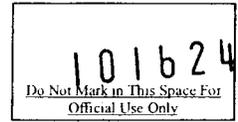


**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement  
 Candidates for Statewide Offices and General Assembly  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Rev. 5/08



**SUMMARY PAGE**

<b>1. NAME OF COMMITTEE</b>				<b>2. TYPE OF COMMITTEE (Check Box)</b>			
WE Back Lock 2010				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
<b>3. TREASURER NAME</b>							
Title	First		MI	Last		Suffix	
TR	Brian		J	SMITH			
<b>4. TREASURER ADDRESS</b>							
Street Address			City		State	Zip Code	
26 Prospect Dr. #E3			Norwalk		CT	06850-3228	
<b>5. ELECTION DATE</b>		<b>6. OFFICE SOUGHT (if applicable)</b>			<b>7. DISTRICT NUMBER (if applicable)</b>		
(mm/dd/yyyy) 11/02/2010		Comptroller					
<b>8. CANDIDATE NAME</b>							
Title	First		MI	Last		Suffix	
TR	Lock		C	ORNUCCI			
<b>9. TYPE OF REPORT (Check One Box)</b>							
<input type="checkbox"/> January 10 filing		<input type="checkbox"/> 7th day preceding primary		<input type="checkbox"/> Initial Itemized Statement accompanying application for Public Grant		<input type="checkbox"/> Initial Supplemental Statement <input type="checkbox"/> Primary <input type="checkbox"/> Election	
<input type="checkbox"/> April 10 filing		<input type="checkbox"/> 30 days following primary		<input type="checkbox"/> Additional Itemized Statement in further support of application for Public Grant		<input type="checkbox"/> Supplemental Statement <input type="checkbox"/> Primary <input type="checkbox"/> Election	
<input checked="" type="checkbox"/> July 10 filing		<input type="checkbox"/> 7th day preceding election		<input type="checkbox"/> Post Primary Itemized Statement accompanying request for General Election Grant		<input type="checkbox"/> Declaration of Excess Receipts or Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> Election	
<input type="checkbox"/> October 10 filing		<input type="checkbox"/> 45 days following special election				<input type="checkbox"/> Deficit <input type="checkbox"/> Termination <input type="checkbox"/> Amendment to Type of Report: _____	
<b>10. PERIOD COVERED</b>							
Beginning Date				Ending Date			
04/01/2010				thru 06/30/2010			
<b>11. CERTIFICATION</b>							
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.							
 _____ TREASURER OR DEPUTY TREASURER (SIGNATURE)			Brian Smith _____ PRINT NAME OF SIGNER			07/05/2010 _____ 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 30**

**Itemized Campaign Finance Disclosure Statement**  
**Candidates for Statewide Offices and General Assembly**  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Rev. 5/08

**SUMMARY PAGE**  
**TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
WE BUCK PACK 2010	07/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	ϕ	
14. Contributions received from Individuals (Sections A and B)	\$2360.00	\$2360.00
15. Receipts from Other Committees (Sections C1 + C2)	ϕ	ϕ
16. Other Monetary Receipts (Sections D-I)	ϕ	ϕ
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	ϕ	ϕ
18. Total Monetary Receipts (add totals for lines 14-17)	\$2360.00	\$2360.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$2360.00	\$2360.00
20. Expenses Paid by Committee (Section N)	\$49.36	\$49.36
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both Columns)	\$2310.64	\$2310.64
22. In-Kind Donations not Considered Contributions Received (Section J3)		
23. In-Kind Contributions Received (Section K)	ϕ	ϕ
24. Refundable Deposit to Telephone Company (Section L)		
25. Receipts of Organization Expenditures (Section M)		
26. Beginning Loan Balance		
26a. + Loans Received (Section D)		
26b. + Interest and Penalties on Loan(s)	ϕ	ϕ
26c. - Payments on Loan(s)		
26d. Total Outstanding Loan Amount		
27. Campaign Expenses Paid by Candidate (Section O)		
28. Expenses Incurred on Committee Credit Card (Section P)	ϕ	
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)		
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)		

