

# SEEC FORM 20

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



121377

**FILED SEEC**  
Do Not Mark in This Space For Official Use Only

## COVER PAGE

<b>1. COMMITTEE NAME</b>			
EAST HAVEN REPUBLICAN TOWN COMMITTEE			
<b>2. TREASURER NAME</b>			
First SANTATORE	MI R	Last MALTESE	Suffix
<b>3. TREASURER ADDRESS</b>			
Street Address 11 HOLLAD ROAD	City EAST HAVEN	State CT	Zip Code 06512-4206
<b>4. ELECTION/REFERENDUM DATE</b> <small>(mm/dd/yyyy)</small>	<b>5. OFFICE SOUGHT</b> <small>(Complete only if Candidate Committee)</small>		<b>6. DISTRICT NUMBER</b> <small>(if applicable)</small>
<b>7. CANDIDATE NAME</b> <small>(Complete only if Candidate or Expenditure Committee)</small>			
First	MI	Last	Suffix
<b>8. TYPE OF REPORT</b> <small>(Check One Box)</small>			
<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement <small>(PACs ONLY)</small>
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to
<input checked="" type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report: _____
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election <small>(State Central Committees Only)</small>	<input type="checkbox"/> Termination	
<input type="checkbox"/> Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="checkbox"/> 45 days following election not held in November		
<b>9. PERIOD COVERED</b>			
Beginning Date		Ending Date	
04-01-2012		thru 06-30-2012	
<b>10. CERTIFICATION</b>			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		SALVATORE R. MALTESE PRINT NAME OF SIGNER	07-06-2012 DATE (mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.			

**SEEC FORM 20**

**Itemized Campaign Finance Disclosure Statement**  
**CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**  
 Revised January 2012

**SUMMARY PAGE TOTALS**

<i>EAST HAVEN REPUBLICAN TOWN COMMITTEE</i>	<i>APRIL 1 2012 - JUNE 30 2012</i>	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		2303.14
12. Balance on hand at the beginning of Reporting Period	2303.14	
13. Contributions Received from Individuals (Sections A and B)	13900.00	13900.00
14. Receipts from Other Committees (Sections C1 and C2)	-0-	-0-
15. Other Monetary Receipts (Sections D through K)	8120.00	8120.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	-0-	-0-
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) <i>Municipal and Town Committees ONLY</i>	6550.00	6550.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	28570.00	28570.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	30873.14	30873.14
19. Expenses Paid by Committee (Section P)	18653.98	18653.98
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	12219.16	12219.16
21. In-Kind Donations not Considered Contributions Received (Section L4)	-0-	-0-
22. In-Kind Contributions Received (Section M)	-0-	-0-
23. Refundable Deposit to Telephone Company (Section N)	-0-	-0-
24. Receipts of Organization Expenditures (Section O) <i>OPTIONAL</i>	-0-	-0-
25. Beginning Loan Balance	-0-	
25a. + Loans Received (Section D)	-0-	-0-
25b. + Interest and Penalties on Loan	-0-	-0-
25c. - Payments on Loan	-0-	-0-
25d. Total Outstanding Loan Amount	-0-	
26. Campaign Expenses Paid by Candidate (Section Q)	-0-	-0-
27. Expenses Incurred on Committee Credit Card (Section R)	-0-	-0-
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	-0-	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	-0-	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <b>EAST HALEN REPUBLICAN TOWN COMMITTEE</b>		TYPE OF REPORT <b>APRIL 1, 2012 - JUNE 30 2012</b>	
A. Total Contributions from Small Contributors Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A <b>\$ 0.00</b>	
<b>B. Itemized Contributions from Individuals</b>			
Last Name <b>DI CARRO</b>		First <b>RAHPH</b>	MI <b>J</b>
Residential Street Address <b>5 HANSFIELD GROVE RD #344</b>		City <b>EAST HALEN</b>	State Zip Code <b>CT 06514</b>
Principal Occupation <b>SELF</b>		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>05-19-2012A</b>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received <b>05-19-2012</b>	Aggregate Contributions <b>200.00</b>	<b>200.00</b>
Last Name <b>COX</b>		First <b>MAJON</b>	MI <b>1</b>
Residential Street Address <b>160 LONGAL AVENUE</b>		City <b>EAST HALEN</b>	State Zip Code <b>CT 06512</b>
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>05-19-2012A</b>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received <b>05-19-2012</b>	Aggregate Contributions <b>900.00</b>	<b>900.00</b>
Last Name <b>DESARBO</b>		First <b>ARTHUR</b>	MI <b>L</b>
Residential Street Address <b>494 SILVERSAID ROAD</b>		City <b>EAST HALEN</b>	State Zip Code <b>CT 06512</b>
Principal Occupation <b>ADMINISTRATOR</b>		Name of Employer <b>TOWN OF EHALEN</b>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>05-19-2012A</b>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received <b>05-19-2012</b>	Aggregate Contributions <b>400.00</b>	<b>400.00</b>
SUBTOTAL SECTION B THIS PAGE		<b>1500.00</b>	
TOTAL OF ALL CONTRIBUTIONS FROM DONORS (Sections A—B)			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		PERIOD REPORT	
EAST HAVEN REPUBLICAN TOWN COMMITTEE		APRIL 1 2012 - JUNE 30 2012	
A. Total Contributions from Small Contributors Received this Period ONLY <small>(See instructions for definition of Small Contributor)</small>		SUBTOTAL SECTION A	
		\$ 0.00.	
B. Itemized Contributions from Individuals			
Last Name		First	MI
PARI		A-J	
Residential Street Address		City	State Zip Code
39 HARRISON DRIVE		HARTFORD	CT 06514
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 05-19-2012A	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="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of Contribution:	Date Received	Aggregate Contributions	Amount of Contribution
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	05-19-2012	300.00	300.00
Last Name		First	MI
MILBROOK		R	L
Residential Street Address		City	State Zip Code
735 POST ROAD EAST		WESTPORT	CT 06880
Principal Occupation		Name of Employer	
RESTATE - SELF			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 05-19-2012A	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="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of Contribution:	Date Received	Aggregate Contributions	Amount of Contribution
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	05-19-2012	100.00	100.00
Last Name		First	MI
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>	<input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of Contribution:	Date Received	Aggregate Contributions	Amount of Contribution
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
SUBTOTAL SECTION B - This Page			400.00
TOTAL of individual System B Page			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS RECEIVED THIS PERIOD ONLY <small>(See instructions for definition of Small Contributor)</small>			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		PERIOD OF REPORT	
EAST HAVEN REPUBLICAN TOWN COMMITTEE		APRIL 1 2011 - JUNE 30 2011	
A. Total Contributions from Small Contributors Received during Period Only <i>(See instructions for definition of Small Contributor)</i>		\$ 0.00	
B. Itemized Contributions from Individuals			
Last Name FINKLE		First JOHN	
Residential Street Address ANGELA DRIVE		City EAST HAVEN	
Principal Occupation SELF		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012 A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05-19-2012	Aggregate Contributions 100.00
Last Name FINKLE		First CATHY	
Residential Street Address ANGELA DRIVE		City EAST HAVEN	
Principal Occupation SELF		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012 A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05-19-2012	Aggregate Contributions 100.00
Last Name PARETE		First ROBERT	
Residential Street Address 7 FARM RIVER ROAD		City EAST HAVEN	
Principal Occupation SELF		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012 A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05-19-2012	Aggregate Contributions 100.00
		300.00	
		13600.00	
TOTAL OF ALL CONTRIBUTIONS (NOVEMBER 2010 THROUGH JUNE 2011)		13900.00	

I. MONETARY RECEIPTS (Sections A—K)

<b>NAME OF COMMITTEE</b> EAST HAVEN REPUBLICAN TOWN COMMITTEE	<b>PERIOD OF REPORT</b> APRIL 2011-JUNE 30 2011
<b>A. Total Contributions from Small Contributors (Receipts of \$100 or less)</b>	\$ 0.00

**B. Itemized Contributions from Individuals**

<b>Last Name</b> PARENTE		<b>First</b> LINDA		<b>MI</b>	
<b>Residential Street Address</b> 7 FARM RIVER ROAD		<b>City</b> EAST HAVEN		<b>State</b> CT	<b>Zip Code</b> 06512
<b>Principal Occupation</b> SELF			<b>Name of Employer</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
<b>Method of Contribution:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			<b>Date Received</b> 05-19-2011	<b>Aggregate Contributions</b> 100.00	<b>Amount of Contribution</b> 100.00

<b>Last Name</b> LICATA		<b>First</b> CHARLES		<b>MI</b>	
<b>Residential Street Address</b>		<b>City</b> DRAKTON		<b>State</b> CT	<b>Zip Code</b> 06405
<b>Principal Occupation</b> FIREFIGHTER - ASST FIRE CHIEF			<b>Name of Employer</b> TOWN OF EAST HAVEN		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
<b>Method of Contribution:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			<b>Date Received</b> 05-19-2012	<b>Aggregate Contributions</b> 100.00	<b>Amount of Contribution</b> 100.00

