SEEC FORM 20

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

FILED SEEC

POSTMARKED JUL 09,09

092100

Do Not Mark in This Space For
Official Use Only

SUMMARY PAGE

1. NAME OF COMMITTEE

DanPAC

2. TREASURER NAME

Title	First	MI	Last	Suffix
MS	Arielle	R	Reich	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
27 Holbrook Dr.	Stamford	CT	06906

4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)

5. OFFICE SOUGHT *(Complete only if Candidate Committee)*

6. DISTRICT NUMBER *(if applicable)*

7. CANDIDATE NAME *(Complete only if Candidate or Exploratory Committee)*

Title	First	MI	Last	Suffix

8. TYPE OF REPORT (Check One Box)

- ☐ January 10 filing
- ☐ April 10 filing
- ☒ July 10 filing
- ☐ October 10 filing
- ☐ Independent Expenditure
  - ☐ Primary ☐ Election
- ☐ 7th day preceding primary
- ☐ 30 days following primary
- ☐ 7th day preceding election
- ☐ 12th day preceding election *(State Central Committees Only)*
- ☐ 45 days following election not held in November
- ☐ 7th day preceding referendum
- ☐ 45 days following referendum
- ☐ Deficit
- ☐ Termination
- ☐ Initial Contribution or Disbursement *(PACs ONLY)*
- ☐ Amendment to

  Type of Report:

  _____

9. PERIOD COVERED

Beginning Date: April 1, 2009 thru Ending Date: June 30, 2009

10. CERTIFICATION

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.

Arielle Reich	*Arielle Reich*	7/10/09
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	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
Rev. 1/08

Page 2 of 17

SUMMARY PAGE
TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
DanPAC	7/10/09	
	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		11,109.30
12. Balance on hand at the beginning of Reporting Period	22,266.65	
13. Contributions received from Individuals (Sections A and B)	0.00	29,225.00
14. Receipts from Other Committees (Sections C1 and C2)	0.00	12,245.65
15. Other Monetary Receipts (Sections D-K)	0.00	0.00
16a. Total Small Food and Beverage Receipts at Fair (Section L1) *Town Committees ONLY*	0.00	0.00
16b. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section L2)	0.00	0.00
16c. Total Purchases of Advertising in a Program Book (Section L3) *Municipal and Town Committees ONLY*	0.00	0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	0.00	41,470.65
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	22,266.65	52,579.95
19. Expenses Paid by Committee (Section P)	8,880.41	39,193.71
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	13,386.24	13,386.24
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	0.00
22. In-Kind Contributions Received (Section M)	0.00	0.00
23. Refundable Deposit to Telephone Company (Section N)	0.00	0.00
24. Receipts of Organization Expenditures (Section O)	0.00	0.00
25. Beginning Loan Balance	0.00	0.00
25a. + Loans Received (Section D)	0.00	0.00
25b. + Interest and Penalties on Loan	0.00	0.00
25c. - Payments on Loan	0.00	0.00
25d. Total Outstanding Loan Amount	0.00	0.00
26. Campaign Expenses Paid by Candidate (Section Q)	0.00	0.00
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0.00	

NAME OF COMMITTEE	FILING DUE DATE
OanPAC	7/10/04

A. Total Contributions from Small Contributors-Received this Period ONLY
(See instructions for definition of Small Contributor)   Subtotal Section A $ 0.00

B. Itemized Contributions from Individuals

Last Name	First		MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State	Zip Code	Name of Employer	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No
If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☐ No

Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No   If yes, list Event #
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No   If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order   Date Received   Aggregate contributions

Last Name	First		MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State	Zip Code	Name of Employer	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No
If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☐ No

Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No   If yes, list Event #
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No   If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order   Date Received   Aggregate contributions

Last Name	First		MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State	Zip Code	Name of Employer	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No
If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☐ No

Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No   If yes, list Event #
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No   If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order   Date Received   Aggregate contributions

