SEEC FORM 20
Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 1/08

101283

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POSTMARKED APR 1 2, 10

SUMMARY PAGE

DanPAC

Title	First	MI	Last	Suffix
Ms.	Arielle	R	Reich	

Street Address	City	State	Zip Code
25 Adams Ave #110	Stamford	CT	06902

(mm/dd/yyyy)

Title	First	MI·	Last	Suffix

- ☐ 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:
_____

Beginning Date		Ending Date
January 1, 2010	thru	March 31, 2010

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)

Arielle Reich
PRINT NAME OF SIGNER

4/12/2010
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

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SUMMARY PAGE
TOTALS

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	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	6,511.24	
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	12,555.65
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	41,780.65
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	6,511.24	52,889.95
19. Expenses Paid by Committee (Section P)	2,000.00	48,378.71
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	4,511.24	4,511.24
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	

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$ 0.00

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
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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	

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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	

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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

0.00

0.00

0.00

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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	

Name of Committee				Name of Treasurer		

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

Name of Committee				Name of Treasurer		

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

0.00

0.00

0.00

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

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

$ 0.00

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

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

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

$ 0.00

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

Date of Receipt	Date of Receipt	Total Transfers
Amount	Amount	$

Date of Receipt	Method of payment: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card	Date of Receipt	Method of payment: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card	Total Amount Received
Amount		Amount		$

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

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	$

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			$

$ 0.00

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

0.00

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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

	0.00
	+ 0.00
	0.00

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Name of Purchaser (Individuals ONLY) — 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 (Individuals ONLY) — 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 (Individuals ONLY) — 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 (Individuals ONLY) — 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 (Individuals ONLY) — 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 (Individuals ONLY) — 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 (Individuals ONLY) — 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 (Individuals ONLY) — 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 (Individuals ONLY) — 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					

0.00

0.00

0.00

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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 #		

0.00

0.00

0.00

DanPAC

4/10/10

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	
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Street Address	City	State	Zip Code	Aggregate value for this event	
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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 #	

0.00

0.00

0.00

PanoPAC

4/10/10

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	
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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	

0.00

0.00

0.00

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		

0.00

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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	

0.00

DanPAC   4/10/10

Name of Payee CT State Missionary Baptist Association	Date of Payment 1/12/10	Method of Payment ☑ Check # 1123 ☐ Debit Card	Amount
Street Address 609 Dixwell Ave City New Haven State CT Zip Code 06511			
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	$ 1000.—

Name of Payee West Haven DTC	Date of Payment 2/10/10	Method of Payment ☑ Check # 1124 ☐ Debit Card	Amount
Street Address 305 County Hill Dr. City West Haven State CT Zip Code 06576			
Purpose of Expenditure (by code) CNTRB Description Slate		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)* Dem Slate Office Sought	☐ Supported ☐ Opposed	$ 1000.—

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)* ☐ A ☐ B ☐ C ☐ D ☐ E	Candidate(s) Name *(if applicable)* Office Sought	☐ Supported ☐ Opposed	$

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)* ☐ A ☐ B ☐ C ☐ D ☐ E	Candidate(s) Name *(if applicable)* Office Sought	☐ Supported ☐ Opposed	$

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)* ☐ A ☐ B ☐ C ☐ D ☐ E	Candidate(s) Name *(if applicable)* Office Sought	☐ Supported ☐ Opposed	$

2,000.00

0.00

2,000.00

DanPAC   4/10/10

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

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

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

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

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

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

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

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

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

0.00

0.00

0.00

DanPAC   4/10/10

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 #	

0.00
0.00
0.00

DanPAC   4/10/10

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		
Description / ☐ Independent ☐ Organization *(see Instructions)* ☐ A ☐ B ☐ C ☐ D ☐ E	☐ 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		
Description / ☐ Independent ☐ Organization *(see Instructions)* ☐ A ☐ B ☐ C ☐ D ☐ E	☐ 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		
Description / ☐ Independent ☐ Organization *(see Instructions)* ☐ A ☐ B ☐ C ☐ D ☐ E	☐ 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		
Description / ☐ Independent ☐ Organization *(see Instructions)* ☐ A ☐ B ☐ C ☐ D ☐ E	☐ Supported ☐ Opposed	

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	0.00
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	+ 0.00
	0.00

Dan PAC   4/10/10

Last Name of Worker/Consultant	First		MI	Date of Payment	Method of Payment	Amount

Secondary Payee | Purpose of Expenditure (by code) | ☐ Check #_____ ☐ Debit Card

Street Address | City | State | Zip Code

Description

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

$

Last Name of Worker/Consultant	First		MI	Date of Payment	Method of Payment	Amount

Secondary Payee | Purpose of Expenditure (by code) | ☐ Check #_____ ☐ Debit Card

Street Address | City | State | Zip Code

Description

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

$

Last Name of Worker/Consultant	First		MI	Date of Payment	Method of Payment	Amount

Secondary Payee | Purpose of Expenditure (by code) | ☐ Check #_____ ☐ Debit Card

Street Address | City | State | Zip Code

Description

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

$

Last Name of Worker/Consultant	First		MI	Date of Payment	Method of Payment	Amount

Secondary Payee | Purpose of Expenditure (by code) | ☐ Check #_____ ☐ Debit Card

Street Address | City | State | Zip Code

Description

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

$

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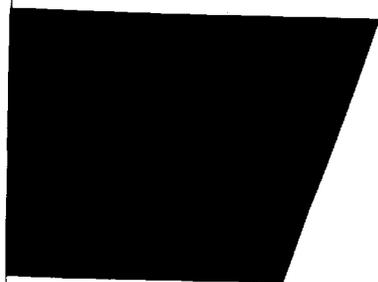**From:** DanPAC

PO Box 16878.

Stamford CT 06907

Ready**P**ost.

Utility Mailer

To: State Election Enforcement Commission

3rd floor

20 Trinity St.

Hartford CT 06106