<b>Last Name</b> JACKSON		<b>First</b> DOUGLAS		<b>MI</b>	
<b>Residential Street Address</b> 48 ACETO		<b>City</b> DRAKTON		<b>State</b> CT	<b>Zip Code</b> 06405
<b>Principal Occupation</b> FIRE DEPT CHIEF			<b>Name of Employer</b> TOWN OF EAST HAVEN		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
<b>Method of Contribution:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			<b>Date Received</b> 05-19-2012	<b>Aggregate Contributions</b> 100.00	<b>Amount of Contribution</b> 100.00

<b>NAME OF COMMITTEE</b>	<b>PERIOD OF REPORT</b>
<b>Amount of Contribution</b> 300.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
EAST HAVEN REUNION TOWN COMMITTEE		APRIL 1 2012 - JUNE 30 2012	
A. Total Contributions from Small Contributors Received in Period ONLY <i>(Do not include contributions from individuals)</i>		\$ 0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
MATEI		GEORGE	
Residential Street Address		City	
Principal Occupation		Name of Employer	
SELF			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
		05-19-2012	100.00
Last Name		First	
MATEI		CAROL	
Residential Street Address		City	
Principal Occupation		Name of Employer	
RETIRED			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
		05-19-2012	100.00
Last Name		First	
JOHNSON		BUSTER	
Residential Street Address		City	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
		05-19-2012	100.00
		300.00	

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

NAME OF COMMITTEE		PERIOD REPORT	
EAST HALEY REPUBLICAN TOWN COMMITTEE		APRIL 1 2014 - JUNE 30 2014	
A. Total Contributions from Small Contributors Received during Reporting Period <i>(Contributions from individuals and companies with annual gross income less than \$100,000)</i>		\$ 0.00	
<b>B. Member Contributions from Individuals</b>			
Last Name		First	
JOHNSON		BUSTER	
Residential Street Address		City	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 05-19-2014	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05-19-2014	100.00
Last Name		First	
ARGENTO		MICHAEL	
Residential Street Address		City	
726 WOODWARD AVENUE		NEW HALEY	
Principal Occupation		Name of Employer	
RETIRED			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 05-19-2012	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05-19-2012	100.00
Last Name		First	
ARPINO		VINCENT	
Residential Street Address		City	
33 HARTMAN AVENUE		EAST HALEY	
Principal Occupation		Name of Employer	
SELF			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 05-19-2012	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05-19-2012	100.00
		300.00	

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

NAME OF COMMITTEE		DATE OF REPORT	
EAST HAVEN REPUBLICAN TOWN COMMITTEE		APRIL 1, 2011 - JUNE 30, 2011	
A. Total Contributions from Small Contributors Received during Period (Do Not Report Contributions from Individuals)		\$ 0.00	
B. Itemized Contributions from Individuals			
Last Name AZZOLINA		First MARK	MI
Residential Street Address 77 ANDOR ROAD		City EAST HAVEN	State CT
Principal Occupation SELF		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 05-19-2012	Aggregate Contributions 200.00	200.00
Last Name BARBER		First JAMES	MI R
Residential Street Address 429 COSEA BEACH AVE EXT		City EAST HAVEN	State CT
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 05-19-2012	Aggregate Contributions 200.00	200.00
Last Name BRAIDT		First MICHAEL	MI
Residential Street Address 25 CELLA TERRACE		City NORTH HAVEN	State CT
Principal Occupation PROBATE JUDGE		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 05-19-2012	Aggregate Contributions 200.00	200.00
		600.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		DATE OF REPORT	
EAST HAVEN REPUBLICAN TOWN COMMITTEE		APRIL 12 2011 - JUNE 30 2011	
A. Total Contributions from Small Contributors Received During Period (Not to be included in contribution of small contributors)		\$ 0.00	
B. General Contributions from Individuals			
Last Name		First	MI
CAPPELLOJI		FRANK	
Residential Street Address		City	State Zip Code
122 ALLISON WAY		EAST HAVEN	CT 06512
Principal Occupation		Name of Employer	
RETIRED			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 05-19-2012A		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05-19-2012	100.00
			100.00
Last Name		First	MI
CARBO		PAUL	L
Residential Street Address		City	State Zip Code
10 NICHOLAS DRIVE		EAST HAVEN	CT 06512
Principal Occupation		Name of Employer	
SELF			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 05-19-2012A		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05-19-2012	200.00
			200.00
Last Name		First	MI
CARBOLE		ELIZABETH	A
Residential Street Address		City	State Zip Code
529A WOODWARD AVENUE		NEW HAVEN	CT 06512
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 05-19-2012A		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05-19-2012	100.00
			100.00
			400.00
TOTAL OF ALL CONTRIBUTIONS RECEIVED DURING PERIOD (SECTION A + B)			
TOTAL OF ALL CONTRIBUTIONS RECEIVED DURING PERIOD (SECTION A + B)			

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

NAME OF COMMITTEE		PERIOD FOR WHICH RECEIPTS ARE REPORTED	
EAST HAVEN REPUBLICAN TOWN COMMITTEE		APRIL 1 2014 - JUNE 30 2014	
A. Total Contributions from Small Contributors Received During Period (Section 5410)			\$ 0.00
B. Itemized Contributions from Individuals			
Last Name		First	MI
CESARE		MARYALE	
Residential Street Address		City	State Zip Code
8 FELICIA DRIVE		EAST HAVEN	CT 06513
Principal Occupation		Name of Employer	
SCHOOL TEACHER		EAST HAVEN BOARD OF ED	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 05-19-2014		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05-19-2012	100.00
			100.00
Last Name		First	MI
CIANELLI		JANET	A
Residential Street Address		City	State Zip Code
310 SHORT BEACH ROAD		EAST HAVEN	CT 06512
Principal Occupation		Name of Employer	
R/E AGENT		SELF	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 05-19-2014		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05-19-2014	200.00
			200.00
Last Name		First	MI
CIANELLI		PETER	T
Residential Street Address		City	State Zip Code
310 SHORT BEACH ROAD		EAST HAVEN	CT 06512
Principal Occupation		Name of Employer	
RETIRED			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 05-19-2014		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05-19-2014	200.00
			200.00
			500.00
TOTAL OF ALL CONTRIBUTIONS REPORTED ON THIS SECTION			



I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE	DATE OF REPORT
EAST HALE REPUBLICAN TOWN COMMITTEE	APRIL 1 2014 - JUNE 30 2014

A. Total Contributions from Small Contributors Received in this Period (Do not include contributions from individuals)	\$ 0.00
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B. Itemized Contributions from Individuals

Last Name	First	MI
DENUZZO	RODARD	A

Residential Street Address	City	State	Zip Code
9 DRAHAGEN DRIVE	EAST HALEN	CT	06513

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
--	--	--	--	------------------------

Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
05-19-2014		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	

Method of Contribution:	Date Received	Aggregate Contributions	Amount of Contribution
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	05-19-2014	200.00	200.00

Last Name	First	MI
DESORBO	ANN-LOUISE	

Residential Street Address	City	State	Zip Code
494 SILVER SANDS ROAD	EAST HALEN	CT	06512

Principal Occupation	Name of Employer
	SO of CT

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
--	--	--	--	------------------------

Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
05-19-2014		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	

Method of Contribution:	Date Received	Aggregate Contributions	Amount of Contribution
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	05-19-2012	400.00	400.00

Last Name	First	MI
DILUNGO	JOSEPHINE	

Residential Street Address	City	State	Zip Code
66 ALLISON WAY	EAST HALEN	CT	06512

Principal Occupation	Name of Employer
RETIRED	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
--	--	--	--	------------------------

Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
05-19-2014		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	

Method of Contribution:	Date Received	Aggregate Contributions	Amount of Contribution
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	05-19-2012	300.00	300.00

