City			State	Zip Code		
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event#  No	De	escription	of In-Kind Contribution							
of a lobbyist?	ctor? f yes, inc	dicate which	of a state contractor or prosp ch branch or branches of stract is with:		cutive	Yes No Legislative		arket Value of this Contribution		
Type of Contributor:			Date Received		Aggregate contril	butions				
Individual Committee Sole Pro	prietorsl	hip								
					Total of S	Section K				
III. Non Mone	etary	Recei	ots (Sections K - N	M)						
NAME OF COMMITTEE (Provide Complete Name as Registered v	with Co	ommissi	on)		TYPE	E OF REPO	RT			
Mckinney For Governor					October 10 Filir	ng - Original				
L. Refundable Deposit to	Tele	phone	Company							
Last Name of Individual		First Nam	ie		MI	Date Dep	osit Made			
Residential Street Address	City	7		State	Zip Code			nount of Deposit		
Name of Telephone company										
Street Address	City			State	Zip Code					
					Total of So	ection L				

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III. NONMONETARY RECEIPTS (Sections K - M)										
NAME OF COMMITTEE TYPE OF REPORT										
Mckinney For Governor	Od	October 10 Filing - Original								
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48										
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)	Name of Treasur	er								
Street Address				Date N	otice Receiv	ved	Fair Market Value of Donation			
City	Zip Code		Aggregate Donations							
Description of Donation	Purpose of Expe	nditure B	С	D	Е					
				То	tal of Sect	tion M				

	IV. EXPENDITURES	(Sections N - S	5)			
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission	n)		TYPE	OF REPORT	
Mckinney For Governor				October 10 Fili	ng - Original	
	N. Expenses Paid By Co	mmittee				
Name of Payee Bank of America			Date of Pays 08/01/20		_ =	rment neck # ebit Card
Street Address PO Box 15284		City Wilmington	•		State DE	Zip Code 19850
Purpose of Expend OFFICE	Description Check Order Fee					Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum						\$79.00
Name of Payee Precision Signz			Date of Pay. 08/07/20			ment neck# <u>1001</u> ebit Card
Street Address 1055 Valley Dr		City Bettendorf			State IA	Zip Code 52722
Purpose of Expend A-SIGN	Description banner sign					Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No	Expenditure # (if applicable)	Event #	<b>#</b>		\$79.00
Name of Payee R. Frank Printing Co.			Date of Pays 08/23/20			ment neck# <u>1002</u> ebit Card
Street Address 184 Center St		City Wallingford			State CT	Zip Code 06492-4142
Purpose of Expend FNDR *	Description Invitations					Amount
Is this expenditure coordinated with a which reimbursement is sought?		Expenditure # (if applicable)	Event #			\$58.49

	IV. EXPENDITURES (S	Sections N - S)				
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)			TYPE	OF REPORT	
Mckinney For Governor				October 10 Fili	ng - Original	
	N. Expenses Paid By Comm	ittee				
Name of Payee  Catch Digital Strategy			Date of Payr 08/25/20			ment neck # <u>1003</u> ebit Card
Street Address PO Box 7833		City Capistrano Beach			State CA	Zip Code 92624
Purpose of Expend CNSLT	Description Website design and management					Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum  Event #  (if applicable)						\$500.00
Name of Payee Catch Digital Strategy Date of Payment 09/24/2013						ment neck# <u>1004</u> ebit Card
Street Address PO Box 7833		City Capistrano Beach			State CA	Zip Code 92624
Purpose of Expend CNSLT	Description Web design and management					Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (if ap	nditure # plicable)	Event #	ŧ		\$1,500.00
Name of Payee OneSmartConference		_	Date of Payr 09/30/20			ment neck# <u>1006</u> ebit Card
Street Address 7026 Surrey Dr		City Woodstock			State GA	Zip Code 30189
Purpose of Expend OVHD	Description Phone conferencing					Amount
Is this expenditure coordinated with a which reimbursement is sought?		nditure # plicable)	Event #	ŧ		\$33.39

