



Do Not Mark In This Space for Official Use Only

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SUMMARY PAGE

1. NAME OF COMMITTEE Connecticut Republican SCC

2. TREASURER NAME

Title First MI Last Suffix
Gary Schaffrick

3. TREASURER ADDRESS

Street Address City State Zip Code
515-14 Emmett Street Bristol CT 06010

4. ELECTION/REFERENDUM DATE 5. OFFICE SOUGHT 6. DISTRICT NUMBER

(mm/dd/yyyy) 01/10/2012

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, 7th day preceding primary, 30 days following primary, 7th day preceding election, 12th day preceding election, 45 days following election, 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 Ending Date
12/23/2011 thru 12/31/2011

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) PRINT NAME OF SIGNER DATE (mm/dd/yyyy)

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE  
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Connecticut Republican SCC	01/10/2012	
	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		16934.10
12. Balance on hand at the beginning of Reporting Period	6540.96	
13. Contributions received from Individuals (Sections A and B)	120.12	69352.16
14. Receipts from Other Committees (Sections C1 and C2)	0.00	26208.13
15. Other Monetary Receipts (Sections D-K)	0.00	0.00
16a. Total Small Food and Beverage Receipts at Fair (Section L1) <i>Town Committees ONLY</i>	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) <i>Municipal and Town Committees ONLY</i>	0.00	0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	120.12	95560.29
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	6661.08	112494.39
19. Expenses Paid by Committee (Section P)	182.00	106015.31
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	6479.08	6479.08
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	0.00
22. In-Kind Contributions Received (Section M)	0.00	1.15
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	

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

<b>NAME OF COMMITTEE:</b>	<b>FILING DUE DATE:</b>
Connecticut Republican SCC	01/10/2012

<b>A. Total contributions from small contributors - Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	<b>Subtotal Section A</b> \$     70.12
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**B. Itemized Contributions from Individuals**

Last Name Correa	First Rodrigo A.	MI	Principal Occupation	Amount of Contribution  25.00
Residential Street Address 95 Griswold Road	City Wethersfield	State CT	Zip Code 06109-365	

Is the Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No
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Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 12/30/2011	Aggregate Contributions 85.00
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Last Name Correa	First Rodrigo A.	MI	Principal Occupation	Amount of Contribution  25.00
Residential Street Address 95 Griswold Road	City Wethersfield	State CT	Zip Code 06109-365	

Is the Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No
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Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 12/30/2011	Aggregate Contributions 85.00
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Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State	Zip Code	

Is the 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
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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
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<b>SUBTOTAL Section B - This Page</b>	<b>50.00</b>
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section A &amp; B) (Enter total on Line 13 of Summary Page)</b>	<b>120.12</b>

**IV. EXPENDITURES**

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Republican SCC	01/10/2012

**P. Expenses Paid by Committee**

Name of Payee Thirteenth Floor Graphics and Printing				Date of Payment 12/30/2011	Method of Payment <input checked="" type="checkbox"/> Check # 1154 <input type="checkbox"/> Debit Card	Amount
Street Address 375 Lake Avenue	City Bristol	State CT	Zip Code 06010-			
Purpose of Expenditure (by code) PRNT	Description Printing					
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 182.00
Name of Payee				Date of Payment	Method of Payment	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code)	Description					
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$
Name of Payee				Date of Payment	Method of Payment	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code)	Description					
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$
Name of Payee				Date of Payment	Method of Payment	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code)	Description					
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$

<b>SUBTOTAL Section P-This Page</b>	182.00
<b>TOTAL of additional Section P Pages</b>	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)</b>	182.00