Last Name	First		MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State	Zip Code	Name of Employer	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No
If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☐ No

Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No   If yes, list Event #
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No   If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order   Date Received   Aggregate contributions

SUBTOTAL Section B-This Page	0.00
TOTAL of additional Section B Pages	0.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) 13 of Summary Page	0.00

NAME OF COMMITTEE		FILING DUE DATE
DanPAC		7/10/09

C1. Contributions from Other Committees

Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes *If yes,* list ☐ No Event # _____			**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 L1? ☐ Yes *If yes,* list ☐ No Event # _____			**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 L1? ☐ Yes *If yes,* list ☐ No Event # _____			**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 L1? ☐ Yes *If yes,* list ☐ No Event # _____			**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 L1? ☐ Yes *If yes,* list ☐ No Event # _____			**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 L1? ☐ Yes *If yes,* list ☐ No Event # _____			**Amount of Contribution**
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**
City	State	Zip Code	☐ Reimbursement for shared expense ☐ Surplus ☐ Payment for goods and services Distribution		

Name of Committee			Name of Treasurer		
Address			Date Received		**Amount of Receipt**
City	State	Zip Code	☐ Reimbursement for shared expense ☐ Surplus ☐ Payment for goods and services Distribution		

SUBTOTAL Section C-This Page	0.00
TOTAL of additional Section C Pages	0.00
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS *(Enter total on Line 14 of Summary Page)*	0.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE	FILING DUE DATE
DanPAC	7/10/09

D. Loans Received this Period

				Source of Loan:	Is there a Cosigner or Guarantor of this loan?	Amount Received
Name of Lender				☐ Bank ☐ Candidate	☐ Yes *(if yes list name and address of Cosigner/Guarantor)*	
Street Address	City	State	Zip Code			
Name of Cosigner/Guarantor				☐ Individual ☐ Other Committee	☐ No	
Street Address	City	State	Zip Code	Date of Receipt		

				Source of Loan:	Is there a Cosigner or Guarantor of this loan?	Amount Received
Name of Lender				☐ Bank ☐ Candidate	☐ Yes *(if yes list name and address of Cosigner/Guarantor)*	
Street Address	City	State	Zip Code			
Name of Cosigner/Guarantor				☐ Individual ☐ Other Committee	☐ No	
Street Address	City	State	Zip Code	Date of Receipt		

Total Section D $ 0.00

E. Receipts from Entities other than Individuals or Other Committees *(Referendum Committees ONLY)*

Name of Entity					Amount Received
Street Address				Date Received	
City	State	Zip Code		Aggregate Contributions	
Name of Entity					
Street Address				Date Received	Amount Received
City	State	Zip Code		Aggregate Contributions	
Name of Entity					
Street Address				Date Received	Amount Received
City	State	Zip Code		Aggregate Contributions	

Total Section E $ 0.00

F. Amount Transferred from Affiliated Business Treasury *(Business Entity Committees ONLY)*

Date of Receipt	Amount	Date of Receipt	Amount	Total Transfers
Is this transaction associated with a fundraising event listed in Section L1? ☐ Yes *If yes,* list ☐ No Event # ___		Is this transaction associated with a fundraising event listed in Section L1? ☐ Yes *If yes,* list ☐ No Event # ___		$

G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury *(Organization Committees ONLY)*

Date of Receipt	Date of Receipt	Total Transfers
Amount	Amount	$

H. 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
Amount	☐ Cash ☐ Personal Check ☐ Credit/Debit Card	Amount	☐ Cash ☐ Personal Check ☐ Credit/Debit Card	$

NAME OF COMMITTEE	FILING DUE DATE
DanPAC	7/10/09

I. 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 _____	$

J. Interest from Deposits in Authorized Accounts

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

K. Miscellaneous Monetary Receipts not Considered Contributions

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

	Total Section K	$ 0.00

Summary of Other Monetary Receipts (Sections D-K)

Total Loans Received this Period (Section D)		
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	
Total Amount of Anonymous Contributions (Section I)	+	
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	
Total of Other Monetary Receipts **(Add Sections D-K)** *(Enter total on Line 15 of Summary Page)*		0.00

NAME OF COMMITTEE	FILING DUE DATE
ManPAC	7/10/09

L1. Fundraiser Event Information

Fundraising Event # 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 $50?