SUBTOTAL			900.00
TOTAL OF CONTRIBUTIONS FROM ALL SECTIONS			
TOTAL OF THE CONTRIBUTIONS FROM ALL SECTIONS			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
EAST HAVEN REPUBLICAN TOWN COMMITTEE		APRIL 1 2012 - JUNE 30 2012	
A. Total Contributions from Small Contributors Received This Period ONLY <i>(See instructions for definition of Small Contributor)</i>			\$ 0.00
B. Totalized Contributions from Individuals			
Last Name DORNFELD		First WILLIAM	MI R
Residential Street Address 23 BIRCH ROAD		City BRANFORD	State Zip Code CT 06405
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-YONA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 05-19-2012	Aggregate Contributions 100.00	100.00
Last Name ENDERS		First MICHAEL	MI B
Residential Street Address 23 OREGON AVENUE		City EAST HAVEN	State Zip Code CT 06512
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-Y61YA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 05-19-2012	Aggregate Contributions 200.00	200.00
Last Name FARRELL		First JAMES	MI N
Residential Street Address 7 ERICO DRIVE		City EAST HAVEN	State Zip Code CT 06512
Principal Occupation BANKING - CR UNION		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 05-19-2012	Aggregate Contributions 100.00	100.00
			400.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF CONTRIBUTOR		DATE OF REPORT	
EAST HAVEN REPUBLICAN TOWN COMMITTEE		APRIL 1 2011 - JUNE 30 2011	
A. Total Contributions from Small Contributors Received this Period Only		\$ 0.00	
B. Reimburse Contributions from Individuals			
Last Name		First	MI
FRANCO		LEONARD	L
Residential Street Address		City	State Zip Code
7 RAJCE COURT		NO HAVEN	CT 06473
Principal Occupation		Name of Employer	
RETIRED			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05-19-2012	200.00
			200.00
Last Name		First	MI
GENTILESCO JR		FRANK	
Residential Street Address		City	State Zip Code
195 CONTRAS HILL DRIVE		WEST HAVEN	CT 06516
Principal Occupation		Name of Employer	
ADMINISTRATIVE		E HAVEN TOWN	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05-19-2012	200.00
			200.00
Last Name		First	MI
GRAVILLO		HANK	A
Residential Street Address		City	State Zip Code
P.O. BOX 110597		EAST HAVEN	CT 06512
Principal Occupation		Name of Employer	
SELF			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05-19-2012	200.00
			200.00
			600.00

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

NAME OF COMMITTEE		DATE OF REPORT	
EAST HALEY REPUBLICAN TOWN COMMITTEE		APRIL 1 2012 - JUNE 30 2012	
A. Total Contributions from Small Contributors Received during Period of Reporting		\$ 0.00	
B. Itemized Contributions from Individuals			
Last Name HENNESSEY		First THOMAS	MI S
Residential Street Address 34 COLUMBUS AVENUE		City EAST HALEY	State Zip Code CT 06512
Principal Occupation SELF		Name of Employer FORBES FUEL	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012 A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 05-19-2012	Aggregate Contributions 200.00	200.00
Last Name JAFFE		First LORNA	MI S
Residential Street Address P.O. BOX 287		City MADISON	State Zip Code CT 06443
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012 A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 05-19-2012	Aggregate Contributions 100.00	100.00
Last Name KOHB JR		First FRANK	MI J
Residential Street Address 8 ERICO DRIVE		City EAST HALEY	State Zip Code CT 06512
Principal Occupation ATTORNEY - SELF		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012 A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 05-19-2012	Aggregate Contributions 200.00	200.00
			500.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <b>EAST HAVEN REPUBLICAN TOWN COMMITTEE</b>		PERIOD REPORT <b>APRIL 1 2011 - JUNE 30 2011</b>	
A. Total Contributions from Small Contributors Received this Period <i>(See Instructions for definition of Small Contributor)</i>		\$ <b>0.00</b>	

B. Itemized Contributions from Individuals

Last Name <b>KRASENIC</b>		First <b>LOUIS</b>		MI <b>J</b>
Residential Street Address <b>233 HANFIELD GROVE RD - 40</b>		City <b>EAST HAVEN</b>		State <b>CT</b> Zip Code <b>06512</b>
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>05-19-2011A</b>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input checked="" type="checkbox"/> Money Order		Date Received <b>05-19-2011</b>	Aggregate Contributions <b>200.00</b>	<b>200.00</b>

Last Name <b>LEONARDI</b>		First <b>PETER</b>		MI <b>G</b>
Residential Street Address <b>2 SOUTH STREET</b>		City <b>EAST HAVEN</b>		State <b>CT</b> Zip Code <b>06512</b>
Principal Occupation <b>RETIRED</b>		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>05-19-2011A</b>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>05-19-2011</b>	Aggregate Contributions <b>200.00</b>	<b>200.00</b>

Last Name <b>MARTESE</b>		First <b>SANATORE</b>		MI <b>R</b>
Residential Street Address <b>11 HOLLAND ROAD</b>		City <b>EAST HAVEN</b>		State <b>CT</b> Zip Code <b>06512</b>
Principal Occupation <b>SELF</b>		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>05-19-2011A</b>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>05-19-2011</b>	Aggregate Contributions <b>200.00</b>	<b>200.00</b>

TOTAL OF THIS CONTRIBUTIONS FROM INDIVIDUALS IN SECTION B			<b>600.00</b>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS IN SECTIONS A AND B			

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

<b>NAME OF COMMITTEE</b>		<b>PERIOD COVERED</b>	
EAST HALEN REPUBLICAN TOWN COMMITTEE		APRIL 1 2011 - JUNE 30 2011	
<b>A. Total Contributions from Small Contributors Received During Period (Only Contributions from Individuals)</b>		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name MARTORELLA		First ARTHUR	
Residential Street Address 42 SADDLE HILL DR		City GUILFORD	State CT
Principal Occupation RETIRED		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2011A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05-19-2011	Aggregate Contributions 200.00
Last Name MAZZUCCO		First BENJAMIN	
Residential Street Address P.O. BOX 120604		City EAST HALEN	State CT
Principal Occupation STATE MARSHAL		Name of Employer ST OF CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2011A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05-19-2011	Aggregate Contributions 100.00
Last Name McKAY		First KENNETH	
Residential Street Address 59 SIDNEY STREET		City EAST HALEN	State CT
Principal Occupation SALES		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2011A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05-19-2012	Aggregate Contributions 100.00
		400.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
EAST HAVEN REPUBLICAN TOWN COMMITTEE		APRIL 1 2012 - JUNE 30 2012	
A. Total Contributions from Small Contributors Received This Period ONLY <i>(See Instructions for Definition of Small Contributor)</i>		\$ 0.00	
B. Itemized Contributions from Individuals			
Last Name PARHATO		First CARMINE	MI
Residential Street Address 172 TYLER STREET		City EAST HAVEN	State CT
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Date Received 05-19-2012	Aggregate Contributions 100.00
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		100.00	
Last Name PERNO		First DOMINIC	MI L
Residential Street Address 37 HOPE HILL ROAD		City WALLINGFORD	State CT
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Date Received 05-19-2012	Aggregate Contributions 100.00
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		100.00	
Last Name RIZZA		First PAUL	MI S
Residential Street Address 212 BREAKNECK HILL RD		City MIDDLEBURY	State CT
Principal Occupation FINANCE DIRECTOR		Name of Employer TOWN OF EAST HAVEN	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Date Received 05-19-2012	Aggregate Contributions 200.00
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		200.00	
		400.00	

