

# SEEC FORM 20

Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Rev. 3/11

FILED SEEC



7012	12: 22	120394
Do Not Mark in This Space For Official Use Only		

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## COVER PAGE

Dan PAC																															
Title	Ms.	First	Arielle	MI	R	Last	Reich	Suffix																							
Street Address		266 Pearl St. #404		City		Hartford		State	CT	Zip Code	06103																				
ELECTION REFERENCE DATE (mm/dd/yyyy)		ELECTION SOUGHT (Complete only if Candidate Committee)						DISBURSEMENT																							
								(if applicable)																							
<table border="1"> <tr> <td>Title</td> <td>First</td> <td>MI</td> <td>Last</td> <td>Suffix</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>												Title	First	MI	Last	Suffix															
Title	First	MI	Last	Suffix																											
<table border="0"> <tr> <td><input checked="" type="checkbox"/> January 10 filing</td> <td><input type="checkbox"/> 7th day preceding primary</td> <td><input type="checkbox"/> 7th day preceding referendum</td> <td><input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY)</td> </tr> <tr> <td><input type="checkbox"/> April 10 filing</td> <td><input type="checkbox"/> 30 days following primary</td> <td><input type="checkbox"/> 45 days following referendum</td> <td><input type="checkbox"/> Amendment to</td> </tr> <tr> <td><input type="checkbox"/> July 10 filing</td> <td><input type="checkbox"/> 7th day preceding election</td> <td><input type="checkbox"/> Deficit</td> <td>Type of Report:</td> </tr> <tr> <td><input type="checkbox"/> October 10 filing</td> <td><input type="checkbox"/> 12th day preceding election (State Central Committees Only)</td> <td><input checked="" type="checkbox"/> Termination</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Independent Expenditure     <input type="radio"/> Primary   <input type="radio"/> Election</td> <td><input type="checkbox"/> 45 days following election not held in November</td> <td></td> <td></td> </tr> </table>												<input checked="" type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input 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 checked="" type="checkbox"/> Termination		<input type="checkbox"/> Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="checkbox"/> 45 days following election not held in November		
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<table border="0"> <tr> <td>Beginning Date</td> <td>Ending Date</td> </tr> <tr> <td>10/1/11</td> <td>12/31/11</td> </tr> </table>												Beginning Date	Ending Date	10/1/11	12/31/11																
Beginning Date	Ending Date																														
10/1/11	12/31/11																														
10. CERTIFICATION																															
<p>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.</p>																															
 TREASURER OR DEPUTY TREASURER (SIGNATURE)				Arielle Reich PRINT NAME OF SIGNER				1/9/12 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. 3/11

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## SUMMARY PAGE TOTALS

DanPAC	1/10/12	
	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	2645.24	
13. Contributions received from Individuals (Sections A and B)	0	29,225.00
14. Receipts from Other Committees (Sections C1 and C2)	0	12,555.65
15. Other Monetary Receipts (Sections D-K)	0	0
16a. Total Small Food and Beverage Receipts at Fair (Section L1) <i>Town Committees ONLY</i>	0	0
16b. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section L2)	0	0
16c. Total Purchases of Advertising in a Program Book (Section L3) <i>Municipal and Town Committees ONLY</i>	0	0
17. Total Monetary Receipts (add totals for lines 13-16c)	0	41,780.65
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	2645.24	52,889.95
19. Expenses Paid by Committee (Section P)	2645.24	52,889.95
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	0.00	0.00
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Contributions Received (Section M)	0	0
23. Refundable Deposit to Telephone Company (Section N)	0	0
24. Receipts of Organization Expenditures (Section O)	0	0
25. Beginning Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

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Dan P A C

Jan 10 filing *Hermination*

9

[illegible]

# I. MONETARY RECEIPTS (Sections A-K)

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Dan PAC

Jan 10 filing / termination

Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
			<input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
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?			Amount of Contribution	
			<input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
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?			Amount of Contribution	
			<input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
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?			Amount of Contribution	
			<input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
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?			Amount of Contribution	
			<input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
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"/> 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"/> Payment for goods and services		