☐ 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 $50?

☐ Yes (*If yes*, go to Section L2 **Proceeds from Tag Sale, Auction, or Other Sale of Donated Items**.)

☐ No

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)

Were there purchases of advertising space in a program book associated with this fundraiser?

☐ Yes (*If yes*, go to Section L3 **Purchases of Advertising Space in a Program Book** 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?

☐ Yes (*If yes*, enter **Total Receipts from small purchases** here.) ➝ $

☐ No

Fundraising Event # 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 $50?

☐ 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 $50?

☐ Yes (*If yes*, go to Section L2 **Proceeds from Tag Sale, Auction, or Other Sale of Donated Items**.)

☐

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)

Were there purchases of advertising space in a program book associated with this fundraiser?

☐ Yes (*If yes*, go to Section L3 **Purchases of Advertising Space in a Program Book** 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?

☐ Yes (*If yes*, enter **Total Receipts from small purchases** here.) ➝ $

☐ No

SUBTOTAL Section L1 (*Town Committees ONLY*) Total Receipts-This Page	0.00
TOTAL of additional Section L1 Pages	+ 0.00
TOTAL OF ALL RECEIPTS FROM SECTION L1 (*Enter total on Line 16a of Summary Page*)	0.00

NAME OF COMMITTEE	FILING DUE DATE
DANPAC	7/10/09

L2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of Purchaser (Individuals ONLY)				Method of payment / Details		Aggregate Amount of Purchases
Name of Purchaser Last Name	First		MI	Method of payment: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Name of Purchaser Last Name	First		MI	Method of payment: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Name of Purchaser Last Name	First		MI	Method of payment: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Name of Purchaser Last Name	First		MI	Method of payment: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Name of Purchaser Last Name	First		MI	Method of payment: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Name of Purchaser Last Name	First		MI	Method of payment: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Name of Purchaser Last Name	First			Method of payment: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Name of Purchaser Last Name	First			Method of payment: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Name of Purchaser Last Name	First			Method of payment: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						

SUBTOTAL Section L2-This Page	0.00
TOTAL of additional Section L2 Pages	0.00
TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS (Enter Total on Line 16b of Summary Page)	0.00

NAME OF COMMITTEE	FILING DUE DATE
DanPAC	7/10/09

L3. Purchases of Advertising in a Program Book (*Municipal Candidate and Town Committees ONLY*)

Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	☐ Yes ☐ No	Event #		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	☐ Yes ☐ No	Event #		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	☐ Yes ☐ No	Event #		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	☐ Yes ☐ No	Event #		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	☐ Yes ☐ No	Event #		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	☐ Yes ☐ No	Event #		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	☐ Yes ☐ No	Event #		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	☐ Yes ☐ No	Event #		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	☐ Yes ☐ No	Event #		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	☐ Yes ☐ No	Event #		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	☐ Yes ☐ No	Event #		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	☐ Yes ☐ No	Event #		

SUBTOTAL Section L3-This Page	0.00
TOTAL of additional Section L3 Pages	0.00
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK (*Enter total on Line 16c of Summary Page*)	0.00

NAME OF COMMITTEE	FILING DUE DATE
OanPAC	7/10/09

L4. In-Kind Donations Not Considered Contributions

Name of Donor				Donation given by: ☐ Individual ☐ Business Entity	**Fair Market Value of Donation**
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation			Date Received	Event #	

Name of Donor				Donation given by: ☐ Individual ☐ Business Entity	**Fair Market Value of Donation**
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation			Date Received	Event #	

