

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Shaban for Congress

ADDRESS (number and street)

P.O. Box 1201

Check if different than previously reported. (ACC)

Weston

CT

06883

2. FEC IDENTIFICATION NUMBER ▼

C C00550087

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

CT

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 2014

through

M M /

D D /

Y Y Y Y 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Jennifer Goetz

Signature of Treasurer Mrs. Jennifer Goetz

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Shaban for Congress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	23260.99	63971.73
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	23260.99	63971.73
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	15628.71	36472.43
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	290.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	15628.71	36182.43
8. Cash on Hand at Close of Reporting Period (from Line 27).....	30290.26	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	3925.29	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Shaban for Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17250.00	45367.74
(ii) Unitemized.....	6010.99	13603.99
(iii) TOTAL of contributions from individuals ▶	23260.99	58971.73
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	5000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	23260.99	63971.73
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	2500.00	2500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	2500.00	2500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	290.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.85	0.96
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	25761.84	66762.69

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15628.71	36472.43
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	15628.71	36472.43

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	20157.13
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	25761.84
25. SUBTOTAL (add Line 23 and Line 24).....	45918.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15628.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	30290.26

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3N

Transaction ID :

The Shaban for Congress Committee has 2 debts with a former employee of the campaign, Diane. J Generous, in the amounts of \$2120.00 and \$96.68 which the Committee disputes in their entirety. This disclosure is not an admission of liability.

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 28
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Shaban for Congress

A. Full Name (Last, First, Middle Initial)
Thomas Auray

Mailing Address 15 Flat Rock Road

City Easton State CT Zip Code 06612

FEC ID number of contributing federal political committee. **C**

Name of Employer Bridgeport Fittings, Inc Occupation Executive Vice President

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11AI.4554

Amount of Each Receipt this Period
 1500.00

1800.00

B. Full Name (Last, First, Middle Initial)
Thomas Auray

Mailing Address 15 Flat Rock Road

City Easton State CT Zip Code 06612

FEC ID number of contributing federal political committee. **C**

Name of Employer Bridgeport Fittings, Inc Occupation Executive Vice President

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11AI.4555

Amount of Each Receipt this Period
 500.00

2300.00

C. Full Name (Last, First, Middle Initial)
Mr. David J Boczar

Mailing Address 6 Newman Drive

City Easton State CT Zip Code 06612

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Wealth mgmt

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.4539

Amount of Each Receipt this Period
 100.00

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Shaban for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Elizabeth Anne Burgess

Mailing Address 110 Black Rock Turnpike

City Redding State CT Zip Code 06896

FEC ID number of contributing federal political committee. **C**

Name of Employer Altus Capital Occupation Private Equity

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 22 / 2014

Transaction ID : SA11AI.4529

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Christine Carnicelli

Mailing Address 22 Manor Road

City Ridgefield State CT Zip Code 06877

FEC ID number of contributing federal political committee. **C**

Name of Employer Northern Tier Energy Occupation VP, HR

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 21 / 2014

Transaction ID : SA11AI.4478

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Scott S. Centrella

Mailing Address 40 Old Stonewall Road

City Easton State CT Zip Code 06612

FEC ID number of contributing federal political committee. **C**

Name of Employer Diserio Martin Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 29 / 2014