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE: **WESSOCK PACK 2010** FILING DUE DATE: **07/12/2010**

A. Total Contributions from Small Contributors-Received this Period ONLY  
 (See instructions for definition of Small Contributor) Subtotal Section A \$

B. Itemized Contributions from Individuals

Last Name <b>TOWERS</b>	First <b>LICHARD</b>	MI <b>H</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0001</b>	Amount of Contribution
Residential Street Address <b>129 Greens Farms Hwy</b>	City <b>WESTPORT</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>05/29/2010</b>	
Principal Occupation <b>RETIRED</b>	Name of Employer <b>—</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Aggregate contributions <b>30.00</b>	<b>30.00</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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Last Name <b>ANNICCHINO</b>	First <b>PATRICIA</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0002</b>	Amount of Contribution
Residential Street Address <b>5 MOIN LA</b>	City <b>DOLLEN</b>	State <b>CT</b>	Zip Code <b>06820</b>	Date Received <b>06/02/2010</b>	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Aggregate contributions <b>100.00</b>	<b>100.00</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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Last Name <b>Bliss</b>	First <b>SHERWOOD</b>	MI <b>B</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0003</b>	Amount of Contribution
Residential Street Address <b>259 Rays farm Rd</b>	City <b>WESTON</b>	State <b>CT</b>	Zip Code <b>06883</b>	Date Received <b>06/15/2010</b>	
Principal Occupation <b>RETIRED</b>	Name of Employer <b>—</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Aggregate contributions <b>100.00</b>	<b>100.00</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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Last Name <b>HEWLY</b>	First <b>CHRISTOPHER</b>	MI <b>C</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0004</b>	Amount of Contribution
Residential Street Address <b>27 DUNCHESTER RD</b>	City <b>WETHERSFIELD</b>	State <b>CT</b>	Zip Code <b>06109</b>	Date Received <b>06/27/2010</b>	
Principal Occupation <b>CHAIRMAN</b>	Name of Employer <b>CT REPUBLICANS</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Aggregate contributions <b>100.00</b>	<b>100.00</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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Last Name <b>RANKIN JR</b>	First <b>HARVEY</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0005</b>	Amount of Contribution
Residential Street Address <b>446 Hollow Tree Ridge Rd</b>	City <b>DOLLEN</b>	State <b>CT</b>	Zip Code <b>06820</b>	Date Received <b>06/27/2010</b>	
Principal Occupation <b>RETIRED</b>	Name of Employer <b>—</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Aggregate contributions <b>100.00</b>	<b>100.00</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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SUBTOTAL Section B-This Page **\$430.00**

TOTAL of all Section B Pages **\$1930.00**

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) **\$2360.00**

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE <b>WETSack pack 2010</b>	FILING DATE <b>07/12/2010</b>
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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 J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No				Amount of Contribution
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 J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No				Amount of Contribution
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 J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No				Amount of Contribution
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 J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No				Amount of Contribution
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 J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			

**C2. Reimbursements or Payments from other Committees**

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

**SUBTOTAL Section C-This Page**

**TOTAL of additional Section C Pages**

**0**

**TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 15 of Summary Page)**

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE

WE Brockport 2010

FILING DUE DATE

07/12/2010

D. Loans Received this Period

Name of Lender				Source of Loan:		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input type="checkbox"/> No	Amount Received
Street Address		City	State	Zip Code	<input type="checkbox"/> Bank <input type="checkbox"/> Candidate		
Name of Cosigner/Guarantor				Date of Receipt			
Street Address		City	State	Zip Code			\$
Name of Lender				Source of Loan:		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input type="checkbox"/> No	Amount Received
Street Address		City	State	Zip Code	<input type="checkbox"/> Bank <input type="checkbox"/> Candidate		
Name of Cosigner/Guarantor				Date of Receipt			
Street Address		City	State	Zip Code			\$

Total Section D (Enter Total on Line 26a on Summary Page)