Name of Donor				Donation given by: ☐ Individual ☐ Business Entity	**Fair Market Value of Donation**
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation			Date Received	Event #	

Name of Donor				Donation given by: ☐ Individual ☐ Business Entity	**Fair Market Value of Donation**
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation			Date Received	Event #	

Name of Donor				Donation given by: ☐ Individual ☐ Business Entity	**Fair Market Value of Donation**
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation			Date Received	Event #	

Name of Donor				Donation given by: ☐ Individual ☐ Business Entity	**Fair Market Value of Donation**
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation			Date Received	Event #	

Name of Donor				Donation given by: ☐ Individual ☐ Business Entity	**Fair Market Value of Donation**
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation			Date Received	Event #	

Name of Donor				Donation given by: ☐ Individual ☐ Business Entity	**Fair Market Value of Donation**
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation			Date Received	Event #	

SUBTOTAL Section L4-This Page	0.00
TOTAL of additional Section L4 Pages	0.00
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS *(Enter total on Line 21 of Summary Page)*	0.00

NAME OF COMMITTEE	FILING DUE DATE
Dan PAC	7/10/09

M. In-Kind Contributions

Name					Type of Contributor:	Fair Market Value of this Contribution
					☐ Individual	
Street Address	City	State	Zip Code		☐ Committee	
					☐ Other *(Applicable only to Referendum Committees)*	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No			If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☐ No			
Date Received	Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No *If yes*, list Event # ___		Description of In-Kind Contribution		Aggregate contributions	

Name					Type of Contributor:	Fair Market Value of this Contribution
					☐ Individual	
Street Address	City	State	Zip Code		☐ Committee	
					☐ Other *(Applicable only to Referendum Committees)*	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No			If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☐ No			
Date Received	Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No *If yes*, list Event # ___		Description of In-Kind Contribution		Aggregate contributions	

Name					Type of Contributor:	Fair Market Value of this Contribution
					☐ Individual	
Street Address	City	State	Zip Code		☐ Committee	
					☐ Other *(Applicable only to Referendum Committees)*	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No			If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☐ No			
Date Received	Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No *If yes*, list Event # ___		Description of In-Kind Contribution		Aggregate contributions	

Name					Type of Contributor:	Fair Market Value of this Contribution
					☐ Individual	
Street Address	City	State	Zip Code		☐ Committee	
					☐ Other *(Applicable only to Referendum Committees)*	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No			If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☐ No			
Date Received	Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No *If yes*, list Event # ___		Description of In-Kind Contribution		Aggregate contributions	

Name					Type of Contributor:	Fair Market Value of this Contribution
					☐ Individual	
Street Address	City	State	Zip Code		☐ Committee	
					☐ Other *(Applicable only to Referendum Committees)*	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No			If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☐ No			
Date Received	Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No *If yes*, list Event # ___		Description of In-Kind Contribution		Aggregate contributions	

SUBTOTAL Section M-This Page	0.00
TOTAL of additional Section M Pages	0.00
TOTAL OF ALL IN-KIND CONTRIBUTIONS *(Enter total on Line 22 of Summary Page)*	0.00

N. 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		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 N *(Enter total on Line 23 of Summary Page)*	0.00

NAME OF COMMITTEE
DanPAC

FILING DUE DATE
7/10/09

O. 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) ☐ A ☐ B ☐ C ☐ D ☐ 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) ☐ A ☐ B ☐ C ☐ D ☐ 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) ☐ A ☐ B ☐ C ☐ D ☐ 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) ☐ A ☐ B ☐ C ☐ D ☐ 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) ☐ A ☐ B ☐ C ☐ D ☐ 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) ☐ A ☐ B ☐ C ☐ D ☐ 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) ☐ A ☐ B ☐ C ☐ D ☐ E	