Transaction ID : SA11AI.4462

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Shaban for Congress

A. Full Name (Last, First, Middle Initial)
Richard V. Cremin

Mailing Address 19 Heritage Drive

City Easton State CT Zip Code 06612-2241

FEC ID number of contributing federal political committee. **C**

Name of Employer Life is Good Occupation executive

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11AI.4556

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
William Cusick

Mailing Address 12 Canterbury Lane

City Easton State CT Zip Code 06612

FEC ID number of contributing federal political committee. **C**

Name of Employer SVMC Occupation doctor

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4579

Amount of Each Receipt this Period
 200.00

C. Full Name (Last, First, Middle Initial)
Thomas J. Doherty

Mailing Address 70 Deer Hill Road

City Redding State CT Zip Code 06896-2331

FEC ID number of contributing federal political committee. **C**

Name of Employer P&C Energy Trading, LLC Occupation oil broker

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2014

Transaction ID : SA11AI.4510

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Shaban for Congress

A. Full Name (Last, First, Middle Initial)
John Efinger

Mailing Address 80 Norton Road

City Easton State CT Zip Code 06612

FEC ID number of contributing federal political committee. **C**

Name of Employer MFP Occupation sales

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4561

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Robert L. Ferguson

Mailing Address 10 Hickory Lane

City Weston State CT Zip Code 06883

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11AI.4516

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Katherine C. Freeman

Mailing Address 110 Seventy Acre Road

City Redding State CT Zip Code 06896

FEC ID number of contributing federal political committee. **C**

Name of Employer Berry & Associates Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2014

Transaction ID : SA11AI.4499

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Shaban for Congress

A. Full Name (Last, First, Middle Initial)
Burton T. Fried

Mailing Address 149 Roseville Road

City Westport State CT Zip Code 06880-2615

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Management Consulting

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.4532

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
William T. Gardella

Mailing Address 30 Center Road

City Easton State CT Zip Code 06612-1306

FEC ID number of contributing federal political committee. **C**

Name of Employer Rex Marina & Cove Occupation owner

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.4546

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Sunhil Garga

Mailing Address 290 Judd Road

City Easton State CT Zip Code 06612

FEC ID number of contributing federal political committee. **C**

Name of Employer mphasize Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11AI.4552

Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Shaban for Congress

A. Full Name (Last, First, Middle Initial)
Melissa Gatto

Mailing Address 5 Fox Run Drive

City Easton State CT Zip Code 06612

FEC ID number of contributing federal political committee. **C**

Name of Employer Shoff Darby Companies Occupation Operations Director

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4571

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Jeffrey Gombos

Mailing Address 92 Burroughs Road

City Easton State CT Zip Code 06612

FEC ID number of contributing federal political committee. **C**

Name of Employer ICXpress, Inc. Occupation executive

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11AI.4559

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Barney Hughes

Mailing Address 18 English Drive

City Wilton State CT Zip Code 05897

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Design

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4575

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Shaban for Congress

A. Full Name (Last, First, Middle Initial)
Edward T. Kennedy

Mailing Address 222 East 41st Street

City State Zip Code
New York NY 10017-6739

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Jones Day lawyer

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4593

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Gino Malara

Mailing Address 7365 Lupine Street

City State Zip Code
Arvada CO 80007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Gondola Resorts, Inc CEO

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 13 / 2014

Transaction ID : SA11AI.4474

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dian Jennings Mayo

Mailing Address P.O. Box 53

City State Zip Code
Redding Ridge CT 06876-0053

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mayo Associates, Inc. President

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11AI.4522

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Shaban for Congress

Full Name (Last, First, Middle Initial) A. Gary H. Miyashiro		Date of Receipt M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 41 Sullivan Drive		Transaction ID : SA11AI.4419
City West Redding	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer retired	Occupation retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. John Pavia		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 311 Silver Hill Road		Transaction ID : SA11AI.4587
City Easton	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer FM Facility Maintenance	Occupation executive	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) C. Mr. Steven P. Rowland		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 185 Maple Rd		Transaction ID : SA11AI.4584
City Easton	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation architect	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Shaban for Congress

A. Full Name (Last, First, Middle Initial)
Alan Schachter

Mailing Address 8 Longmeadow Lane

City Redding State CT Zip Code 06896

FEC ID number of contributing federal political committee. **C**

Name of Employer Citrin Cooperman LLP Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 15 / 2014

Transaction ID : SA11AI.4448

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Robert D. Scinto

Mailing Address One Corporate Drive Suite 100

City Shelton State CT Zip Code 06484

FEC ID number of contributing federal political committee. **C**

Name of Employer RD Scinto, Inc. Occupation founder/CEO

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.4536

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
SDI Advisory Services

Mailing Address 680 Warner Hill Road

City Southport State CT Zip Code 06890-3024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA11AI.4421