\$ 0

E. Personal Funds of the Candidate Received this Period (Candidate Committees Only)

Date of Receipt	Method of payment:	Date of Receipt	Method of payment:	Total Amount Received
_____	<input type="checkbox"/> Cash	_____	<input type="checkbox"/> Cash	
Amount	<input type="checkbox"/> Personal Check	Amount	<input type="checkbox"/> Personal Check	\$ 0
_____	<input type="checkbox"/> Credit/Debit Card	_____	<input type="checkbox"/> Credit/Debit Card	

F. Anonymous Contributions (Specify dollar amount of the bills received)

Date Received	Amount	Date Received	Amount	Total Amount Received
\$1 bills _____	\$5 bills _____	\$1 bills _____	\$5 bills _____	
coins _____	\$10 bill _____	coins _____	\$10 bill _____	\$ 0

G. Interest from Deposits in Authorized Accounts

Date Received	Amount	Date Received	Amount	Total Amount Received		
_____	_____	_____	_____			
Name of Institution		Name of Institution		\$ 0		
Street Address		Street Address				
City	State	Zip Code	City	State	Zip Code	\$

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE: WE BACK TO WORK 2010 FILING DUE DATE: 07/12/2010

H. Public Grant Funds Received from the Citizens' Election Fund

Purpose of Grant <input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Post Election Deficit	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date of Receipt	Amount
Purpose of Grant <input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Post Election Deficit	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date of Receipt	Amount
Purpose of Grant <input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Post Election Deficit	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date of Receipt	Amount
Purpose of Grant <input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Post Election Deficit	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date of Receipt	Amount

Total Section H \$ 0

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Street Address City State Zip Code		\$
Description		\$
Name Street Address City State Zip Code	Date of Transaction	Amount Received
Description		\$
Name Street Address City State Zip Code	Date of Transaction	Amount Received
Description		\$

Total Section I \$ 0

Summary of Other Monetary Receipts (Sections D-I)

Total Loans Received this Period (Section D)	+	
Total Amount of Personal Funds of the Candidate Received this Period (Section E)	+	
Total Amount of Anonymous Contributions (Section F)	+	
Total Amount of Interest from Deposits in Authorized Accounts (Section G)	+	
Total Public Grant Funds Received from the Citizens' Election Fund (Section H)	+	
Total Miscellaneous Monetary Receipts not Considered Contributions (Section I)	+	
<b>Total of Other Monetary Receipts not Considered Contributions</b> <i>(Enter total on Line 16 of Summary Page)</i>		<u>0</u>

**II. FUNDRAISING EVENT ACTIVITY**

NAME OF COMMITTEE <b>WE Back Pack. 2010</b>	FILING DATE <b>07/12/2010</b>
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**J1. Fundraising Event Information**

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

Was this fundraising event hosted at a personal residence?  Yes (If yes, go to Section J3 **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 \$50?  Yes (If yes, go to Section J3 **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 \$50?  Yes (If yes, go to Section J2 **Proceeds from Tag Sale, Auction, or Other Sale of Donated Items**)  
 No

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

Was this fundraising event hosted at a personal residence?  Yes (If yes, go to Section J3 **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 \$50?  Yes (If yes, go to Section J3 **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 \$50?  Yes (If yes, go to Section J2 **Proceeds from Tag Sale, Auction, or Other Sale of Donated Items**)  
 No

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

Was this fundraising event hosted at a personal residence?  Yes (If yes, go to Section J3 **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 \$50?  Yes (If yes, go to Section J3 **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 \$50?  Yes (If yes, go to Section J2 **Proceeds from Tag Sale, Auction, or Other Sale of Donated Items**)  
 No

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

Was this fundraising event hosted at a personal residence?  Yes (If yes, go to Section J3 **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 \$50?  Yes (If yes, go to Section J3 **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 \$50?  Yes (If yes, go to Section J2 **Proceeds from Tag Sale, Auction, or Other Sale of Donated Items**)  
 No