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commis	sion)			TYPE	OF REPOR	Т			
Mckinney For Governor					October 10 Fili	ng - Original				
	N. Expenses Paid By C	Commi	ttee							
Name of Payee Tusk Productions, LLC				Date of Payr 09/30/20			ayment Check # <u>1005</u> Debit Card			
Street Address 38 Lakewood Dr			City Denville			State NJ	Zip Code 07834			
Purpose of Expend CNSLT	pend Description Fundraising Consultant						Amount			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum  Yes  Expenditure #  (if applicable)  Event #					ŧ	\$5,000.00				
Name of Payee Premier Printing & Mailing Soluti	ions			Date of Pays 09/30/20			ayment Check # <u>1010</u> Debit Card			
Street Address 860 Honeyspot Rd			City Stratford			State CT	Zip Code 06615			
Purpose of Expend PRNT	Description letterhead, envelopes and donor envelopes						Amount			
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X <sub>No</sub>	Expend (if appl		Event #	ŧ	\$3,122.00				
Name of Payee Anedot.com				Date of Payr 09/30/20			ayment Check # Debit Card			
Street Address Third Street, Suite 2B			City Baton Rouge			State LA	Zip Code 70801			
Purpose of Expend BNK	Description credit card processing fees for quarter						Amount			
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No	Expend (if appl		Event #	ŧ		\$869.98			
					Total of	f Section N	\$11,241.86			

		IV.	EXPENDI	TURES (Section	ons	s N - S)							
NAME OF COMMITTE	EE (Pr	rovide Complete Name as Re	egistered with	Commission)					TYPI	E OF	FREPORT		
									October 10 Fili	October 10 Filing - Original			
		O. Expe	nses Paid By	<b>Candidate</b>									
Name of Payee (Name of vendor who candidate paid directly)							Paymer	nt	Is Re	Reimbursement Claimed?		No	
Street Address City						State Zip Code			e Amount				
Purpose of Expenditure (by code)	Descr	iption					Event #						
									Total	of Se	ction O		
		IV. EXP	ENDITURI	ES (Sections N	- S	5)							
NAME OF COMMITTE	NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT						
Mckinney For Govern	or					October 10 Filing - Original							
		P. Expense	s Incurred o	n Committee Cre	edit	Card							
Name of Issuing Institution						Type of Credit Card:  Visa Master Card Discover American E  Other					ixpress		
Name of Vendor											Date of Trai	nsaction	
Street Address					Cit	ty					State	Zip	Code
Purpose of Expenditure (by code)		Description										Amount	
Is this expenditure coordinated with another candidate for Yes which reimbursement is sought? No						Expenditure # (if applicable)		Event	#				
If yes, assign an Expenditur	e # an	d complete Itemization in Adder	ndum										
									Total of Sect	ion F	•		

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commiss	F REPORT	REPORT							
Mckinney For Governor	ng - Original								
Q. Expenses Incurred By Committee but									
Name of Creditor	Date Incurr	Date Incurred							
Street Address	City		State	Zip Code					
Purpose of Expenditure (by code)  Description				unt Incurred late or Actual)					
Is this expenditure coordinated with another candidate for which Yes reimbursement is sought?  No  If yes, assign an Expenditure # and completes Itemization in Addendum Q	Expenditure # (if applicable)	Event #							

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide Com	olete N	ame as Registered with Comm	nission)			TYPE OF RE	PORT		
Mckinney For Governor						October 10 Filing - Origin	al		
R. Itemization of Reimbursements to Committee Workers and Consultants									
Last Name of Worker/Consultant First MI Date of Payment						of Payment	Method of Payment		
Almour		Alexandra	09/30/2013			30/2013	X Check # 1007		
Secondary Payee					<u> </u>			Debit Card	
Fedex							_	_	
Street Address			City			State	Zip Code		
1960 Route 10	Morris Plains		NJ	07950					
Purpose of Expenditure Description (by code) Copies PRNT						Amount			
Is this expenditure coordinated with another candidate which reimbursement is sought?  If yes, assign an Expenditure # and completes Itemiz	Expenditure # (if applicable)			Event#		\$783.59			
Last Name of Worker/Consultant		First		MI	Date	e of Payment	Method of Payment		
Almour		Alexandra		09/30/2013			X Check # 1007  Debit Card		
Secondary Payee Costco				!			. —		
Street Address			City				State	Zip Code	
77 Willowbrook Blvd	Wayne		NJ	07470					
(by anda)	y code) labels							Amount	
Is this expenditure coordinated with another candidate which reimbursement is sought?  If yes, assign an Expenditure # and completes Itemiz	Expenditure # (if applicable)  Event #  09212013V					\$212.95			

