SEEC FORM 20

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





120394

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☑ January 10 fili	aa oo aalaa aa ahaa kaal oo ka bahaada bahaba aa k	☐ 7th day preceding primary	v 🔲 7	th day preceding referendum	☐ Initial Contri	bution or Disbursement
☐ April 10 filing		☐ 30 days following primary	<i>y</i> □ 4.	5 days following referendum	(PACs ONLY)	••
☐ July 10 filing		☐ 7th day preceding election	n 🗆 D	eficit	Type of Repo	
☐ October 10 fili	ing	☐ 12th day preceding election		ermination	->[
☐ Independent E		(State Central Committees Only) 45 days following election			·	
O Primary	O Election	not held in November	•			
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		Beginning Date		Ending Date		
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PENALTY FOR	FALSE STATEMENT	IS PUNISHABLE BY FINE NOT T	O EXCEED \$	1,000, OR IMPRISONMENT FOR	R NOT MORE THAN O	NE YEAR, OR BOTH.

SUMMARY PAGE TOTALS

Danpac	1/10/12	
Panis	COLUMN A This Period	COLUMN B
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	This Period	Aggregate 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	29,225.00
15. Other Monetary Receipts (Sections D-K)	0	0
16a. Total Small Food and Beverage Receipts at Fair (Section L1) Town Committees ONLY	0	0
16b. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section L2)	0	0
Municipal and Town 16c. Total Purchases of Advertising in a Program Book (Section L3) Committees ONLY	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	O
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	O
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	- 15 2/ (A & \$4)
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	

I. MONETARY RECEIPTS (Sections A-K)										
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Last Name	and the collection of the collection of	First			MI	Principal Occup	ation	والمستوريكيين والمستعلق المستعادة		
Residential Street Address	City		State	Zip Co	ode	Name of Employ	ver			
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	municipality	n is in excess of \$400 to does contributor or busi valued at more than \$5,0	ness he/s	he is as	sociated			Amount of Contribution		
fundraising event listed in Section L1? No If yes, list Event #	☐ Yes 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 C	Card 🗆 Payroll	Deduction Money (Date Rec	civeu		regiogate control			
Last Name		First			MI	Principal Occup	ation			
Residential Street Address	City		State	Zip Co	ode	Name of Employ	ver			
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	municipality	n is in excess of \$400 to does contributor or busi valued at more than \$5,0	ness he/s	he is a	ssociated			Amount of Contribution		
Is this contribution associated with a Grant of the section L1? Is contributor a principal of a state contractor or prospective state contractor? Yes fundraising event listed in Section L1? No If yes, indicate which branch or branches No of government the contract is with: Executive Legislative										
Method of contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit (Card 🗆 Payroll	Deduction		Date Rec	eived		Aggregate contributions			
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Residential Street Address	City		State	Zip Co	ode	Name of Employ	/er			
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	municipality	n is in excess of \$400 to does contributor or busi valued at more than \$5,0	ness he/s	he is a	ssociated			Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event #	o .	ontributor a principal of If yes, indicate which but government the contra	anch or	branch	es _	spective state co	☐ No			
Method of contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit (Card D Payroll	Deduction Money		Date Rec	eived	·	Aggregate contributions			
Last Name		First			MI	Principal Occup	ation			
Residential Street Address	City		State	Zip Co	ode	Name of Employ	ver			
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	municipality	n is in excess of \$400 to does contributor or busi valued at more than \$5,	ness he/s	he is a	ssociated			Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section L1? Note that the section L1?	0	ontributor a principal of If yes, indicate which but of government the contra	ranch or act is wit	branch	es 🗆 E	spective state co	☐ No			
Method of contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card 🗆 Payroll	Deduction Money (- 1				30 0			
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Name of Committee	<u> </u>	1			Name of Trea	l asurer	
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Address				tribution asso		Yes If yes, list No Event #	Amount of Contribution
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		Zip code				r shared expense	
Name of Committee		ļ		Name of T			
Traine of Constituted				I vanio or i	ousui oi		
Address				Date Recei	ved		Amount of Receipt
City	State	Zip Code		☐ Reimb	ursement for	r shared expense	
				☐ Payme	ent for goods	s and services Distribu	tion
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Danpac						Jan	10 Aling/ter	miration
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Name of Lender					Source of Lo	oan:	Is there a Cosigner or Guarantor of	Amount Received
Street Address	City		State	Zip Code	☐ Bank	☐ Candidate	this loan? Yes (if yes list name and address of	
Name of Cosigner/Guarantor					☐ Individual	Other Committee	Cosigner/Guarantor)	
Street Address	City		State	Zip Code	Date of Receipt			•
Name of Lender					Source of L	oan:	Is there a Cosigner or Guarantor of	Amount Received
Street Address	City		State	Zip Code	☐ Bank	☐ Candidate	this loan? Yes (If yes list	
Name of Cosigner/Guarantor			-	<u> </u>	☐ Individual		name and address of Cosigner/Guarantor) e	
Street Address	City		State	Zip Code	Date of Receip	Committe	е јш мо	
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Name of Entity		<u> </u>			<u> </u>			
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			•					
Name of Entity								
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Name of Entity					•			
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	Amoun		***************************************	Date of Receipt		Amount		Total Transfers
	Yes	If yes, list			on associated with		If yes, list	1
fundraising event listed in Section L1?	□ No	Event #			nt listed in Section		Event #	
Date of Receipt	OIII 7	C THE HELIAND	or citt	Date of Rece) i e i e i e i e i e i e i e i e i e i	多期 1.13.76.05.06.14.5011	Total Transfers
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Amount	_	Personal Che	I	Amount			Personal Check Credit/Debit Card	