**II. FUNDRAISING ACTIVITY**

NAME OF COMMITTEE <span style="font-size: 1.5em; font-family: cursive;">WE Spedpack 2010</span>	FILING DUE DATE <span style="font-size: 1.5em; font-family: cursive;">07/12/2010</span>
--	--

**J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items**

Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received
Items Purchased				Event #
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received
Items Purchased				Event #
<b>SUBTOTAL Section J2-This Page</b>				
<b>TOTAL of additional Section J2 Pages</b>				
<b>TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS</b> <i>(Enter total on Line 17 of Summary Page)</i>				<span style="font-size: 2em;">⊘</span>

**II. FUNDRAISING ACTIVITY**

<b>NAME OF COMMITTEE</b> <i>WE Back pack 2010</i>	<b>FILING DUE DATE</b> <i>07/12/2010</i>
--	---

**J3. In-Kind Donations Not Considered Contributions**

Name of Donor	Donation given by:	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #

**SUBTOTAL Section J3-This Page**

**TOTAL of additional Section J3 Pages**

**TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 22 of Summary Page)**

*0*

**III. NONMONETARY RECEIPTS**

<b>NAME OF COMMITTEE</b> <b>WE ROCK BACK 2010</b>	<b>FILING DUE DATE</b> <b>07/22/2010</b>
--	---

**K. In-Kind Contributions**

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<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"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution			Aggregate contributions	
Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<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"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution			Aggregate contributions	
Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<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"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution			Aggregate contributions	
Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<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"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution			Aggregate contributions	
Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<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"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution			Aggregate contributions	

**SUBTOTAL Section K-This Page**

**TOTAL of additional Section K Pages**

**TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23 of Summary Page)**

**L. Refundable Deposit to Telephone Company**

*(NOTE: This section refers only to advances of deposits by individuals from personal funds to benefit the committee, not deposits made by the committee.)*

Last Name of Individual		First Name		MI	Date Deposit Made	Amount of Deposit
Residential Street Address		City	State	Zip Code		
Name of telephone company						
Street Address		City	State	Zip Code		

**Total Section L (Enter total on Line 24 of Summary Page)**

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III. NONMONETARY RECEIPTS

NAME OF COMMITTEE: **WE SOCKPOCK 2010** FILING DUE DATE: **07/17/2010**

**M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee**

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

Total Section M (Enter total on Line 25 of Summary Page)

5

IV. EXPENDITURES

NAME OF COMMITTEE: **WE SOCK POOL 2010** FILING DUE DATE: **07/12/2010**

N. Expenses Paid by Committee

Name of Payee <b>Brian Smith</b>				Date of Payment <b>06/25/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>893</b> <input type="checkbox"/> Debit Card	Amount
Street Address <b>26 Prospect Dr. #E3 Newark</b>		City <b>CT</b>	State <b>06850</b>	Zip Code <b>Post/Rcw</b>	Purpose of Expenditure (by code)	
Description <b>FedEx - SEEC form 1</b>						Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="checkbox"/> No						Office Sought
						\$ <b>17.16</b>

Name of Payee <b>Brian Smith</b>				Date of Payment <b>06/25/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>894</b> <input type="checkbox"/> Debit Card	Amount
Street Address <b>26 Prospect Dr. #E3 Newark</b>		City <b>CT</b>	State <b>06850</b>	Zip Code <b>Post/Rcw</b>	Purpose of Expenditure (by code)	
Description <b>FedEx - SEEC form 10</b>						Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="checkbox"/> No						Office Sought
						\$ <b>16.23</b>

Name of Payee <b>Brian Smith</b>				Date of Payment <b>06/25/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>895</b> <input type="checkbox"/> Debit Card	Amount
Street Address <b>26 Prospect Dr. #E3 Newark</b>		City <b>CT</b>	State <b>06850</b>	Zip Code <b>Post/Rcw</b>	Purpose of Expenditure (by code)	
Description <b>4 Postage Stamps</b>						Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="checkbox"/> No						Office Sought
						\$ <b>1.76</b>