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide	Complete N	Tame as Registered with Comr	mission)			TYPE OF RE	PORT		
Mckinney For Governor						October 10 Filing - Origin	al		
R. Itemization of Reimbursements to Committee Workers and Consultants									
Last Name of Worker/Consultant First MI Date of Payment						Method of Payment			
Almour		Alexandra				/30/2013	X Check # 1007  Debit Card		
Secondary Payee				<u> </u>				Debit Card	
USPS USPS									
Street Address			City		State	Zip Code			
Denville MPO	Denville		NJ	07834					
Purpose of Expenditure Description (by code) stamps  FNDR *						Amount			
Is this expenditure coordinated with another cand which reimbursement is sought?  If yes, assign an Expenditure # and completes	Expenditure # (if applicable)			Event # 09302013C		\$92.00			
			MI Date of Payment 09/30/2013				Method of Payment		
Last Name of Worker/Consultant		First				e of Payment			
Almour		Alexandra				/30/2013	X Check # 1007  Debit Card		
Secondary Payee USPS					<u> </u>				
			1					i	
Street Address			City		State	Zip Code			
Denville MPO	Denville		NJ	07834					
Purpose of Expenditure	Description	on						Amount	
(by code) POST	stamps	·							
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  X No			Expenditure # (if applicable)			Event #			
If yes, assign an Expenditure # and completes					\$138.00				

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (Provide C	Complete N	ame as Registered with Comm	mission)			TYPE OF REI	PORT			
Mckinney For Governor	Mckinney For Governor  October 10 Filing - Original Control of the							nal		
R. Itemization of Reimbursements to Committee Workers and Consultants										
Last Name of Worker/Consultant Russo	r iist			MI Date 0			Method of Payment  X Check # 1008  Debit Card			
Secondary Payee USPS										
Street Address Southport MPO	City Southport		State CT	Zip Code 06890						
Purpose of Expenditure (by code) POST  Is this expenditure coordinated with another candidate for which reimbursement is sought?  Event #  Event #							Amount			
If yes, assign an Expenditure # and completes						\$11.10				
Last Name of Worker/Consultant First  Russo Robert			MI Date of Payment 09/30/2013			Method of Payment  X Check # 1008  Debit Card				
Secondary Payee USPS										
Street Address Fairfield MPO	City Fairfield		State CT	Zip Code 06824						
Purpose of Expenditure (by code) OVHD	Mailhox rental fee							Amount		
Is this expenditure coordinated with another cand which reimbursement is sought?  If yes, assign an Expenditure # and completes	Expenditure # (if applicable)  Event #				\$74.00					

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (Provide Complete 1	Name as Registere	ed with Comr	nission)				TYPE OF REF	PORT		
Mckinney For Governor						October	October 10 Filing - Original			
R. Itemization of Reimbursements to Committee Workers and Consultants										
Last Name of Worker/Consultant First						e of Paym		I —	d of Payment  Check # 1008	
Russo	Robert				09,	/30/201	.3	Debit Card		
Secondary Payee USPS										
Street Address			City					State	Zip Code	
Fairfield MPO			Fairfield					СТ	06824	
Purpose of Expenditure Descript (by code) stamp									Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  X No			Expenditure # (if applicable)			Eve	nt#			
If yes, assign an Expenditure # and completes Itemization in								\$414.00		
						Total o	of Section R		\$1,725.64	
	IV. EXPE	NDITURI	ES (Sectuibs	N - S)						
NAME OF COMMITTEE (Provide Complete 1	Name as Registere	ed with Comr	mission)				TYPE OF REP	ORT		
Mckinney For Governor						October	10 Filing - Origina	I		
S.	Surplus Distrib	oution of Eq	quipment and I	Turniture	•					
Name of Recipient										
Street Address City						State Zip (		Zip Code		
Description of Item										
Total of Section S										