Amount of Each Receipt this Period
250.00

Partnership - see attribution below

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Shaban for Congress

A. Full Name (Last, First, Middle Initial)
Chris Connelly

Mailing Address 680 Warner Hill Road

City Southport State CT Zip Code 06890-3024

FEC ID number of contributing federal political committee. **C**

Name of Employer SDI Advisory Services Occupation Real Estate Investor

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA11AI.4421.0

Amount of Each Receipt this Period
250.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Andrew Wainwright

Mailing Address 38 Van Renssalaer Ave

City Stamford State CT Zip Code 06902

FEC ID number of contributing federal political committee. **C**

Name of Employer Expeditors Intl. Occupation sales

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4570

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
James C. Wish

Mailing Address 3 3rd Street Apt. 2

City Norwalk State CT Zip Code 06855-2407

FEC ID number of contributing federal political committee. **C**

Name of Employer Head Rush Creative Occupation executive

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.4548

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

17250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 28
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Shaban for Congress

A. Full Name (Last, First, Middle Initial)
Mr. John T Shaban

Mailing Address 29 LedgeWood Drive

City Redding State CT Zip Code 06896

FEC ID number of contributing federal political committee. **C H4CT04114**

Name of Employer Whitman Breed & Abbott Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA13A.4631

Amount of Each Receipt this Period
 2500.00
 loan to campaign

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

2500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Shaban for Congress

Full Name (Last, First, Middle Initial) A. Absolute Access LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 44 Old Ridgefield Road Suite #216		Amount of Each Disbursement this Period 75.98
City Wilton State CT Zip Code 06897	Purpose of Disbursement Shaban for Congress - domain name purchase	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : SB17.4428
State: District:		

Full Name (Last, First, Middle Initial) B. Absolute Access LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 44 Old Ridgefield Road Suite #216		Amount of Each Disbursement this Period 397.50
City Wilton State CT Zip Code 06897	Purpose of Disbursement Monthly fee for administration/main. of SFC website	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : SB17.4429
State: District:		

Full Name (Last, First, Middle Initial) c. Absolute Access LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 44 Old Ridgefield Road Suite #216		Amount of Each Disbursement this Period 24.99
City Wilton State CT Zip Code 06897	Purpose of Disbursement Website - SSL Certificate	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : SB17.4430
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	498.47
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Shaban for Congress

Full Name (Last, First, Middle Initial) A. Absolute Access LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 44 Old Ridgefield Road Suite #216		Amount of Each Disbursement this Period 397.50 Transaction ID : SB17.4431
City Wilton State CT Zip Code 06897	Purpose of Disbursement Monthly fee for admin./maint. of SFC website	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) B. Absolute Access LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 44 Old Ridgefield Road Suite #216		Amount of Each Disbursement this Period 397.50 Transaction ID : SB17.4490
City Wilton State CT Zip Code 06897	Purpose of Disbursement Monthly fee for admin./maint. of SFC website	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) c. Absolute Access LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 44 Old Ridgefield Road Suite #216		Amount of Each Disbursement this Period 397.50 Transaction ID : SB17.4494
City Wilton State CT Zip Code 06897	Purpose of Disbursement Monthly fee for admin./maint. of SFC website	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1192.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Shaban for Congress

Full Name (Last, First, Middle Initial) A. Catalyst International, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 125 Evergreen Hill Road		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4605
City Fairfield	State CT	
Zip Code 06824	Purpose of Disbursement Contractual Services to SFC congressional campaign	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

Full Name (Last, First, Middle Initial) B. Catalyst International, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 125 Evergreen Hill Road		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4607
City Fairfield	State CT	
Zip Code 06824	Purpose of Disbursement Contractual services to SFC 2014 campaign	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

Full Name (Last, First, Middle Initial) c. Click & Pledge		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 12202 Airport Way Suite 100		Amount of Each Disbursement this Period 66.89 Transaction ID : SB17.4600
City Broomfield	State CO	
Zip Code 80021	Purpose of Disbursement Monthly/Transaction fees for C&P online cc service	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5066.89
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Shaban for Congress