Total Section O (Enter total on Line 24 of Summary Page)	0.00

NAME OF COMMITTEE	FILING DUE DATE
DanPAC	7/10/09

P. Expenses Paid by Committee

Name of Payee					Date of Payment	Method of Payment	Amount
CT State Missionary Baptist Association						☑ Check # 1057	
Street Address: 609 Dixwell Ave	City: New Haven	State: CT	Zip Code: 06511		4/3/09	☐ Debit Card	
Purpose of Expenditure (by code): CHAR	Description					Event #	

Type of Expenditure (if applicable)
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sought
☐ Independent
☐ Organization (see Instructions)
 ☐ A ☐ B ☐ C ☐ D ☐ E

Candidate(s) Name (if applicable) — Office Sought — ☐ Supported ☐ Opposed

$ 1,000.—

Name of Payee					Date of Payment	Method of Payment	Amount
Fairfield Democratic Town Committee						☑ Check # 1059	
Street Address: n/a	City: Fairfield	State: CT	Zip Code		4/5/09	☐ Debit Card	
Purpose of Expenditure (by code): CNTRB	Description					Event #	

Type of Expenditure (if applicable)
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sought
☐ Independent
☐ Organization (see Instructions)
 ☐ A ☐ B ☐ C ☐ D ☐ E

Candidate(s) Name (if applicable) — Office Sought — ☐ Supported ☐ Opposed

$ 100.—

Name of Payee					Date of Payment	Method of Payment	Amount
United Jewish Federation						☑ Check # 1061	
Street Address: 1035 Newfield Ave	City: Stamford	State: CT	Zip Code: 06905		4/7/09	☐ Debit Card	
Purpose of Expenditure (by code): CHAR	Description					Event #	

Type of Expenditure (if applicable)
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sought
☐ Independent
☐ Organization (see Instructions)
 ☐ A ☐ B ☐ C ☐ D ☐ E

Candidate(s) Name (if applicable) — Office Sought — ☐ Supported ☐ Opposed

$ 250.—

Name of Payee					Date of Payment	Method of Payment	Amount
Friends of Brian Stratton						☑ Check # 1062	
Street Address: 1363 Lexington Rd	City: Schenectady	State: NY	Zip Code: 12308		4/7/09	☐ Debit Card	
Purpose of Expenditure (by code): CNTRB	Description					Event #	

Type of Expenditure (if applicable)
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sought
☐ Independent
☐ Organization (see Instructions)
 ☐ A ☐ B ☐ C ☐ D ☐ E

Candidate(s) Name (if applicable): Brian Stratton — Office Sought: Mayor — ☑ Supported ☐ Opposed

$ 100,—

Name of Payee					Date of Payment	Method of Payment	Amount
Save the Farm						☑ Check # 1063	
Street Address: 944 Ridge Rd.	City: Wethersfield	State: CT	Zip Code: 06109		4/7/09	☐ Debit Card	
Purpose of Expenditure (by code): CHAR	Description					Event #	

Type of Expenditure (if applicable)
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sought
☐ Independent
☐ Organization (see Instructions)
 ☐ A ☐ B ☐ C ☐ D ☐ E

Candidate(s) Name (if applicable) — Office Sought — ☐ Supported ☐ Opposed

$ 150.—

SUBTOTAL Section P-This Page	1,600.00
TOTAL of additional Section P Pages	7,280.41
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)	8,880.41

IV. EXPENDITURES
Section P. Additional Page

NAME OF COMMITTEE	FILING DUE DATE
Dan PAC	7/10/09

P. Expenses Paid by Committee

Name of Payee Naral Pro choice CT

Street Address	City	State	Zip Code	Date of Payment	Method of Payment	Amount
135 Broad St.	Hartford	CT	06105	4/29/09	☑ Check # 1069 ☐ Debit Card	

Purpose of Expenditure (by code) CNTRB	Description	Event #	

Type of Expenditure *(if applicable)*
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sought
☐ Independent
☐ Organization *(see Instructions)*
  ☐ A ☐ B ☐ C ☐ D ☐ E

