

SEEC FORM 20

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

FILED SEEC



2010 FEB 16 P 1:13

100649
 Do Not Mark in This Space For
 Official Use Only

SUMMARY PAGE

1. NAME OF COMMITTEE				
CT TEA PARTY				
2. TREASURER NAME				
Title MR	First Robert	MI Z	Last CRNIC	Suffix
3. TREASURER ADDRESS				
Street Address 45 OLD HAWLEYVILLE RD		City Bethel	State CT	Zip Code 06801
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)				
<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input checked="" type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY)	
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to	
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report: _____	
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election (State Central Committees Only)	<input type="checkbox"/> Termination		
<input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> Election	<input type="checkbox"/> 45 days following election not held in November			
9. PERIOD COVERED				
Beginning Date		Ending Date		
FEB 5, 2010		thru FEB 8, 2010		
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.				
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		Robert Z Crnic PRINT NAME OF SIGNER		02/08/2010 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 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
CT TEA PARTY	02/09/2010	
	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		- 0 -
12. Balance on hand at the beginning of Reporting Period	- 0 -	
13. Contributions received from Individuals (Sections A and B)	-	-
14. Receipts from Other Committees (Sections C1 and C2)	100. ⁰⁰	100.-
15. Other Monetary Receipts (Sections D-K)	-	
16a. Total Small Food and Beverage Receipts at Fair (Section L1) <i>Town Committees ONLY</i>	-	-
16b. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section L2)	-	-
16c. Total Purchases of Advertising in a Program Book (Section L3) <i>Municipal and Town Committees ONLY</i>	-	-
17. Total Monetary Receipts (add totals for lines 13-16c)	100.-	100.-
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	100.-	100.-
19. Expenses Paid by Committee (Section P)	- 0 -	- 0 -
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	100.-	100.-
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Contributions Received (Section M)		
23. Refundable Deposit to Telephone Company (Section N)		
24. Receipts of Organization Expenditures (Section O)		
25. Beginning Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c. - Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>CT TEA PARTY</i>	FILING DUE DATE <i>02/09/2010.</i>
--	---------------------------------------

C1. Contributions from Other Committees

Name of Committee <i>PRO Bethel Town Committee</i>				Name of Treasurer <i>Robert Z Crnic</i>	
Address <i>45 Old Hawleyville RD</i>			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		Amount of Contribution <i>100. -</i>
City <i>Bethel</i>	State <i>CT</i>	Zip Code <i>06801</i>	Date Received <i>02/05/2010</i>	Aggregate Contributions <i>100. -</i>	
Name of Committee				Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? <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 L1? <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 L1? <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 L1? <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 L1? <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, Payments, or Surplus Distributions 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"/> Surplus Distribution <input type="checkbox"/> Payment for goods and services		
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"/> Surplus Distribution <input type="checkbox"/> Payment for goods and services		
SUBTOTAL Section C-This Page					<i>100. -</i>
TOTAL of additional Section C Pages					<i>- 0 -</i>
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 14 of Summary Page)					<i>100. -</i>

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE					FILING DUE DATE		
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>					Subtotal Section A \$		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				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? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				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? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				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? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received		Aggregate contributions	
SUBTOTAL Section B-This Page							
TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 13 of Summary Page)							