A. Click & Pledge

Full Name (Last, First, Middle Initial)
Mailing Address 12202 Airport Way Suite 100
City Broomfield State CO Zip Code 80021
Purpose of Disbursement Monthly/Transaction fees for C&P online cc service
Candidate Name
Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) Convention
State: District:

Date of Disbursement
M M / D D / Y Y Y Y
02 / 28 / 2014

Amount of Each Disbursement this Period
42.33
Transaction ID : SB17.4602

Category/Type
001

B. Mrs. Diane J. Generous

Full Name (Last, First, Middle Initial)
Mailing Address 172 Pautipaug Hill Road
City Baltic State CT Zip Code 06330
Purpose of Disbursement Compensation for consulting/fundraising services
Candidate Name
Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) Convention
State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 15 / 2014

Amount of Each Disbursement this Period
2500.00
Transaction ID : SB17.4491

Category/Type

c. Mrs. Diane J. Generous

Full Name (Last, First, Middle Initial)
Mailing Address 172 Pautipaug Hill Road
City Baltic State CT Zip Code 06330
Purpose of Disbursement Compensation for Consulting/Fundraising Services
Candidate Name
Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) Convention
State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 31 / 2014

Amount of Each Disbursement this Period
2500.00
Transaction ID : SB17.4492

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 5042.33

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Shaban for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Diane J. Generous		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address 172 Pautipaug Hill Road		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4493
City Baltic	State CT	
Purpose of Disbursement Compensation for Fundraising/Consulting Services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Mrs. Jennifer Goetz		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 24 Thorp Drive		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.4426
City Weston	State CT	
Purpose of Disbursement Monthly fee for SFC PayPal account		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) c. Mrs. Jennifer Goetz		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 24 Thorp Drive		Amount of Each Disbursement this Period 29.95 Transaction ID : SB17.4427
City Weston	State CT	
Purpose of Disbursement Purchase of 'swiper' from Click & Pledge for mobile processing		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional)	2559.95
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Shaban for Congress

Full Name (Last, First, Middle Initial) A. Northeast Printing Network, LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 135 Sebeth Drive STE 8		Amount of Each Disbursement this Period 316.05 Transaction ID : SB17.4495
City Cromwell	State CT	
Zip Code 06416	Purpose of Disbursement Postage for SFC Mailer	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

Full Name (Last, First, Middle Initial) B. Dave Skowronski		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 11 Oakview Road		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.4603
City Sandy Hook	State CT	
Zip Code 06482	Purpose of Disbursement Video Shoot & Edit	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

Full Name (Last, First, Middle Initial) c. Taylored Business Solutions		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address P.O. Box 276		Amount of Each Disbursement this Period 120.52 Transaction ID : SB17.4601
City Georgetown	State CT	
Zip Code 06829	Purpose of Disbursement SFC trifold brochures	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1136.57
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 28			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Shaban for Congress

Full Name (Last, First, Middle Initial) A. Taylored Business Solutions			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address P.O. Box 276			Amount of Each Disbursement this Period 102.00	
City Georgetown	State CT	Zip Code 06829	Transaction ID : SB17.4609	
Purpose of Disbursement SFC trifold brochures		Category/ Type 004		
Candidate Name		Disbursement For: 2014		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State:	District:			

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name		Disbursement For:		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name		Disbursement For:		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	15598.71

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Shaban for Congress

Transaction ID : **SC/10.4631**

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Mr. John T Shaban

Primary

General

Other (specify) ▼

Convention

Mailing Address

29 Ledgewood Drive

City

State

ZIP Code

Redding

CT

06896

Original Amount of Loan

2500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2500.00

TERMS

Date Incurred

M 03 / D 31 / Y 2014 Y

Date Due

M M / D D / Y upon request Y Y Y Y

Interest Rate

0.00 % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

2500.00

TOTALS This Period (last page in this line only)..... ▶

2500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Shaban for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Absolute Access LLC		Nature of Debt (Purpose): Shaban for Congress - domain name purchase
Mailing Address 44 Old Ridgefield Road Suite #216		
City	State	Zip Code
Wilton	CT	06897