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

NAME OF COMMITTEE <b>EAST HAVEN REPUBLICAN TOWN COMMITTEE</b>		TYPE OF REPORT <b>APRIL 1 2012 - JUNE 30 2012</b>	
A. Total Contributions from Small Contributors Received This Period ONLY <i>(See instructions for definition of small contributor)</i>		SUBTOTAL SECTION A <b>\$ 0.00</b>	
<b>B. Itemized Contributions from Individuals</b>			
Last Name <b>RONALD JK</b>		First <b>JAMES</b>	
Residential Street Address <b>155 SALEM AVE</b>		City <b>EAST HAVEN</b>	
Principal Occupation		State <b>CT</b>	
MI		Zip Code <b>06512</b>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>05-19-12 A</b>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>05-19-2012</b>	Aggregate Contributions <b>200.00</b>
Amount of Contribution <b>200.00</b>			
Last Name <b>RUGGIERO</b>		First <b>CARL</b>	
Residential Street Address <b>12 OAK HILL DRIVE</b>		City <b>EAST HAVEN</b>	
Principal Occupation <b>RETIRED</b>		State <b>CT</b>	
MI		Zip Code <b>06513</b>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>05-19-12 A</b>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>05-19-2012</b>	Aggregate Contributions <b>200.00</b>
Amount of Contribution <b>200.00</b>			
Last Name <b>SAND</b>		First <b>ROBERT</b>	
Residential Street Address <b>501 THOMPSON STREET</b>		City <b>EAST HAVEN</b>	
Principal Occupation		State <b>CT</b>	
MI		Zip Code <b>06512</b>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>05-19-2012 A</b>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>05-19-2012</b>	Aggregate Contributions <b>200.00</b>
Amount of Contribution <b>200.00</b>			
SUBTOTAL OF SECTION B - This Page		<b>600.00</b>	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A - D)			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
EAST HAVEN REPUBLICAN TOWN COMMITTEE		APRIL 1 2011 - JUNE 30 2011	
A. Total Contributions from Small Contributors Received this Period ONLY <i>(See Instructions for Definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$ 0.00	
B. Itemized Contributions from Individuals			
Last Name		First	MI
SANTORO		MARIA ANDE	
Residential Street Address		City	State Zip Code
26 WINDHAM LN		FARMINGTON	CT 06032
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 05-19-2011A	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of Contribution:	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received	Aggregate Contributions
		05-19-2012	100.00
Last Name	First	MI	Amount of Contribution
SERIO	ALITTONI	R	100.00
Residential Street Address		City	State Zip Code
7 ZOLAN DRIVE		EAST HAVEN	CT 06513
Principal Occupation		Name of Employer	
SUPERINTENDANT OF SCHOOLS - EH		TOWN OF EAST HAVEN BOED	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 05-19-2011A	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of Contribution:	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received	Aggregate Contributions
		05-19-2011	200.00
Last Name	First	MI	Amount of Contribution
SGRIGNANI	HARRY		200.00
Residential Street Address		City	State Zip Code
118 ANGELA DRIVE		EAST HAVEN	CT 06512
Principal Occupation		Name of Employer	
SELF - ATTORNEY			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 05-19-2011A	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of Contribution:	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received	Aggregate Contributions
		05-19-2012	400.00
SUBTOTAL Section B - This Page			700.00
TOTAL of individual Section B Page			
TOTAL OF ALL CONTRIBUTIONS FROM SCHEDULE A			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
EAST HALEY REPUBLICAN TOWN COMMITTEE		APRIL 1 2011 - JUNE 30 2011	
A. Total Contributions from Small Contributors Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$ 0.00	
B. Itemized Contributions from Individuals			
Last Name		First	MI
THOMAS		MARGARET	H
Residential Street Address		City	State Zip Code
42 GRANIS STREET		EAST HALEY	CT 06512
Principal Occupation		Name of Employer	
RETIRED			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 05-19-2011A	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of Contribution:	Date Received	Aggregate Contributions	Amount of Contribution
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	05-19-2011	50.00	50.00
Last Name		First	MI
TORELLI		LOUIS	A
Residential Street Address		City	State Zip Code
484 HIGGANUA RD		DURHAM	CT 06422
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 05-19-2011A	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of Contribution:	Date Received	Aggregate Contributions	Amount of Contribution
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	05-19-2011	200.00	200.00
Last Name		First	MI
TORRES		RAUL	A
Residential Street Address		City	State Zip Code
175 EAST 79TH STREET - #B		NEW YORK	NY 10025
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 05-19-2011A	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of Contribution:	Date Received	Aggregate Contributions	Amount of Contribution
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	05-19-2011	50.00	50.00
SUBTOTAL Section B - This Page			306.00
TOTAL of additional Section B Page			
TOTAL OF ALL CONTRIBUTIONS RECEIVED UNDER SECTION A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z			

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

NAME OF COMMITTEE		TYPE OF REPORT	
EAST HAVEN REPUBLICAN TOWN COMMITTEE		APRIL 1 2011 - JULY 30 2011	
<b>A. Total Contributions from Small Contributors Received this Period ONLY</b> <small>(See instructions for definition of Small Contributor)</small>		<b>SUBTOTAL SECTION A</b>	
		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name <b>TRAYLOR</b>		First <b>CATHERINE</b>	MI <b>1</b>
Residential Street Address <b>1475 INDIANA AVENUE</b>		City <b>DORSETT HTS</b>	State <b>NY</b>
		Zip Code <b>12598</b>	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>05-19-2011A</b>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received <b>05-19-2011</b>	Aggregate Contributions <b>50.00</b>	<b>50.00</b>
Last Name <b>TRIAITIS</b>		First <b>DIMITRIOS</b>	MI
Residential Street Address <b>9 ABBIE ROAD</b>		City <b>DRAFTON</b>	State <b>CT</b>
		Zip Code <b>06405</b>	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>05-19-2011A</b>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received <b>05-19-2011</b>	Aggregate Contributions <b>200.00</b>	<b>200.00</b>
Last Name <b>YANVONWELAERD</b>		First <b>ROSEMARY</b>	MI
Residential Street Address <b>832 PODUNK ROAD</b>		City <b>GUILDFORD</b>	State <b>CT</b>
		Zip Code <b>06437</b>	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>05-19-2011A</b>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received <b>05-19-2011</b>	Aggregate Contributions <b>200.00</b>	<b>200.00</b>
SUBTOTAL Section B - This Page		<b>450.00</b>	
TOTAL of additional Section B Page			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A, B, C, D, E, F, G, H, I, J, K)			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <b>EAST HAVEN REPUBLICAN TOWN COMMITTEE</b>		TYPE OF REPORT <b>APRIL 1 2011 - JUNE 30 2011</b>	
A. Total Contributions from Small Contributors Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A <b>\$ 0.00</b>	
<b>B. Itemized Contributions from Individuals</b>			
Last Name <b>VARGA</b>		First <b>GABRIEL</b>	
Residential Street Address <b>40 HILLSIDE VIEW RD</b>		City <b>NORTH FORD</b>	
Principal Occupation		State <b>CT</b>	
MI <b></b>		Zip Code <b>06472</b>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>05-19-2011A</b>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>05-19-2012</b>	Aggregate Contributions <b>100.00</b>
Last Name <b>VESTUTI</b>		First <b>ROSAAD</b>	
Residential Street Address <b>117 MAPLE STREET</b>		City <b>EAST HAVEN</b>	
Principal Occupation <b>RETIRED</b>		State <b>CT</b>	
MI <b>J</b>		Zip Code <b>06512</b>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>05-19-2011A</b>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>05-19-2012</b>	Aggregate Contributions <b>100.00</b>
Last Name <b>WHITE JR</b>		First <b>KEVIN</b>	
Residential Street Address <b>6 TAYLOR AVENUE</b>		City <b>EAST HAVEN</b>	
Principal Occupation <b>TOWN ENGINEER</b>		State <b>CT</b>	
MI <b>P</b>		Zip Code <b>06512</b>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <b>05-19-2011A</b>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>05-19-2012</b>	Aggregate Contributions <b>200.00</b>
		<b>400.00</b>	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
EAST HALEN RUBENHORN TOWN COMMITTEE		APRIL 1 2011 - JUNE 30 2012	
A. Total Contributions from Small Contributors Received this Period ONLY <small>(See instructions for definition of Small Contributor)</small>		SUBSECTION SECTION A	
		\$ 0.00	
B. Itemized Contributions from Individuals			
Last Name Zuhko		First AARFLED	MI J
Residential Street Address 357 HORSE ROAD RD		City MADISON	State Zip Code CT 06443
Principal Occupation SELF-EMPLOYED		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012A	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05-19-2012	Aggregate Contributions 800.00
Last Name Young		First ALISON	MI A
Residential Street Address 51 WHITE HOLLOW ROAD		City NORTHFORD	State Zip Code CT 06472
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012A	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05-19-2012	Aggregate Contributions 400.00
Last Name Adams		First DANIEL	MI
Residential Street Address 160 MORGAN AVENUE		City EAST HALEN	State Zip Code CT 06512
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 05-19-2012A	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05-19-2012	Aggregate Contributions 1000.00
SUBTOTAL Section B - This Page		2200.00	
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A - B) <small>(Enter and on Line B of Summary Page Total)</small>			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <b>EAST HAVEN REPUBLICAN TOWN COMMITTEE</b>		TYPE OF REPORT <b>APRIL 1 2014 - JUNE 30 2014</b>	
A. Total Contributions from Small Contributors Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A <b>\$ 0.00</b>	
<b>B. Itemized Contributions from Individuals</b>			
Last Name <b>CRISCI JR</b>		First <b>LOUIS</b>	MI <b>A</b>
Residential Street Address <b>12 JEFFREY ROAD</b>		City <b>EAST HAVEN</b>	State Zip Code <b>CT 06513</b>
Principal Occupation <b>SELF-EMPLOYED</b>		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # 05-19-2014</i>	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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>05-19-2014</b>	Aggregate Contributions <b>200.00</b>
Last Name <b>ILLINGWORTH</b>		First <b>WILLIAM</b>	MI <b>J</b>
Residential Street Address <b>P.O. BOX 120747</b>		City <b>EAST HAVEN</b>	State Zip Code <b>CT 06512</b>
Principal Occupation <b>STATE MARSHAL</b>		Name of Employer <b>STATE OF CT</b>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # 05-19-2014</i>	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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>05-19-2014</b>	Aggregate Contributions <b>100.00</b>
Last Name <b>McARTHUR</b>		First <b>HILDA</b>	MI <b>F</b>
Residential Street Address <b>14 HURKINGHALL DRIVE</b>		City <b>GREENWICH</b>	State Zip Code <b>CT 06831</b>
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # 05-19-2014</i>	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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>05-19-2014</b>	Aggregate Contributions <b>200.00</b>
			<b>500.00</b>

