

**SEEC FORM 20**

**Itemized Campaign Finance Disclosure Statement**  
**CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**  
 Rev. 1/08

FILED SEEC

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**SUMMARY PAGE**  
**TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
	COLUMN A This Period	COLUMN B Aggregate
East Haven Republican Town Committee		
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other committees		\$185.00
12. Balance on hand at the beginning of Reporting Period	\$934.94	
13. Contributions received from Individuals (Sections A and B)	\$500.00	\$4,505.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$760.00
15. Other Monetary Receipts (Sections D-K)	\$0.00	\$0.00
16a. Total Small Food and Beverage Receipts at Fair (Section L1) <i>Town Committees ONLY</i>	\$0.00	\$0.00
16b. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section L2)	\$0.00	\$0.00
16c. Total Purchases of Advertising in a Program Book (Section L3) <i>Municipal and Town Committees ONLY</i>	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$0.00	\$4,260.00
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$1,434.94	\$6,727.26
19. Expenses Paid by Committee (Section P)	\$1,079.98	\$5,405.88
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	\$454.96	\$454.96
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O)	\$0.00	\$0.00
25. Beginning Loan Balance	\$0.00	\$0.00
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	\$0.00
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

**I. MONETARY RECEIPTS (Sections A-K)**

<b>NAME OF COMMITTEE</b>	<b>FILING DUE DATE</b>
East Haven Republican Town Committee	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	<b>Subtotal Section A</b> \$ 0.00

**B. Itemized Contributions from Individuals**

Last Name <b>Foley</b>	First <b>Tom</b>	MI	Principal Occupation <b>Business Executive</b>	<b>Amount of Contribution</b>
Residential Street Address <b>62Khakum Wood Road</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831</b>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received <b>10/21/2009</b>	Aggregate contributions <b>\$500.00</b>
				<b>\$500.00</b>

Last Name	First	MI	Principal Occupation	<b>Amount of Contribution</b>
Residential Street Address	City	State <b>CT</b>	Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received	Aggregate contributions <b>\$0.00</b>
				<b>\$0.00</b>

Last Name	First	MI	Principal Occupation	<b>Amount of Contribution</b>
Residential Street Address	City	State <b>CT</b>	Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received	Aggregate contributions <b>\$0.00</b>
				<b>\$0.00</b>

Last Name	First	MI	Principal Occupation	<b>Amount of Contribution</b>
Residential Street Address	City	State <b>CT</b>	Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received	Aggregate contributions <b>\$0.00</b>
				<b>\$0.00</b>

<b>SUBTOTAL Section B-This Page</b>				<b>\$500.00</b>
<b>TOTAL of additional Section B Pages</b>				<b>\$0.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 13 of Summary Page)</b>				<b>\$500.00</b>

**IV. EXPENDITURES**

<b>NAME OF COMMITTEE</b> East Haven Republican Town Committee	<b>FILING DUE DATE</b>
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**P. Expenses Paid by Committee**

Name of Payee <b>Shoreline Publishing</b>				Date of Payment 10/21/2009	Method of Payment <input checked="" type="checkbox"/> Check # <u>1767</u> <input type="checkbox"/> Debit Card	<b>Amount</b>
Street Address 258 Main Street	City Madison	State CT	Zip Code			
Purpose of Expenditure (by code) A-News	Description Full Page Color Ad EH Courier			Event #		
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 852.98

Name of Payee <b>Pat Romano</b>				Date of Payment 11/19/2009	Method of Payment <input checked="" type="checkbox"/> Check # <u>1768</u> <input type="checkbox"/> Debit Card	<b>Amount</b>
Street Address 21 Jamaica Court	City East Haven	State CT	Zip Code 06512			
Purpose of Expenditure (by code) Food	Description Reimburse Food for Rally			Event #		
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 227.00

Name of Payee				Date of Payment	Method of Payment <input checked="" type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	<b>Amount</b>
Street Address	City	State	Zip Code			
Purpose of Expenditure (by code)	Description			Event #		
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$

Name of Payee				Date of Payment	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	<b>Amount</b>
Street Address	City	State	Zip Code			
Purpose of Expenditure (by code)	Description			Event #		
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 0.00

Name of Payee				Date of Payment	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	<b>Amount</b>
Street Address	City	State	Zip Code			
Purpose of Expenditure (by code)	Description			Event #		
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 0.00

<b>SUBTOTAL Section P-This Page</b>						\$1,079.98
<b>TOTAL of additional Section P Pages</b>						\$0.00
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)</b>						\$1,079.98

**IV. EXPENDITURES**

<b>NAME OF COMMITTEE</b>	<b>FILING DUE DATE</b>
East Haven Republican Town Committee	

**T. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant <b>Romano</b>	First <b>Pat</b>	MI	Date of Payment <b>11/19/2009</b>	Method of Payment	<b>Amount</b>
Secondary Payee <b>Costco</b>			Purpose of Expenditure (by code) <b>food</b>	<input checked="" type="checkbox"/> Check # <b>1768</b> <input type="checkbox"/> Debit Card	
Street Address <b>Boston Post Road</b>		City <b>Milford</b>	State <b>CT</b>	Zip Code	
Description <b>Hot dogs and buns for Rally</b>					
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see Instructions) <b><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E</b>		Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
					<b>\$ \$227.00</b>

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	<b>Amount</b>
Secondary Payee			Purpose of Expenditure (by code)	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State <b>CT</b>	Zip Code	
Description					
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see Instructions) <b><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E</b>		Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
					<b>\$ \$0.00</b>

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	<b>Amount</b>
Secondary Payee			Purpose of Expenditure (by code)	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State <b>CT</b>	Zip Code	
Description					
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see Instructions) <b><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E</b>		Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
					<b>\$ \$0.00</b>

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	<b>Amount</b>
Secondary Payee			Purpose of Expenditure (by code)	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	
Description					
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see Instructions) <b><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E</b>		Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
					<b>\$ \$0.00</b>

<b>SUBTOTAL Section T-This Page</b>					<b>\$227.00</b>
<b>TOTAL of additional Section T Pages</b>					<b>\$0.00</b>
<b>TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS</b>					<b>\$227.00</b>

EAST HAVEN Republican Town Committee  
c/o AL DESORBO TREASURER  
494 Silver Sands Rd  
EAST HAVEN, CT 06512

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06512  
JAN 09, 11  
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\$5.7

State Elections Enforcement Division  
30 TRINITY ST.  
HARTFORD, CT. 06106

attn: Reporting Division

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