Name of Payee <b>Brian Smith</b>				Date of Payment <b>06/30/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>896</b> <input type="checkbox"/> Debit Card	Amount
Street Address <b>26 Prospect Dr. #E3 Newark</b>		City <b>CT</b>	State <b>06850</b>	Zip Code <b>Post/Rcw</b>	Purpose of Expenditure (by code)	
Description <b>FedEx - SEEC form 12</b>						Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="checkbox"/> No						Office Sought
						\$ <b>14.21</b>

Name of Payee				Date of Payment	Method of Payment	Amount
Street Address		City	State	Zip Code	Purpose of Expenditure (by code)	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card
Description						Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No						Office Sought
						\$

SUBTOTAL Section N-This Page **49.36**

TOTAL of additional Section N Pages **0**

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page) **49.36**

**IV. EXPENDITURES**

<b>NAME OF COMMITTEE</b> <i>WE Back Pack 2010</i>	<b>FILING DUE DATE</b> <i>07/12/2010</i>
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**O. Campaign Expenses Paid by Candidate**

Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					
<b>SUBTOTAL Section O-This Page</b>						
<b>TOTAL of additional Section O Pages</b>						<i>0</i>
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 27 of Summary Page)</b>						<i>0</i>

**IV. EXPENDITURES**

NAME OF COMMITTEE <b>WESPAK pack 2010</b>	FILING DUE DATE <b>07/12/2010</b>
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**P. Expenses Incurred on Committee Credit Card**

Name of Issuing Institution	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other _____
-----------------------------	--

Name of Vendor	Date of Transaction	Amount
Street Address	City	State
City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #

Name of Vendor	Date of Transaction	Amount
Street Address	City	State
City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #

Name of Vendor	Date of Transaction	Amount
Street Address	City	State
City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #

Name of Vendor	Date of Transaction	Amount
Street Address	City	State
City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #

Name of Vendor	Date of Transaction	Amount
Street Address	City	State
City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #

Name of Vendor	Date of Transaction	Amount
Street Address	City	State
City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #

Name of Vendor	Date of Transaction	Amount
Street Address	City	State
City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #

Name of Vendor	Date of Transaction	Amount
Street Address	City	State
City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #

<b>SUBTOTAL Section P-This Page</b>	
<b>TOTAL of additional Section P Pages</b>	<b>0</b>

<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 28 of Summary Page)</b>	
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**IV. EXPENDITURES**

<b>NAME OF COMMITTEE</b> <i>WE Backpack 2010</i>	<b>FILING DUE DATE</b> <i>07/16/2010</i>
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**Q. Expenses Incurred by Committee but Not Paid During this Period**

Name of Creditor		Date Incurred		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Street Address		City	State Zip Code	
Purpose of Expenditure (by code)	Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes ( <i>If yes, complete candidate name and office sought</i> ) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
				\$

Name of Creditor		Date Incurred		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Street Address		City	State Zip Code	
Purpose of Expenditure (by code)	Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes ( <i>If yes, complete candidate name and office sought</i> ) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
				\$

Name of Creditor		Date Incurred		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Street Address		City	State Zip Code	
Purpose of Expenditure (by code)	Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes ( <i>If yes, complete candidate name and office sought</i> ) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
				\$

Name of Creditor		Date Incurred		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Street Address		City	State Zip Code	
Purpose of Expenditure (by code)	Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes ( <i>If yes, complete candidate name and office sought</i> ) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
				\$

<b>SUBTOTAL Section Q-This Page</b>				
<b>TOTAL of additional Section Q Pages</b>				<i>0</i>
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Line 29 of Summary Page)</i>				
<b>Previously reported Expenses Unpaid and still Outstanding</b>				+
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on Line 29a of Summary Page)</i>				