I. MONETARY RECEIPTS (Sections A-K) Page 6											
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Date Received	Amount		Date Received	Amount			Total Amount Received				
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Total Loans Received this Pe		argag garage registration of			**********		0				
Total Receipts from Entities	other than Individuals or	Other Co	mmittees (Section E)		+		O				
Total Amount Transferred for	rom Affiliated Business T	reasury (S	ection F)		+	·	0				
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) +											
Total Amount of Personal Fu		•	Period (Section H)		+		0				
Total Amount of Anonymous			-		+		0				
Total Amount of Interest fro					+		0				
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	I	I. FUNDRAISIN	IG EVI	ENT ACTIVITY			Page 7 of 17			
DanpAC					Jan 10 Rling/	termina	thon			
				1 - Car 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -						
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Addr	ess		City	State	Zip Code			
Subpart 1: (All Committee Was this fundraising even	ees) nt hosted at a personal residence	e?	☐ Yes		L4 In-kind Donations not C d information for purchases r ons.)					
	e items donated by a business an individual of up to \$50?	entity of up to		(If yes, go to Section and complete require	L4 In-kind Donations not C d information.)	onsidered C	Contributions			
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of d adividual of up to \$50?	onated items	☐ Yes (If yes, go to Section L2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) ☐ No							
	nittees and Municipal Candida advertising space in a program			(If yes, go to Section and complete require	L3 Purchases of Advertisined information.)	g Space in a	a Program Book			
Subpart 3: (Town Com Did your committee sell gathering held within the	food or beverage at a fair or sin	nilar mass	☐ Yes	s (If yes, enter Total R	leccipts from small purchas	ses here.)	3			
	and the second		e de la companya de			No of the	Oran Carlo			
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Adda	ess		City	State	Zip Code			
Subpart 1: (All Committee Was this fundraising ever	<i>ees)</i> nt hosted at a personal residenc	e?	□ Yes		L4 In-kind Donations not C d information for purchases rons.)					
	e items donated by a business an individual of up to \$50?	entity of up to	☐ Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information.) ☐ No							
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of d adividual of up to \$50?	onated items		(If yes, go to Section I Donated Items.)	.2 Proceeds from Tag Sale,	Auction, or	Other Sale of			
	aittees and Municipal Candida advertising space in a program			(If yes, go to Section and complete require	L3 Purchases of Advertising dinformation.)	ng Space in a	a Program Book			
Subpart 3: (Town Comu Did your committee sell gathering held within the	food or beverage at a fair or sin	nilar mass	☐ Yes	s (If yes, enter Total R	Receipts from small purchas	ses here.)	8			
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	II. FUNDRA	ISING EVENT A	ACTIVITY			Page 8 of 17	
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	II. FUN	DRAISI	NG EVENT AC	CTIVIT			Page 9 of 17
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Name of Purchaser	Alama Alian III alian II alian		is the second se	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
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	II. FUN	DRAISING EVE	NT ACTIVITY		Page 10 of 17
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					III. NO	NMONETAR	Y RECEIPTS					Page 11 of 17
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IV. EXPENDITURES								Page 13 of 17		
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