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

<b>NAME OF COMMITTEE</b> EAST HALEN REPUBLICAN TOWN COMMITTEE	<b>TYPE OF REPORT</b> April 1 2014 - June 30 2014
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**J. Interest from Deposits in Authorized Accounts**

Name of Institution	Date Received	Amount
Street Address	City	- 0
	State Zip Code	
Name of Institution	Date Received	Amount
Street Address	City	- 0
	State Zip Code	
<b>TOTAL SECTION J</b>		- 0

**K. Miscellaneous Monetary Receipts not Considered Contributions**

Name RAFF. 00218-CH1	Date of Transaction 06182012	Amount Received
Street Address EAST HALEN SENIOR CENTER	City EAST HALEN	8120.00
	State Zip Code VT 06512	
Description CH1- RAFFLE		
Name	Date of Transaction	Amount Received
Street Address	City	- 0
	State Zip Code	
Description		
Name	Date of Transaction	Amount Received
Street Address	City	- 0
	State Zip Code	
Description		
Name	Date of Transaction	Amount Received
Street Address	City	- 0
	State Zip Code	
Description		

**TOTAL SECTION K**

**SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)**

Total Loans Received this Period (Section D)		0.00
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	0.00
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	8120.00
<b>Total of Other Monetary Receipts (Add Sections D through K) (Enter total on line 13 of Summary Page 1/14)</b>		<b>8120.00</b>

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

NAME OF COMMITTEE		DATE OF EVENT			
EAST HAVEN REPUBLICAN TOWN COMMITTEE		APRIL 1 2011 - JUNE 30 2011			
L3. Purchases of Advertising in a Program Book or on a Sign (Municipal Candidate and Town Committees ONLY)					
Name of Purchaser				Purchase Made By:	
PROTEIN SCIENCE				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address		City		State	Zip Code
RESEARCH PARKWAY		WALLINGFORD		CT	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
05-19-2012	05-19-2012A	250.00	250.00	-0-	
Name of Purchaser				Purchase Made By:	
ADVANCED APPRAISAL ASSOC LLC				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address		City		State	Zip Code
377 MAIN STREET		WEST HAVEN		CT	06516
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
05-19-2012	05-19-2012A	250.00	250.00	-0-	
Name of Purchaser				Purchase Made By:	
CALABRO CHEESE CORP				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address		City		State	Zip Code
580 COE AVENUE		EAST HAVEN		CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
05-19-2012	05-19-2012A	250.00	250.00	-0-	
Name of Purchaser				Purchase Made By:	
THE CARABETTA COMPANIES				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address		City		State	Zip Code
200 PRATT STREET		HEDDEN		CT	06450
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
05-19-2012	05-19-2012A	250.00	250.00	-0-	
Name of Purchaser				Purchase Made By:	
LAW OFFICES OF ALBERT CAROCCI				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	
Street Address		City		State	Zip Code
816 WOODWARD AVENUE		NEW HAVEN		CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
05-19-2011	05-19-2012A	250.00	250.00	-0-	
SUBTOTAL (Section L3 - Municipal Candidate and Town Committees ONLY)				1250.00	
SUBTOTAL (Section L3 - Municipal Candidate and Town Committees ONLY)				-	
SUBTOTAL (Section L3 - Municipal Candidate and Town Committees ONLY)				-	
SUBTOTAL (Section L3 - Municipal Candidate and Town Committees ONLY)				6550.00	

II. FUNDRAISING EVENT ACTIVITY (Sections L1-L4)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

NAME OF COMMITTEE		TYPE OF REPORT		
EAST HAVEN REPUBLICAN TOWN COMMITTEE		APRIL 1 2011 - JUNE 30 2011		
L3. Purchases of Advertising in a Program Book or on a Sign (Municipal Candidate and Town Committee Only)				
Name of Purchaser				Purchase Made By:
ARTHUR L DESOLBO				<input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship
Street Address		City	State	Zip Code
494 SILVER SANDS ROAD		EAST HAVEN	CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05-19-2011	05-19-2011A	450.00	50.00	-0-
Name of Purchaser				Purchase Made By:
EAST HAVEN MAY & GRANT SUMMIT				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship
Street Address		City	State	Zip Code
10 HILL STREET		EAST HAVEN	CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05-19-2011	05-19-2011A	250.00	250.00	-0-
Name of Purchaser				Purchase Made By:
EAST HAVEN MEMORIAL FUNERAL HOME				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship
Street Address		City	State	Zip Code
415 MAIN STREET		EAST HAVEN	CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05-19-2011	05-19-2011A	250.00	250.00	-0-
Name of Purchaser				Purchase Made By:
EXTREME PAINTING & SEALING LLC				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship
Street Address		City	State	Zip Code
14 EDEN STREET		NEW HAVEN	CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05-19-2011	05-19-2011A	250.00	250.00	-0-
Name of Purchaser				Purchase Made By:
DLF ASSOCIATES LLC				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship
Street Address		City	State	Zip Code
38 TARAIDGE AVE - 2ND FL		EAST HAVEN	CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05-19-2011	05-19-2011A	250.00	250.00	-0-
SUBTOTAL Section II. Fundraising Event Activity (Municipal Candidate and Town Committee Only)				1050.00
SUBTOTAL Section II. Fundraising Event Activity (Municipal Candidate and Town Committee Only)				-
SUBTOTAL Section II. Fundraising Event Activity (Municipal Candidate and Town Committee Only)				-
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK OR ON A SIGN (Municipal Candidate and Town Committee Only)				-

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

NAME OF COMMITTEE		PERIOD OF REPORT		
EAST HAVEN REPUBLICAN TOWN COMMITTEE		APRIL 1 2011 - JUNE 30 2011		
L1. Purchases of Advertising in a Program Book or on a Sign (Municipal Candidate and Town Committees ONLY)				
Name of Purchaser				Purchase Made By:
GESTOLDE, PIETROSIOLE & SGRIGNARI LLC				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship
Street Address		City	State	Zip Code
3127 WHITNEY AVENUE		HAVEN	CT	06518
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05-19-2011	05-19-2012A	250.00	250.00	-0-
Name of Purchaser				Purchase Made By:
GIORDANO ASSOCIATES LLC				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship
Street Address		City	State	Zip Code
71 HIGH STREET		EAST HAVEN	CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05-19-2011	05-19-2012A	250.00	250.00	-0-
Name of Purchaser				Purchase Made By:
GOODYS HARDWARE LLC				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship
Street Address		City	State	Zip Code
540 TAIL STREET		EAST HAVEN	CT	06511
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05-19-2011	05-19-2012A	250.00	250.00	-0-
Name of Purchaser				Purchase Made By:
EAST WEST PRODUCTIONS				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship
Street Address		City	State	Zip Code
P.O. BOX 110597		EAST HAVEN	CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05-19-2011	05-19-2012A	250.00	250.00	-0-
Name of Purchaser				Purchase Made By:
WILLIAM J ILLINGWORTH - STATE MARSHAL				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship
Street Address		City	State	Zip Code
P.O. BOX 120747		EAST HAVEN	CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05-19-2011	05-19-2012A	250.00	250.00	-0-
SUBTOTAL Section II (Municipal Candidate and Town Committees ONLY)				1250.00
SUBTOTAL Section III (Municipal Candidate and Town Committees ONLY)				-
SUBTOTAL Section IV (Municipal Candidate and Town Committees ONLY)				-
SUBTOTAL Section V (Municipal Candidate and Town Committees ONLY)				-

**II. FUNDRAISING EVENT ACTIVITY (Sections L1-L4)**

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE		TYPE OF PURCHASE		
EAST HAVEN REPUBLICAN TOWN COMMITTEE		APRIL 1 2012 - JUNE 30 2012		
L1. Purchases of Advertising in a Program Book or on a Sign (Municipal Candidate and Town Committees ONLY)				
Name of Purchaser				Purchase Made By:
JOYANNE FUNERAL HOME INC.				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship
Street Address		City	State	Zip Code
11 WOOSTER PLACE		NEW HAVEN	CT	06511
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05-19-2012	05-19-2012A	250.00	250.00	-0-
Name of Purchaser				Purchase Made By:
KOHB & ASSOCIATES, PC				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship
Street Address		City	State	Zip Code
49 HIGH STREET		EAST HAVEN	CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05-19-2012	05-19-2012A	250.00	250.00	-0-
Name of Purchaser				Purchase Made By:
LEVITSKI & BERLEY, PC				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship
Street Address		City	State	Zip Code
100 BRADLEY ROAD		WOODBURGE	CT	06546
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05-19-2012	05-19-2012A	250.00	250.00	-0-
Name of Purchaser				Purchase Made By:
LYNCH, TRANS, KEEFE & ERRANTE				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship
Street Address		City	State	Zip Code
5V TRUMBULL STREET		NEW HAVEN	CT	06510
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05-19-2012	05-19-2012A	250.00	250.00	-0-
Name of Purchaser				Purchase Made By:
LUCAS CONSULTING ENGINEERS LLC				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship
Street Address		City	State	Zip Code
89 COHOLY STREET		NEW HAVEN	CT	06510
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05-19-2012	05-19-2012A	250.00	250.00	-0-
SUBTOTAL (Section L1 - Municipal Candidate and Town Committees)				1250.00
SUBTOTAL (Section L2 - Municipal Candidate and Town Committees)				/
SUBTOTAL (Section L3 - Municipal Candidate and Town Committees)				/
TOTAL PURCHASES (Section L1-L4)				