SHOULD BE SECTION C-2 PAGE

0

0

0

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

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DanPAC

Jan 10 filing / termination

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

**TOTAL SECTION D**

0

## **E. Receipts from Entity other than Individual or Other Committee (Representative Committee ONLY)**

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

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

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

**TOTAL SECTION E**

0

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

Date of Receipt	Amount	Date of Receipt	Amount	Total Transfers
_____	_____	_____	_____	
Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		

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

Date of Receipt	Amount	Date of Receipt	Amount	Total Transfers
_____	_____	_____	_____	

## **H. Personal Fund of the Candidate Received this Period (Candidate Committee ONLY)**

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

# I. MONETARY RECEIPTS (Sections A-K)

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DanPAC

Jan 10 filing/termination

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

Date Received	Amount	Date Received	Amount	Total Amount Received
Name of Institution		Name of Institution		
Street Address		Street Address		
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						

TOTAL SECTION I

## Summary of Other Monetary Receipts (Sections D-K)

Total Loans Received this Period (Section D)	+	0
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	0
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	0
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	0
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	0
Total Amount of Anonymous Contributions (Section I)	+	0
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	0
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	0
Total of Other Monetary Receipts (Add Section D-K) (Enter "0" on line 15 of Summary Page)		0

## II. FUNDRAISING EVENT ACTIVITY

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**Dan PAC**

**Jan 10 filing / termination**

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.)

☐ 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

SUBTOTAL Section L2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items (Town Committees ONLY)	0
TOTAL of additional Section L2 Proceeds	0
TOTAL of additional Section L2 Proceeds	0

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Jan 10 Filing / termination

Last Name	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Last Name	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Last Name	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit			<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Last Name	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit			<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Last Name	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit			<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Last Name	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit			<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Last Name	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit			<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
<div style="background-color: black; color: white; padding: 5px;">             TOTAL PURCHASES \$ _____           </div>						0
<div style="background-color: black; color: white; padding: 5px;">             TOTAL PURCHASES \$ _____           </div>						6
<div style="background-color: black; color: white; padding: 5px;">             TOTAL PURCHASES \$ _____           </div>						6



## II. FUNDRAISING EVENT ACTIVITY

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**Dan PAC**

**Jan 10 filing / termination**

Name of Purchaser				Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		

Subtotal (Section II, Part 1)	0
Total (Section II, Part 1)	0
Total (Section II, Part 1) (Grand Total)	0

## II. FUNDRAISING EVENT ACTIVITY

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Dan PAC					Jan 10 filing / Termination	
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Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity		<b>Fair Market Value of Donation</b>	
Street Address		City		State	Zip Code		Aggregate value for this event
Description of donation				Date Received	Event #		

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

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

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

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

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

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

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

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

SUB-TOTAL OF CONTRIBUTIONS						0
TOTAL OF CONTRIBUTIONS						0
TOTAL OF CONTRIBUTIONS NOT CONSIDERED CONTRIBUTIONS						0

# III. NONMONETARY RECEIPTS

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DanPAC

Jan 10 filing / termination

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
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		
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		Description of In-Kind Contribution		Aggregate contributions	
Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
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		
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		Description of In-Kind Contribution		Aggregate contributions	
Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
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		
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		Description of In-Kind Contribution		Aggregate contributions	
Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
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		
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		Description of In-Kind Contribution		Aggregate contributions	
<p>Subtotal of Section III (Enter total on Line 2 of Summary Page)</p> <p>0</p>						
<p>Subtotal of Section III (Enter total on Line 2 of Summary Page)</p> <p>0</p>						
<p>Subtotal of Section III (Enter total on Line 2 of Summary Page)</p> <p>0</p>						
<p>Net Refundable Deposit to Telephone Company</p>						
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		
<p>TOTAL SECTION III (Enter total on Line 2 of Summary Page)</p> <p>0</p>						

### III. NONMONETARY RECEIPTS

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DanPAC

Jan 10 filing / termination

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

TOTAL SECTION O (Data total on Page 14 of Summary Page)