IV. EXPENDITURES

NAME OF COMMITTEE: WEBB/POCK 2010 FILING DUE DATE: 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
<u>Brian Smith</u>	<u>06/25/2010</u>	<input checked="" type="checkbox"/> Check # <u>093</u> <input type="checkbox"/> Debit Card	
Secondary Payee	Purpose of Expenditure (by code) <u>POST</u>		
Street Address <u>26 Prospect Av. #E3</u>	City <u>Norwalk</u>	State <u>G</u>	Zip Code <u>06850</u>
Description <u>FEDEx . SEEC form 1</u>	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="checkbox"/> No			<u>17.16</u> \$
<u>Brian Smith</u>	<u>06/25/2010</u>	<input checked="" type="checkbox"/> Check # <u>094</u> <input type="checkbox"/> Debit Card	
Secondary Payee	Purpose of Expenditure (by code) <u>POST</u>		
Street Address <u>26 Prospect Av. #E3</u>	City <u>Norwalk</u>	State <u>G</u>	Zip Code <u>06850</u>
Description <u>FEDEx . SEEC form 10</u>	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="checkbox"/> No			<u>16.23</u> \$
<u>Brian Smith</u>	<u>06/25/2010</u>	<input checked="" type="checkbox"/> Check # <u>095</u> <input type="checkbox"/> Debit Card	
Secondary Payee	Purpose of Expenditure (by code) <u>POST</u>		
Street Address <u>26 Prospect Av. #E3</u>	City <u>Norwalk</u>	State <u>G</u>	Zip Code <u>06850</u>
Description <u>④ POSTAGE STAMPS</u>	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="checkbox"/> No			<u>1.76</u> \$
<u>Brian Smith</u>	<u>06/30/2010</u>	<input checked="" type="checkbox"/> Check # <u>096</u> <input type="checkbox"/> Debit Card	
Secondary Payee	Purpose of Expenditure (by code) <u>POST</u>		
Street Address <u>26 Prospect Av. #E3</u>	City <u>Norwalk</u>	State <u>G</u>	Zip Code <u>06850</u>
Description <u>FEDEx . SEEC form 12</u>	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="checkbox"/> No			<u>14.21</u> \$
SUBTOTAL Section R-This Page			<u>49.36</u>
TOTAL of additional Section R Pages			<u>0</u>
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS			<u>49.36</u>

NAME OF COMMITTEE

WE SOCK SOCK 2010

FILING DUE DATE

07/12/2010

**S. Surplus Distribution of Equipment and Furniture**

Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
<b>SUBTOTAL Section S</b>				Ⓢ

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**I. MONETARY RECEIPTS**  
**Section B. Additional Page**

NAME OF COMMITTEE: WE SOCK ROCK 2010 FILING DATE: 07/12/2010

**B. Itemized Contributions from Individuals**

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
Rankin	Lacy	W	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0006	100.00
446 Hollow Tree Ridge #4		Dorlen	GA 06820	06/27/2010	
RETIRED		Name of Employer: —		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: 100.00	
Mitins	John	N	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0001	100.00
8 Alton Way		Scotch Plains	NJ 07076	06/27/2010	
		Name of Employer: —		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: 100.00	
Mitins	Lauren		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0002	100.00
8 Alton Way		Scotch Plains	NJ 07076	06/27/2010	
		Name of Employer: —		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: 100.00	
Mitins	Rose	M	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0003	100.00
4319 Embury Terr.		Easton	PA 18045	06/27/2010	
RETIRED		Name of Employer: —		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: 100.00	
Strauss	Lisa		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0004	100.00
4630 River Bottom Dr		Monroeville	GA 30092	06/27/2010	
RETAIL		Name of Employer: Macy's		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: 100.00	

SUBTOTAL Section B-This Page: 500.00

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**I. MONETARY RECEIPTS**  
**Section B. Additional Page**