II. FUNDRAISING EVENT ACTIVITY (Sections L1-L4)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

NAME OF COMMITTEE		TYPE OF EVENT		
EAST HAVEN REPUBLICAN TOWN COMMITTEE		APRIL 1-2014 - JUL 30 2014		
L3. Purchases of Advertising in a Program Book or on a Sign (Municipal Candidate and Town Committees ONLY)				
Name of Purchaser				Purchase Made By:
NAFIS & JUNG ENGINEERS INC.				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship
Street Address		City	State	Zip Code
1355 MIDDLETOWN AVE. #204		NORTH FORD	CT	06472
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05-19-2014	05-19-2014A	750.00	750.00	0-
Name of Purchaser				Purchase Made By:
P & R INTERIORS CONCEPTS LLC				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship
Street Address		City	State	Zip Code
4133 WHITNEY AVENUE		HARTFORD	CT	06118
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05-19-2014	05-19-2014A	750.00	750.00	0-
Name of Purchaser				Purchase Made By:
ROBINSON & COLE LLP				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship
Street Address		City	State	Zip Code
280 TRUMBULL STREET		HARTFORD	CT	06103
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05-19-2014	05-19-2014A	750.00	750.00	0-
Name of Purchaser				Purchase Made By:
SUPPA CONSTRUCTION INC.				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship
Street Address		City	State	Zip Code
343 SILVER SANDS ROAD		EAST HAVEN	CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05-19-2012	05-19-2012A	750.00	750.00	0-
Name of Purchaser				Purchase Made By:
TALHADGE PARK INC.				<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship
Street Address		City	State	Zip Code
38 TALHADGE AVENUE		EAST HAVEN	CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05-19-2012	05-19-2012A	750.00	750.00	0-
SUBTOTAL (Municipal Candidate and Town Committees ONLY)				1250.00
SUBTOTAL (Municipal Candidate and Town Committees ONLY)				-
TOTAL (Municipal Candidate and Town Committees ONLY)				-
TOTAL OF ALL PURCHASES (NO. OF PURCHASES)				-



IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE		DATE OF REPORT	
EAST HAVEN REPUBLICAN TOWN COMMITTEE		APRIL 2011 - JUL 30 2011	
Name of Payee			
POSTMASTER EAST HAVEN		Date of Payment	Method of Payment:
		05-02-2012	<input checked="" type="checkbox"/> Check # 1001 <input type="checkbox"/> Debit Card
Street Address		City	State Zip Code
HEADINGWAY AVE - EXT		EAST HAVEN	CT 06512
Purpose of Expenditure (by code)	Description	Event #	Amount
POST	2 ROLLS FLAG STAMPS	05-19-2011A	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		90.00
Name of Payee		Date of Payment	Method of Payment:
SALVATORE MARTESE		05-02-2011	<input checked="" type="checkbox"/> Check # 1002 <input type="checkbox"/> Debit Card
Street Address		City	State Zip Code
11 HOLLAND ROAD		EAST HAVEN	CT 06512
Purpose of Expenditure (by code)	Description	Event #	Amount
POST	2 ROLLS FLAG STAMPS	05-19-2012A	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		90.00
Name of Payee		Date of Payment	Method of Payment:
A. J. NUTMAN PRESS		05-01-2011	<input checked="" type="checkbox"/> Check # 1005 <input type="checkbox"/> Debit Card
Street Address		City	State Zip Code
330 MAIN STREET		EAST HAVEN	CT 06512
Purpose of Expenditure (by code)	Description	Event #	Amount
PRINT	TICKETS - ENVS	05-19-2012 A	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		290.47
Name of Payee		Date of Payment	Method of Payment:
TREASURER STATE OF CT		05-14-2012	<input checked="" type="checkbox"/> Check # 1006 <input type="checkbox"/> Debit Card
Street Address		City	State Zip Code
		HARTFORD	CT 06106
Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	RAFF-PERMIT	06-18-2012 B	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		25.00
TOTAL OF SECTION P - THIS PAGE			495.47
TOTAL OF ADDENDUM P - THIS PAGE			
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (SECTION P AND ADDENDUM P)			18653.98

