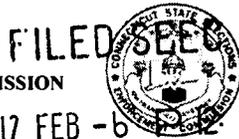


SEEC FORM 20

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



FILED
 2012 FEB -6 12:36

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 Do Not Mark in This Space For
 Official Use Only

SUMMARY PAGE

1. NAME OF COMMITTEE				
PRO BETHEL TOWN COMMITTEE				
2. TREASURER NAME				
Title	First	MI	Last	Suffix
Mr	ROBERT	Z	CRNIC	
3. TREASURER ADDRESS				
Street Address		City	State	Zip Code
45 Old Hawleyville Rd.		Bethel	CT	06801
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)		5. OFFICE SOUGHT (Complete only if Candidate Committee)		6. DISTRICT NUMBER (if applicable)
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)				
Title	First	MI	Last	Suffix
8. TYPE OF REPORT (Check One Box)				
<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input 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	<u>TERMINATION</u>	
<input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> Election	<input type="checkbox"/> 45 days following election not held in November			
9. PERIOD COVERED				
Beginning Date		Ending Date		
<u>01/01/2012</u>		thru	<u>02/01/2012</u>	
10. CERTIFICATION				
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.				
 _____ TREASURER OR DEPUTY TREASURER (SIGNATURE)		ROBERT Z. CRNIC _____ PRINT NAME OF SIGNER		02/01/2012 _____ DATE (mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.				

SEEC FORM 20

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

SUMMARY PAGE
TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
	02/01/2012	
PRO BETHEL TOWN COMMITTEE	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		\$135.36
12. Balance on hand at the beginning of Reporting Period	\$135.36	
13. Contributions received from Individuals (Sections A and B)	\$0.00	\$0.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
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)	\$0.00	\$0.00
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$135.36	\$135.36
19. Expenses Paid by Committee (Section P)	\$135.36	\$135.36
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)	\$0.00	\$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	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
PRO BETHEL TOWN COMMITTEE	02/01/2012

P. Expenses Paid by Committee

Name of Payee Bank Of America				Date of Payment 1/27/2012	Method of Payment <input checked="" type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount
Street Address 45 Old Hawleyville Rd		City BETHEL	State CT	Zip Code 06801		
Purpose of Expenditure (by code) BNK		Description BANK & SERVICE FEES			Event #	
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	s 113.23

Name of Payee CT TEA PARTY TOWN COMMITTEE				Date of Payment 1/27/2012	Method of Payment <input checked="" type="checkbox"/> Check # 1052 <input type="checkbox"/> Debit Card	Amount
Street Address 7 School St. Unit 3B		City BETHEL	State CT	Zip Code 06801		
Purpose of Expenditure (by code) SURPLS		Description SURPLUS DISTRIBUTION DUE TO TERMINATION			Event #	
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	s 22.13

Name of Payee				Date of Payment	Method of Payment	Amount
Street Address		City	State CT	Zip Code	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code)		Description			Event #	
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	s 0.00

Name of Payee				Date of Payment	Method of Payment	Amount
Street Address		City	State CT	Zip Code	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code)		Description			Event #	
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	s 0.00

Name of Payee				Date of Payment	Method of Payment	Amount
Street Address		City	State CT	Zip Code	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code)		Description			Event #	
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	s 0.00

SUBTOTAL Section P-This Page						\$135.36
TOTAL of additional Section P Pages						\$0.00
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)						\$135.36