NAME OF COMMITTEE: **WE BackTrack 2010** FILING DATE: **07/12/2010**

**B. Itemized Contributions from Individuals**

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
<b>WETTERALL</b>	<b>DANIELA</b>		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	<b>0007</b>	<b>100.00</b>
Residential Street Address: <b>7 Central Ave.</b>		City: <b>Milford</b>	State: <b>CT</b> Zip Code: <b>06460</b>	Date Received: <b>06/30/2010</b>	
Principal Occupation: <b>TRANSLATOR</b>		Name of Employer: <b>SELF</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: <b>100.00</b>	
<b>WETTERALL</b>	<b>ROGER</b>		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	<b>0008</b>	<b>100.00</b>
Residential Street Address: <b>7 Central Ave</b>		City: <b>Milford</b>	State: <b>CT</b> Zip Code: <b>06460</b>	Date Received: <b>6/30/2010</b>	
Principal Occupation: <b>TECHNICAL DIR.</b>		Name of Employer: <b>OSPLEY CORP.</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: <b>100.00</b>	
<b>TROMBINI</b>	<b>ALESSANDRO</b>		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	<b>0009</b>	<b>50.00</b>
Residential Street Address: <b>8 Main St</b>		City: <b>NEWTON</b>	State: <b>CT</b> Zip Code: <b>06470</b>	Date Received: <b>06/30/2010</b>	
Principal Occupation:		Name of Employer:		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: <b>50.00</b>	
<b>SEDENSKY</b>	<b>NANCY</b>	<b>S</b>	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	<b>0010</b>	<b>10.00</b>
Residential Street Address: <b>6 Greenleaf (back)</b>		City: <b>NEWTON</b>	State: <b>CT</b> Zip Code: <b>06470</b>	Date Received:	
Principal Occupation:		Name of Employer:		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: <b>10.00</b>	
<b>LUNDBERG</b>	<b>LANCE</b>	<b>B</b>	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	<b>0011</b>	<b>100.00</b>
Residential Street Address: <b>6 Blossie Rd</b>		City: <b>WESTPORT</b>	State: <b>CT</b> Zip Code: <b>06880</b>	Date Received: <b>06/30/2010</b>	
Principal Occupation: <b>MGMT</b>		Name of Employer: <b>VERDE ENERGY</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: <b>100.00</b>	

SUBTOTAL Section B-This Page **\$ 360.00**

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**I. MONETARY RECEIPTS**  
**Section B. Additional Page**

NAME OF COMMITTEE: **WE Back Pack 2010** FILING DATE: **07/12/2010**

**B. Itemized Contributions from Individuals**

Last Name	First	MI	Method of contribution	Contribution ID #	Amount of Contribution
MARKUM	DONNA	L	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0012	
Residential Street Address: 29 GREEN LANE RD		City: NEWTOWN	State: G	Zip Code: 06470	Date Received: 06/30/2010
Principal Occupation:		Name of Employer:	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: 50.00	50.00
BODETTI	MICHAEL		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0013	
Residential Street Address: 15 CEMETERY RD		City: NEWTOWN	State: G	Zip Code: 06470	Date Received: 06/30/2010
Principal Occupation: CONSULTING		Name of Employer: TNT	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: 50.00	50.00
MARZOLI	LOUCIA		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0014	
Residential Street Address: 2 CARLISLE CT		City: WESTPORT	State: G	Zip Code: 06880	Date Received: 06/30/2010
Principal Occupation:		Name of Employer:	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: 70.00	70.00
TRAVIS	BRUCE	E	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0015	
Residential Street Address: 7 EDGESTRIAN RIDGE		City: NEWTOWN	State: G	Zip Code: 06470	Date Received: 06/30/2010
Principal Occupation:		Name of Employer:	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: 100.00	100.00
BEWKES	ALEXANDER	H	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0016	
Residential Street Address: 1 WHEAT LN		City: DORLEN	State: CT	Zip Code: 06820	Date Received: 06/30/2010
Principal Occupation: STUDENT		Name of Employer: —	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: 100.00	100.00

SUBTOTAL Section B-This Page: **\$370.00**

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**I. MONETARY RECEIPTS**  
Section B. Additional Page