Candidate(s) Name *(if applicable)*   Office Sought

☐ Supported
☐ Opposed

$ 100.—

Name of Payee Stratford Democratic Town committee

Street Address	City	State	Zip Code	Date of Payment	Method of Payment	Amount
n/a	Stratford	CT		4/29/09	☑ Check # 1070 ☐ Debit Card	

Purpose of Expenditure (by code) CNTRB	Description	Event #	

Type of Expenditure *(if applicable)*
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sought
☐ Independent
☐ Organization *(see Instructions)*
  ☐ A ☐ B ☐ C ☐ D ☐ E

Candidate(s) Name *(if applicable)*   Office Sought

☐ Supported
☐ Opposed

$ 50.—

Name of Payee Ward for Mayor

Street Address	City	State	Zip Code	Date of Payment	Method of Payment	Amount
178 Main St.	Bristol	CT	06010	4/29/09	☑ Check # 1071 ☐ Debit Card	

Purpose of Expenditure (by code) CNTRB	Description	Event #	

Type of Expenditure *(if applicable)*
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sought
☐ Independent
☐ Organization *(see Instructions)*
  ☐ A ☐ B ☐ C ☐ D ☐ E

Candidate(s) Name *(if applicable)* Art Ward   Office Sought Mayor

☑ Supported
☐ Opposed

$ 50.—

Name of Payee CT Food Bank

Street Address	City	State	Zip Code	Date of Payment	Method of Payment	Amount
74 Linwood Ave	Fairfield	CT	06824	5/13/09	☑ Check # 1072 ☐ Debit Card	

Purpose of Expenditure (by code) CHAR	Description	Event #	

Type of Expenditure *(if applicable)*
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sought
☐ Independent
☐ Organization *(see Instructions)*
  ☐ A ☐ B ☐ C ☐ D ☐ E

Candidate(s) Name *(if applicable)*   Office Sought

☐ Supported
☐ Opposed

$ 150.—

Name of Payee DSCC Non federal

Street Address	City	State	Zip Code	Date of Payment	Method of Payment	Amount
179 Allyn St.	Hartford	CT	06103	5/27/09	☑ Check # 1073 ☐ Debit Card	

Purpose of Expenditure (by code) CNTRB	Description	Event #	

Type of Expenditure *(if applicable)*
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sought
☐ Independent
☐ Organization *(see Instructions)*

Candidate(s) Name *(if applicable)*   Office Sought

☐ Supported
☐ Opposed

$ 3,500.—

SUBTOTAL Section P-This Page	3,850.00

IV. EXPENDITURES
Section P. Additional Page

NAME OF COMMITTEE
DanPAC

FILING DUE DATE
7/10/09

P. Expenses Paid by Committee

Name of Payee Terra Pass				**Date of Payment** 5/27/09	**Method of Payment** ☑ Check # 1074 ☐ Debit Card	**Amount**
Street Address 568 Howard St. 5th Fl	**City** San Francisco	**State** CA	**Zip Code** 94105			
Purpose of Expenditure (by code) CHAR	**Description** Carbon credits for JJB Dinner				**Event #**	
Type of Expenditure (if applicable) ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D ☐ E	**Candidate(s) Name (if applicable)**		**Office Sought**		☐ Supported ☐ Opposed	**$ 493.85**

Name of Payee Friends of Chris Dodd				**Date of Payment** 6/7/09	**Method of Payment** ☑ Check # 1075 ☐ Debit Card	**Amount**
Street Address PO Box 270701	**City** West Hartford	**State** CT	**Zip Code** 06127			
Purpose of Expenditure (by code) CNTRB	**Description**				**Event #**	
Type of Expenditure (if applicable) ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D ☐ E	**Candidate(s) Name (if applicable)** Chris Dodd	**Office Sought** US Senate			☐ Supported ☐ Opposed	**$ 300.—**