0

## IV. EXPENDITURES

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Dan PAC

Jan 10 filing / termination

Name of Payee <b>Domus (501C3)</b>		Date of Payment <b>11/18/11</b>		Method of Payment <input checked="" type="checkbox"/> Check # <b>bank check</b> <input type="checkbox"/> Debit Card	
Street Address <b>83 Lockwood Ave</b>		City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902</b>	
Purpose of Expenditure (by code) <b>CHAR</b>	Description		Event #		Amount <b>2645.24</b>
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) <b>o A o B o C o D o E</b>	Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		

Name of Payee		Date of Payment		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount
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) <b>o A o B o C o D o E</b>	Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		

Name of Payee		Date of Payment		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount
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) <b>o A o B o C o D o E</b>	Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		

Name of Payee		Date of Payment		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount
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) <b>o A o B o C o D o E</b>	Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		

Name of Payee		Date of Payment		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount
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) <b>o A o B o C o D o E</b>	Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		

2645.24

0

2645.24

# IV. EXPENDITURES

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DanPAC

Jan 10 filing / termination

Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?		Amount
Street Address		City		State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Purpose of Expenditure (by code)	Description					Event #		Amount
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?		Amount
Street Address		City		State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Purpose of Expenditure (by code)	Description					Event #		Amount
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?		Amount
Street Address		City		State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Purpose of Expenditure (by code)	Description					Event #		Amount
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?		Amount
Street Address		City		State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Purpose of Expenditure (by code)	Description					Event #		Amount
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?		Amount
Street Address		City		State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Purpose of Expenditure (by code)	Description					Event #		Amount
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?		Amount
Street Address		City		State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Purpose of Expenditure (by code)	Description					Event #		Amount
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?		Amount
Street Address		City		State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Purpose of Expenditure (by code)	Description					Event #		Amount
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?		Amount
Street Address		City		State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Purpose of Expenditure (by code)	Description					Event #		Amount
SUBTOTAL (Sum of this page)								0
TOTAL of additional schedule								0
TOTAL OF ALL REIMBURSEMENTS PAID BY CANDIDATE (Sum of all schedules)								6

# IV. EXPENDITURES

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DanPac

Jan 10 file / termination

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 #	

SUBTOTALS

0

6

0

# IV. EXPENDITURES

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DANPAC

Jan 10 filing / termination

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): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) ○ A   ○ B   ○ C   ○ D   ○ E			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Description						
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): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) ○ A   ○ B   ○ C   ○ D   ○ E			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Description						
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): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) ○ A   ○ B   ○ C   ○ D   ○ E			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Description						
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): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) ○ A   ○ B   ○ C   ○ D   ○ E			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Description						

SUBTOTAL Section S- This Page

0

TOTAL OF Additional Sections S-B

0

TOTAL OF ALL EXPENSES INCURRED BY COMMITTEES SERVING IN CONCURRENT ELECTIONS (SEE INSTRUCTIONS)

0

TOTAL OF ALL EXPENSES INCURRED BY COMMITTEES SERVING IN CONCURRENT ELECTIONS (SEE INSTRUCTIONS)

0

TOTAL OF ALL EXPENSES INCURRED BY COMMITTEES SERVING IN CONCURRENT ELECTIONS (SEE INSTRUCTIONS)

0



## IV. EXPENDITURES

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DanPAC

Jan 10 6/11/19 / Termination

Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment	
Secondary Payee				Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address		City		State	Zip Code	Amount
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) ○ A   ○ B   ○ C   ○ D   ○ E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment	
Secondary Payee				Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address		City		State	Zip Code	Amount
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) ○ A   ○ B   ○ C   ○ D   ○ E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment	
Secondary Payee				Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address		City		State	Zip Code	Amount
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) ○ A   ○ B   ○ C   ○ D   ○ E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment	
Secondary Payee				Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address		City		State	Zip Code	Amount
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) ○ A   ○ B   ○ C   ○ D   ○ E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment	
Secondary Payee				Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address		City		State	Zip Code	Amount
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) ○ A   ○ B   ○ C   ○ D   ○ E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

TOTAL Section I thru IV

0

TOTAL of all expenditures

0

TOTAL OF ALL EXPENDITURES (TOTAL OF ALL EXPENDITURES)

0