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE		TYPE OF REPORT	
EAST HAVEN REPUBLICAN TOWN COMMITTEE		APRIL 1 2011 - JUNE 30 2011	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
EAST HAVEN POLICE DEPT		05-14-2012	<input checked="" type="checkbox"/> Check # 1007 <input type="checkbox"/> Debit Card
Street Address		City	State Zip Code
NORTH HIGH STREET		EAST HAVEN	CT 06512
Purpose of Expenditure (by code)	Description	Event #	Amount
AISC	RAFFLE PERMIT	06-18-2012 B	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		25.00
Name of Payee		Date of Payment	Method of Payment:
MINUTEMAN PRESS		05-15-2012	<input checked="" type="checkbox"/> Check # 1008 <input type="checkbox"/> Debit Card
Street Address		City	State Zip Code
330 MAIN STREET		EAST HAVEN	CT 06512
Purpose of Expenditure (by code)	Description	Event #	Amount
PRT	RAFFLE TICKETS	06-18-2012 B	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		150.00
Name of Payee		Date of Payment	Method of Payment:
DANIELLE FEELEY FOR STAPLES OFFICE SUPPLIES		05-21-2012	<input checked="" type="checkbox"/> Check # 1009 <input type="checkbox"/> Debit Card
Street Address		City	State Zip Code
85 NORTH MAIN STREET		BRANFORD	CT 06405
Purpose of Expenditure (by code)	Description	Event #	Amount
PRT	PREMIUM AD BOOKS	05-19-2011 A	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		1007.88
Name of Payee		Date of Payment	Method of Payment:
IL SAKICE BANQUET FACILITY		05-30-2011	<input checked="" type="checkbox"/> Check # 1012 <input type="checkbox"/> Debit Card
Street Address		City	State Zip Code
11 ROMA STREET		EAST HAVEN	CT 06512
Purpose of Expenditure (by code)	Description	Event #	Amount
FNDR	MAJORS GALA	05-19-2011 A	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		9871.00
SUBTOTAL Section P - This Page			11053.88
TOTAL of additional Section P Pages			
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter and include P of Summary Page Totals)			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE		TYPE OF REPORT	
EAST HAVEN REPUBLICAN TOWN COMMITTEE		APRIL 1 2011 - JUNE 30 2011	
Expenditures Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
KAREN O'CONNELL FOR ILSALICE BANQUET FACILITY		05-30-2011	<input checked="" type="checkbox"/> Check # 1013 <input type="checkbox"/> Debit Card
Street Address		City	State      Zip Code
315 NO HIGH STREET		EAST HAVEN	CT      06512
Purpose of Expenditure (by code)	Description	Event #	Amount
FNDR	AMORS GALA	05-19-2012 A	2000.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Payee		Date of Payment	Method of Payment:
EAST WEST PRODUCTIONS		05-30-2011	<input checked="" type="checkbox"/> Check # 1014 <input type="checkbox"/> Debit Card
Street Address		City	State      Zip Code
P.O BOX 120597		EAST HAVEN	CT      06512
Purpose of Expenditure (by code)	Description	Event #	Amount
FNDR	DJ-AMORS GALA	05-19-2011 A	700.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Payee		Date of Payment	Method of Payment:
MICHAEL GARGIULO		05-30-2011	<input checked="" type="checkbox"/> Check # 1015 <input type="checkbox"/> Debit Card
Street Address		City	State      Zip Code
50 FIRST AVENUE		EAST HAVEN	CT      06512
Purpose of Expenditure (by code)	Description	Event #	Amount
FNDR	PHOTOGRAPH - AMORS GALA	05-19-2012 A	500.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Payee		Date of Payment	Method of Payment:
FORBES FUEL		06-22-2011	<input checked="" type="checkbox"/> Check # 1017 <input type="checkbox"/> Debit Card
Street Address		City	State      Zip Code
863 NORTH HIGH STREET		EAST HAVEN	CT      06512
Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	RAFF - GAS CARDS	06-18-2012 B	3000.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
SUBTOTAL Section IV - This Page		6200.00	
TOTAL OF ALL EXPENDITURES PAID BY COMMITTEE (including this Page) (Section IV, Total)			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE		TYPE OF REPORT	
EAST HAVEN REPUBLICAN TOWN COMMITTEE		APRIL 1 2011 - JUNE 30 2011	
PURPOSE OF EXPENDITURE			
Name of Payee	Date of Payment	Method of Payment:	
REPLACEMENT OF CHECK # 1015 - SUPPLEMENT		<input checked="" type="checkbox"/> Check # 1016 <input type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
	✓ #1016 WAS THE REPLACEMENT OF ✓ #1015 - NO DIFFERENTIAL	05-19-2012A	/
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: ○ A ○ B ○ C ○ D ○ E		
Name of Payee	Date of Payment	Method of Payment:	
		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: ○ A ○ B ○ C ○ D ○ E		
Name of Payee	Date of Payment	Method of Payment:	
		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: ○ A ○ B ○ C ○ D ○ E		
Name of Payee	Date of Payment	Method of Payment:	
		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: ○ A ○ B ○ C ○ D ○ E		
<p style="text-align: center;">Supplement Section P - This Page</p> <p style="text-align: center;">Total of all additional Section P pages</p> <p style="text-align: center;">TOTAL OF ALL EXPENSES PAID BY COMMITTEE: <i>(Please include Line P contributions from all pages)</i></p>			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE		TYPE OF REPORT	
EAST HAVEN REPUBLICAN TOWN COMMITTEE		APRIL 1 2011 - JUNE 30 2011	
P. Expenses Paid by Committee			
Name of Payee TOLLIS PIZZERIA & RESTA		Date of Payment 05-07-2012	Method of Payment: <input checked="" type="checkbox"/> Check # 1063 <input type="checkbox"/> Debit Card
Street Address 410 MAIN STREET		City EAST HAVEN	State CT
Purpose of Expenditure (by code) FOOD	Description FOOD	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		238.00
Name of Payee EAST HAVEN HIGH SCHOOL Alumni Assoc.		Date of Payment 05-07-2012	Method of Payment: <input checked="" type="checkbox"/> Check # 1004 <input type="checkbox"/> Debit Card
Street Address 247 BAJARD AVE		City NORTH HAVEN	State CT
Purpose of Expenditure (by code) MISC	Description HALL OF FAME	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		50.00
Name of Payee MICHAEL PARHATO		Date of Payment	Method of Payment: <input checked="" type="checkbox"/> Check # 1010 <input type="checkbox"/> Debit Card
Street Address 142 TYLER STREET		City EAST HAVEN	State CT
Purpose of Expenditure (by code) MISC	Description SCHOLARSHIP AWARD	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		200.00
Name of Payee RYAN P BROWN		Date of Payment 05-22-2012	Method of Payment: <input checked="" type="checkbox"/> Check # 1011 <input type="checkbox"/> Debit Card
Street Address 80 GLENDORA DRIVE		City EAST HAVEN	State CT
Purpose of Expenditure (by code) MISC	Description SCHOLARSHIP AWARD	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		200.00
SUBTOTAL Section P — This Page			688.00
TOTAL in additional Section P Pages			
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on the 1999 Summary Page Totals)			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE		TYPE OF REPORT	
EAST HALEY REPUBLICAN TOWN COMMITTEE		APRIL 1 2011 - JUNE 30 2011	
P. Expenses Paid by Committee			
Name of Payee VISA		Date of Payment 05-10-12	Method of Payment: <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card
Street Address		City	State   Zip Code
Purpose of Expenditure (by code) OFFICE	Description PENS	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		181.63
Name of Payee CITIZENS BANK		Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Street Address HEILIGWAY AVENUE		City EAST HALEY	State   Zip Code CT 06512
Purpose of Expenditure (by code) DISC	Description BANK FEE	Event # 05-19-2012A	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		35.00
Name of Payee		Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Street Address		City	State   Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Payee		Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Street Address		City	State   Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Payee		Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Street Address		City	State   Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
SUBTOTAL Section P - This Page		216.63	
TOTAL ADDENDUM Section P Page			
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (enter total amount of all expenditures paid)			

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

<b>NAME OF COMMITTEE</b> <i>EAST HAVEN REPUBLICAN TOWN COMMITTEE</i>	<b>TYPE OF REPORT</b> <i>APRIL 1 2014 - JUNE 30 2014</i>
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**C1. Contributions from Other Committees**

Name of Committee				Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Amount of Contribution  <i>- 0 -</i>
City	State	Zip Code	Date Received	Aggregate Contributions	

Name of Committee				Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Amount of Contribution  <i>- 0 -</i>
City	State	Zip Code	Date Received	Aggregate Contributions	

Name of Committee				Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Amount of Contribution  <i>- 0 -</i>
City	State	Zip Code	Date Received	Aggregate Contributions	

Name of Committee				Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Amount of Contribution  <i>- 0 -</i>
City	State	Zip Code	Date Received	Aggregate Contributions	

**C2. Reimbursements, Payments, or Surplus Distributions from other Committees**

Name of Committee				Name of Treasurer	
Address			Date Received	Amount of Receipt  <i>- 0 -</i>	
City	State	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services <input type="checkbox"/> Surplus Distribution		

Name of Committee				Name of Treasurer	
Address			Date Received	Amount of Receipt  <i>- 0 -</i>	
City	State	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services <input type="checkbox"/> Surplus Distribution		

<b>SUBTOTAL Section C — This Page</b>	<i>-</i>
<b>TOTAL of additional Section C Pages</b>	<i>-</i>
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> <i>(Sections C1 + C2) Enter total on Line 14 of Summary Page Totals</i>	<i>-</i>

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE					TYPE OF REPORT				
EAST HAVEN REPUBLICAN TOWN COMMITTEE					APRIL 2011 - JUNE 30 2011				
<b>D. Loans Received this Period</b>									
Name of Lender				Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee				Date of Receipt	
Street Address			City		State		Zip Code		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)								Amount Received  - 0 -	
Street Address			City		State		Zip Code		
Name of Lender				Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee				Date of Receipt	
Street Address			City		State		Zip Code		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)								Amount Received  - 0 -	
Street Address			City		State		Zip Code		
Name of Lender				Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee				Date of Receipt	
Street Address			City		State		Zip Code		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)								Amount Received  - 0 -	
Street Address			City		State		Zip Code		
<b>TOTAL SECTION D</b>								- 0 -	
<b>E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)</b>									
Name of Entity									
Street Address					Date Received			Amount Received  - 0 -	
City		State	Zip Code		Aggregate Contributions				
Name of Entity									
Street Address					Date Received			Amount Received  - 0 -	
City		State	Zip Code		Aggregate Contributions				
Name of Entity									
Street Address					Date Received			Amount Received  - 0 -	
City		State	Zip Code		Aggregate Contributions				
<b>TOTAL SECTION E</b>								- 0 -	

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

<b>NAME OF COMMITTEE</b> <i>EAST HAVEN REPUBLICAN TOWN COMMITTEE</i>	<b>PERIOD OF REPORT</b> <i>APRIL 1 2014 - JUNE 30 2014</i>
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**F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)**

Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>	Amount
		- 0 -
		- 5 -
		- 0 -
		- 0 -

<b>TOTAL SECTION F</b>	- 0 -
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**G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)**

Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
		- 0 -

<b>TOTAL SECTION G</b>	- 0 -
------------------------	-------

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

Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
		- 0 -
		- 0 -
		- 0 -
		- 0 -

<b>TOTAL SECTION H</b>	- 0 -
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**I. Anonymous Contributions**

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

**II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)**

<b>NAME OF COMMITTEE</b> <i>EAST HAVEN REPUBLICAN TOWN COMMITTEE</i>	<b>TYPE OF EVENT</b> <i>APRIL 10th - JUNE 30th</i>
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**L1 Fundraiser Event Information**

<b>Fundraising Event #</b> Date of Fundraiser    Letter	Description
Location: Street Address	City
	State
	Zip Code

**Subpart 1: (All Committees)**  
Was this fundraising event hosted at a personal residence?  Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)  No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?  Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)  No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?  Yes (If yes, enter Total Receipts here.)  No → \$   -0-

**Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)**  
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?  Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)  No

**Subpart 3: (Town Committees ONLY)**  
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?  Yes (If yes, enter Total Receipts here.)  No → \$   -0-

<b>Fundraising Event #</b> Date of Fundraiser    Letter	Description
Location: Street Address	City
	State
	Zip Code

**Subpart 1: (All Committees)**  
Was this fundraising event hosted at a personal residence?  Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)  No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?  Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)  No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?  Yes (If yes, enter Total Receipts here.)  No → \$   -0-

**Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)**  
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?  Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)  No