Name of Payee Urban League of Southern CT				**Date of Payment** 6/30/09	**Method of Payment** ☑ Check # 1076 ☐ Debit Card	**Amount**
Street Address 46 Atlantic St.	**City** Stamford	**State** CT	**Zip Code** 06901			
Purpose of Expenditure (by code) CHAR	**Description**				**Event #**	
Type of Expenditure (if applicable) ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D ☐ E	**Candidate(s) Name (if applicable)**		**Office Sought**		☐ Supported ☐ Opposed	**$ 100.—**

Name of Payee Anelle Reich				**Date of Payment** 6/30/09	**Method of Payment** ☑ Check # 1077 ☐ Debit Card	**Amount**
Street Address 27 Hulbrook Dr.	**City** Stamford	**State** CT	**Zip Code** 06906			
Purpose of Expenditure (by code) RCW	**Description** Internet access, PO Box				**Event #**	
Type of Expenditure (if applicable) ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D ☐ E	**Candidate(s) Name (if applicable)**		**Office Sought**		☐ Supported ☐ Opposed	**$ 486.56**

Name of Payee				**Date of Payment**	**Method of Payment** ☐ Check # ☐ Debit Card	**Amount**
Street Address	**City**	**State**	**Zip Code**			
Purpose of Expenditure (by code)	**Description**				**Event #**	
Type of Expenditure (if applicable) ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization (see Instructions)	**Candidate(s) Name (if applicable)**		**Office Sought**		☐ Supported ☐ Opposed	**$**

SUBTOTAL Section P-This Page | 1380.41

Page 3 of 3

NAME OF COMMITTEE	FILING DUE DATE
DanPAC	7/10/09

Q. 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		☐ Yes ☐ No	
Purpose of Expenditure (by code)	Description				Event #	

Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		☐ Yes ☐ No	
Purpose of Expenditure (by code)	Description				Event #	

Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		☐ Yes ☐ No	
Purpose of Expenditure (by code)	Description				Event #	

Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		☐ Yes ☐ No	
Purpose of Expenditure (by code)	Description				Event #	

Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		☐ Yes ☐ No	
Purpose of Expenditure (by code)	Description				Event #	

Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		☐ Yes ☐ No	
Purpose of Expenditure (by code)	Description				Event #	

Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		☐ Yes ☐ No	
Purpose of Expenditure (by code)	Description				Event #	

Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		☐ Yes ☐ No	
Purpose of Expenditure (by code)	Description				Event #	

Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		☐ Yes ☐ No	
Purpose of Expenditure (by code)	Description				Event #	

Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		☐ Yes ☐ No	
Purpose of Expenditure (by code)	Description				Event #	

SUBTOTAL Section Q-This Page	0.00
TOTAL of additional Section Q Pages	0.00
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26 of Summary Page)	0.00

NAME OF COMMITTEE	FILING DUE DATE
DanPAC	7/10/09

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card:
	☐ Visa ☐ Master Card ☐ Discover ☐ American Express
	☐ Other _____

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

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

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

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

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

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

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

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

	SUBTOTAL Section R-This Page	0.00
	TOTAL of additional Section R Pages	0.00
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD *(Enter total on Line 27 of Summary Page)*		0.00

NAME OF COMMITTEE	FILING DUE DATE
DanPAC	7/10/09

S. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor	Date Incurred	Amount Incurred *(Estimate or Actual)*
Street Address	Event #	

City	State	Zip Code	Candidate(s) Name *(if applicable)*	Office Sought

Purpose of Expenditure (by code)

Type of Expenditure *(if applicable)*:
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sought
☐ Independent
☐ Organization *(see Instructions)*
  ☐ A ☐ B ☐ C ☐ D ☐ E

Description

☐ Supported
☐ Opposed

Name of Creditor	Date Incurred	Amount Incurred *(Estimate or Actual)*
Street Address	Event #	

City	State	Zip Code	Candidate(s) Name *(if applicable)*	Office Sought

Purpose of Expenditure (by code)