Outstanding Balance Beginning This Period	Transaction ID : SD10.4373	
<input type="text" value="75.98"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="75.98"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Absolute Access LLC		Nature of Debt (Purpose): Monthly fee for administration/maintenance of SFC website
Mailing Address 44 Old Ridgefield Road Suite #216		
City	State	Zip Code
Wilton	CT	06897

Outstanding Balance Beginning This Period	Transaction ID : SD10.4370	
<input type="text" value="397.50"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="397.50"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Absolute Access LLC		Nature of Debt (Purpose): Website - SSL certificate
Mailing Address 44 Old Ridgefield Road Suite #216		
City	State	Zip Code
Wilton	CT	06897

Outstanding Balance Beginning This Period	Transaction ID : SD10.4374	
<input type="text" value="24.99"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="24.99"/>	<input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="0.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Shaban for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Absolute Access LLC	Nature of Debt (Purpose): Monthly Fee for administration/maintenance of SFC website
Mailing Address 44 Old Ridgefield Road Suite #216	
City State Zip Code Wilton CT 06897	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">397.50</div>	Transaction ID : SD10.4372
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">397.50</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Absolute Access LLC	Nature of Debt (Purpose): Monthly fee for admin./maint. of SFC website
Mailing Address 44 Old Ridgefield Road Suite #216	
City State Zip Code Wilton CT 06897	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">397.50</div>	Transaction ID : SD10.4486
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">397.50</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Absolute Access LLC	Nature of Debt (Purpose): Monthly fee for admin/maint. of SFC website
Mailing Address 44 Old Ridgefield Road Suite #216	
City State Zip Code Wilton CT 06897	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	Transaction ID : SD10.4612
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">397.50</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">397.50</div>	

1) SUBTOTALS This Period This Page (optional) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">397.50</div>
2) TOTALS This Period (last page this line number only) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 27 OF 28
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Shaban for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Absolute Access LLC	Nature of Debt (Purpose): Monthly fee for admin./maint. of SFC website
Mailing Address 44 Old Ridgefield Road Suite #216	
City State Zip Code Wilton CT 06897	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.4613	
Amount Incurred This Period <input type="text" value="397.50"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="397.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mrs. Jennifer Goetz	Nature of Debt (Purpose): Monthly Fee for SFC PayPal account
Mailing Address 24 Thorp Drive	
City State Zip Code Weston CT 06883	

Outstanding Balance Beginning This Period <input type="text" value="30.00"/>	Transaction ID : SD10.4371	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="30.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mrs. Jennifer Goetz	Nature of Debt (Purpose): Monthly Fee - SFC PayPal account
Mailing Address 24 Thorp Drive	
City State Zip Code Weston CT 06883	

Outstanding Balance Beginning This Period <input type="text" value="30.00"/>	Transaction ID : SD10.4375	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="30.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="397.50"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value=""/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 28 OF 28
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Shaban for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mrs. Jennifer Goetz	Nature of Debt (Purpose): Purchase of 'Swiper' from Click & Pledge for mobile processing
Mailing Address 24 Thorp Drive	
City State Zip Code Weston CT 06883	

Outstanding Balance Beginning This Period 29.95	Transaction ID : SD10.4376	
Amount Incurred This Period 0.00	Payment This Period 29.95	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mrs. Jennifer Goetz	Nature of Debt (Purpose): UPS Postage for overnight
Mailing Address 24 Thorp Drive	
City State Zip Code Weston CT 06883	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4610	
Amount Incurred This Period 24.79	Payment This Period 0.00	Outstanding Balance at Close of This Period 24.79

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Northeast Printing Network, LLC	Nature of Debt (Purpose): Mailer/Envelopes/Processing
Mailing Address 135 Sebethe Drive STE 8	
City State Zip Code Cromwell CT 06416	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4611	
Amount Incurred This Period 605.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 605.50

1) SUBTOTALS This Period This Page (optional)	630.29
2) TOTALS This Period (last page this line number only)	1425.29
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	2500.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	3925.29