NAME OF COMMITTEE: WE ROCK ROCK 2010 FILING DUE DATE: 07/12/2010

**B. Itemized Contributions from Individuals**

Last Name <u>Bewkes J</u>	First <u>ROBERT</u>	MI <u>D</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <u>0017</u>	Amount of Contribution  <u>100.00</u>
Residential Street Address <u>1 WHEAT LN</u>		City <u>Dorlen</u>	State <u>CT</u>	Zip Code <u>06820</u>	Date Received <u>06/30/2010</u>	
Principal Occupation <u>STUDENT</u>		Name of Employer <u>-</u>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <u>100.00</u>		

Last Name <u>Bewkes</u>	First <u>ROBERT</u>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <u>0018</u>	Amount of Contribution  <u>100.00</u>
Residential Street Address <u>1 WHEAT LN</u>		City <u>Dorlen</u>	State <u>CT</u>	Zip Code <u>06820</u>	Date Received <u>06/30/2010</u>	
Principal Occupation <u>REAL ESTATE SALES</u>		Name of Employer <u>Kelly Assoc.</u>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <u>100.00</u>		

Last Name <u>RODANO</u>	First <u>SIMONIA</u>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <u>005</u>	Amount of Contribution  <u>100.00</u>
Residential Street Address <u>25-1745th St Fl 1</u>		City <u>ASTORIA</u>	State <u>NY</u>	Zip Code <u>11103</u>	Date Received <u>06/30/2010</u>	
Principal Occupation <u>MUSICIAN</u>		Name of Employer <u>SELF</u>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <u>100.00</u>		

Last Name <u>SOULISO</u>	First <u>MARY ALICE</u>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <u>006</u>	Amount of Contribution  <u>100.00</u>
Residential Street Address <u>3 LEANED PI</u>		City <u>TINTON FALLS</u>	State <u>NJ</u>	Zip Code <u>07724</u>	Date Received <u>06/30/2010</u>	
Principal Occupation <u>FOOD</u>		Name of Employer <u>SELF</u>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <u>100.00</u>		

Last Name <u>DIAMATO</u>	First <u>GIUSEPPE</u>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <u>007</u>	Amount of Contribution  <u>100.00</u>
Residential Street Address <u>8 Crown Ct</u>		City <u>TINTON FALLS</u>	State <u>NJ</u>	Zip Code <u>07724</u>	Date Received <u>06/30/2010</u>	
Principal Occupation <u>FOOD</u>		Name of Employer <u>SELF</u>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions <u>100.00</u>		

SUBTOTAL Section B-This Page \$500.00

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**I. MONETARY RECEIPTS**  
Section B. Additional Page

NAME OF COMMITTEE: **WE Back Pack 2010** FILING DUE DATE: **07/12/2010**

**B. Itemized Contributions from Individuals**

Last Name: <b>FITZGERALD</b>		First: <b>THOMAS</b>		MI:	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID #: <b>0019</b>	Amount of Contribution
Residential Street Address: <b>17 EQUESTRIAN LANE</b>			City: <b>NEWTON</b>	State: <b>GT</b>	Zip Code: <b>06470</b>	Date Received: <b>06/30/2010</b>		
Principal Occupation:		Name of Employer:			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: <b>100.00</b>		<b>100.00</b>

Last Name: <b>Shoker</b>		First: <b>Stacey</b>		MI:	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID #: <b>0020</b>	Amount of Contribution
Residential Street Address: <b>3 WHEAT LN</b>			City: <b>DORLEN</b>	State: <b>GT</b>	Zip Code: <b>06820</b>	Date Received: <b>06/30/2010</b>		
Principal Occupation:		Name of Employer:			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: <b>100.00</b>		<b>100.00</b>

Last Name:		First:		MI:	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address:			City:	State:	Zip Code:	Date Received:		
Principal Occupation:		Name of Employer:			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions:		

Last Name:		First:		MI:	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address:			City:	State:	Zip Code:	Date Received:		
Principal Occupation:		Name of Employer:			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions:		

Last Name:		First:		MI:	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address:			City:	State:	Zip Code:	Date Received:		
Principal Occupation:		Name of Employer:			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions:		

SUBTOTAL Section B-This Page **\$200.00**

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