Type of Expenditure *(if applicable)*:
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sought
☐ Independent
☐ Organization *(see Instructions)*
  ☐ A ☐ B ☐ C ☐ D ☐ E

Description

☐ Supported
☐ Opposed

Name of Creditor	Date Incurred	Amount Incurred *(Estimate or Actual)*
Street Address	Event #	

City	State	Zip Code	Candidate(s) Name *(if applicable)*	Office Sought

Purpose of Expenditure (by code)

Type of Expenditure *(if applicable)*:
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sought
☐ Independent
☐ Organization *(see Instructions)*
  ☐ A ☐ B ☐ C ☐ D ☐ E

Description

☐ Supported
☐ Opposed

Name of Creditor	Date Incurred	Amount Incurred *(Estimate or Actual)*
Street Address	Event #	

City	State	Zip Code	Candidate(s) Name *(if applicable)*	Office Sought

Purpose of Expenditure (by code)

Type of Expenditure *(if applicable)*:
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sought
☐ Independent
☐ Organization *(see Instructions)*
  ☐ A ☐ B ☐ C ☐ D ☐ E

Description

☐ Supported
☐ Opposed

	Amount
SUBTOTAL Section S–This Page	0.00
TOTAL of additional Section S Pages	0.00
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID *(Enter total on Line 28 of Summary Page)*	0.00
Previously reported Expenses Unpaid and still Outstanding	+ 0.00
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID *(Enter total on Line 28a of Summary Page)*	0.00

NAME OF COMMITTEE	FILING DUE DATE
DanPAC	7/10/09

T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	Amount
Reich	Arielle	R.	6/30/09	☑ Check # 1077 ☐ Debit Card	
Secondary Payee: Verizon Wireless			Purpose of Expenditure (by code) WEB		
Street Address: PO Box 15062	City: Albany	State: NY		Zip Code: 12212	

Description: internet access for treasurer since last reimbursement

Type of Expenditure *(if applicable)*	Candidate(s) Name *(if applicable)*	Office Sought	☐ Supported ☐ Opposed	
☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization *(see Instructions)* ☐ A ☐ B ☐ C ☐ D ☐ E				$ 420.56

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	Amount
Reich	Arielle	R	6/30/09	☑ Check # 1077 ☐ Debit Card	
Secondary Payee: US Post Office			Purpose of Expenditure (by code) POST		
Street Address: Camp ave station	City: Stamford	State: CT		Zip Code: 06907	

Description: payment for PO Box

Type of Expenditure *(if applicable)*	Candidate(s) Name *(if applicable)*	Office Sought	☐ Supported ☐ Opposed	
☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization *(see Instructions)* ☐ A ☐ B ☐ C ☐ D ☐ E				$ 66.00

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	Amount
				☐ Check # ☐ Debit Card	
Secondary Payee:			Purpose of Expenditure (by code)		
Street Address:	City:	State:		Zip Code:	

Description:

Type of Expenditure *(if applicable)*	Candidate(s) Name *(if applicable)*	Office Sought	☐ Supported ☐ Opposed	
☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization *(see Instructions)* ☐ A ☐ B ☐ C ☐ D ☐ E				$

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	Amount
				☐ Check # ☐ Debit Card	
Secondary Payee:			Purpose of Expenditure (by code)		
Street Address:	City:	State:		Zip Code:	

Description:

Type of Expenditure *(if applicable)*	Candidate(s) Name *(if applicable)*	Office Sought	☐ Supported ☐ Opposed	
☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization *(see Instructions)* ☐ A ☐ B ☐ C ☐ D ☐ E				$

SUBTOTAL Section T-This Page	486.56
TOTAL of additional Section T Pages	0.00
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS	486.56

DanPAC.
Arielle Reich
27 Holbrook Dr.
Stamford CT 06902

FIRST CLASS

State Elections Enforcement Commission
20 Trinity St.
Hartford CT 06106