**Subpart 3: (Town Committees ONLY)**  
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?  Yes (If yes, enter Total Receipts here.)  No → \$   -0-

<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>	
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>	
<b>TOTAL of additional Section L1 Pages</b>	
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 14a of Summary Page Totals)</b>	<u>  -0-</u>

## II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE			TYPE OF REPORT		
<i>EAST HALE REPUBLICAN TOWN COMMITTEE</i>			<i>APRIL 1 2011 - JUNE 30 2011</i>		
<b>L4. In-Kind Donations Not Considered Contributions</b>					
Name of Donor					
Street Address		City		State	Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation			<b>Fair Market Value of Donation</b>	
Date Received		Event #	Aggregate Value for this Event		- 0 -
Name of Donor					
Street Address		City		State	Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation			<b>Fair Market Value of Donation</b>	
Date Received		Event #	Aggregate Value for this Event		- 0 -
Name of Donor					
Street Address		City		State	Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation			<b>Fair Market Value of Donation</b>	
Date Received		Event #	Aggregate Value for this Event		- 0 -
Name of Donor					
Street Address		City		State	Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation			<b>Fair Market Value of Donation</b>	
Date Received		Event #	Aggregate value for this Event		- 0 -
<b>SUBTOTAL Section L4 - This Page</b>					- 0 -
<b>TOTAL of additional Section L4 Pages</b>					- 0 -
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b> <i>(Enter total on Line 21 of Summary Page Totals)</i>					- 0 -

### III. NONMONETARY RECEIPTS (Sections M—O)

<b>NAME OF COMMITTEE</b> <i>EAST HAVEN REPUBLICAN TOWN COMMITTEE</i>	<b>TYPE OF REPORT</b> <i>APRIL 1 2011 - JULY 30 2012</i>
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**M. In-Kind Contributions**

<b>Name</b>			
<b>Street Address</b>		<b>City</b>	<b>State</b> <b>Zip Code</b>
<b>Type of contributor:</b> <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	<b>Date Received</b>	<b>Aggregate Contributions</b>	<b>Description of In-Kind Contribution</b>
<b>Is contributor a lobbyist, spouse, or dependent child of a lobbyist?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Fair Market Value of this Contribution</b>  <i>- 0 -</i>
<b>Is this contribution associated with a fundraising event listed in Section L1?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>	<b>Is contributor a principal of a state contractor or prospective state contractor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		

<b>Name</b>			
<b>Street Address</b>		<b>City</b>	<b>State</b> <b>Zip Code</b>
<b>Type of contributor:</b> <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	<b>Date Received</b>	<b>Aggregate Contributions</b>	<b>Description of In-Kind Contribution</b>
<b>Is contributor a lobbyist, spouse, or dependent child of a lobbyist?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Fair Market Value of this Contribution</b>  <i>- 0 -</i>
<b>Is this contribution associated with a fundraising event listed in Section L1?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>	<b>Is contributor a principal of a state contractor or prospective state contractor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		

<b>Name</b>			
<b>Street Address</b>		<b>City</b>	<b>State</b> <b>Zip Code</b>
<b>Type of contributor:</b> <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	<b>Date Received</b>	<b>Aggregate Contributions</b>	<b>Description of In-Kind Contribution</b>
<b>Is contributor a lobbyist, spouse, or dependent child of a lobbyist?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Fair Market Value of this Contribution</b>  <i>- 0 -</i>
<b>Is this contribution associated with a fundraising event listed in Section L1?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>	<b>Is contributor a principal of a state contractor or prospective state contractor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		

<b>SUBTOTAL Section M - This Page</b>	
<b>TOTAL of additional Section M Pages</b>	
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 25 of Summary Page Totals)</b>	<i>- 0 -</i>

**N. Refundable Deposit to Telephone Company**

<b>Last Name of Individual</b>		<b>First</b>	<b>MI</b>	<b>Date Deposit Made</b>
<b>Residential Street Address</b>		<b>City</b>	<b>State</b> <b>Zip Code</b>	<b>Amount of Deposit</b>
<b>Name of Telephone Company</b>				
<b>Street Address</b>		<b>City</b>	<b>State</b> <b>Zip Code</b>	

<b>TOTAL SECTION N (Enter total on Line 25 of Summary Page Totals)</b>	<i>- 0 -</i>
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### III. NONMONETARY RECEIPTS (Sections M—O)

<b>NAME OF COMMITTEE</b>	<b>TYPE OF REPORT</b>
<i>EAST HAVEN REPUBLICAN TOWN COMMITTEE</i>	<i>APRIL 15 2017 - JUL 30 2017</i>

**O. Non-Monetary Receipts of Organization Expenditures Made By  
Legislative Leadership, Legislative Caucus and Party Committees — OPTIONAL See Public Act 1-48**

Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer	
Street Address			Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	

- 0 -

Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer	
Street Address			Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	

- 0 -

Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer	
Street Address			Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	

- 0 -

Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer	
Street Address			Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	

- 0 -

Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			Name of Treasurer	
Street Address			Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure <i>(see instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	

- 0 -

<b>SUBTOTAL Section O — This Page</b>	
<b>TOTAL of additional Section O Pages</b>	
<b>TOTAL RECEIPTS OF ALL ORGANIZATION EXPENDITURES</b> <i>(Enter total on Line 24 of Summary Page Totals)</i>	- 0 -

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE		DATE OF REPORT	
EAST HALE REPUBLICAN TOWN COMMITTEE		APRIL 1 2011 - JUL 6 30 2011	
Q. Campaign Expenses Paid by Candidates			
Name of Payee (Name of Vendor who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State    Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount - 0 -
Name of Payee (Name of Vendor who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State    Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount - 0 -
Name of Payee (Name of Vendor who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State    Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount - 0 -
Name of Payee (Name of Vendor who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State    Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount - 0 -
Name of Payee (Name of Vendor who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State    Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount - 0 -
Name of Payee (Name of Vendor who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State    Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount - 0 -
Name of Payee (Name of Vendor who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State    Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount - 0 -
SUBTOTAL Section Q of This Page			
TOTAL of additional Section Q Pages			
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> (Enter total on Line 20 of Summary Page Totals)			- 0 -

**IV. EXPENDITURES (Sections P—T)**

<b>NAME OF COMMITTEE</b> <i>EAST HAVEN REPUBLICAN TOWN COMMITTEE</i>	<b>TYPE OF REPORT</b> <i>APRIL 1 2014 - JUL 6 30 2014</i>
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**R. Expenses Incurred on Committee Credit Card**

<b>Name of Issuing Institution</b>	<b>Type of Credit Card:</b> <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other:
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<b>Name of Vendor</b>	<b>Date of Transaction</b>
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<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>
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<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (if applicable) Itemization in Addendum R Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	<b>- 0 -</b>
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<b>Name of Vendor</b>	<b>Date of Transaction</b>
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<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>
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<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (if applicable) Itemization in Addendum R Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	<b>- 0 -</b>
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<b>Name of Vendor</b>	<b>Date of Transaction</b>
-----------------------	----------------------------

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>
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<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (if applicable) Itemization in Addendum R Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	<b>- 0 -</b>
--------------------------------------	---	--------------

<b>Name of Vendor</b>	<b>Date of Transaction</b>
-----------------------	----------------------------

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>
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<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (if applicable) Itemization in Addendum R Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	<b>- 0 -</b>
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<b>SUBTOTAL Section R - This Page</b>	
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<b>TOTAL of additional Section R Pages</b>	
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<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b> <i>(This total includes 17 of Summary Page Totals)</i>	<b>- 0 -</b>
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IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE			TYPE OF REPORT	
EAST HAVEN REPUBLICAN TOWN COMMITTEE			APRIL 1 2014 - JUNE 30 2014	
<b>S. Expenses Incurred by Committee but Not Paid During this Period</b>				
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum S Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			- 0 -
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum S Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			- 0 -
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum S Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			- 0 -
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum S Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			- 0 -
<b>SUBTOTAL Section S- This Page</b>				
<b>TOTAL of additional Section S Pages</b>				
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on line 28a of Summary Page Totals)</i>				
Previously reported Expenses Unpaid and still Outstanding				
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on line 28a of Summary Page Totals)</i>				- 0 -

### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <b>EAST HAVEN REPUBLICAN TOWN COMMITTEE</b>				TYPE OF REPORT <b>APRIL 10th - JUNE 30th 2014</b>	
<b>T. Itemization of Reimbursements to Committee Workers and Consultants</b>					
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Secondary Payee					
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum T Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			- 0 -	
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Secondary Payee					
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum T Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			- 0 -	
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Secondary Payee					
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum T Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			- 0 -	
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Secondary Payee					
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum T Required</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			- 0 -	
<b>SUBTOTAL Section T — This Page</b>					
<b>TOTAL of additional Section T Pages</b>					
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>				- 0 -	