

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
Candidates for Statewide Offices and General Assembly
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 10/07



P 12: 21

082059
Do Not Mark in This Space For
Official Use Only

SUMMARY PAGE

1. NAME OF COMMITTEE SANTIAGO 2008				2. TYPE OF COMMITTEE (Check Box) <input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
Title Ms	First Michelle	MI	Last Retamar	Suffix	
4. TREASURER ADDRESS					
Street Address 93 BURNHAM ST		City BRIDGEPORT	State CT	Zip Code 06604	
5. ELECTION DATE (mm/dd/yyyy) 8/12/08		6. OFFICE SOUGHT (if applicable) state Representative		7. DISTRICT NUMBER (if applicable) 130th	
8. CANDIDATE NAME					
Title MR.	First Ezequiel	MI	Last SANTIAGO	Suffix	
9. TYPE OF REPORT (Check One Box)					
<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input checked="" type="checkbox"/> Itemized Statement accompanying application for Public Grant		<input type="checkbox"/> Deficit	
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> Initial Supplemental Statement <input type="checkbox"/> Primary <input type="checkbox"/> Election		<input type="checkbox"/> Termination	
<input checked="" type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Weekly Supplemental Statement <input type="checkbox"/> Primary <input type="checkbox"/> Election		<input type="checkbox"/> Amendment to Type of Report: _____	
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 45 days following special election	<input type="checkbox"/> Declaration of Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> Election			
10. PERIOD COVERED					
Beginning Date April 1		Ending Date June 30, 08			
11. 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.					
		Michelle Retamar		7/1/08	
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER		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 30

Itemized Campaign Finance Disclosure Statement
 Candidates for Statewide Offices and General Assembly
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 10/07

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
SANTIAGO 2008	July 10, 2008	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	00	
14. Contributions received from Individuals (Sections A and B)	5442.00	
15. Receipts from Other Committees (Sections C1 +C2)	00	
16. Other Monetary Receipts (Sections D-I)	00	
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	00	
18. Total Monetary Receipts (add totals for lines 14-17)	5442.00	5442.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	5442.00	5442.00
20. Expenses Paid by Committee (Section N)	1768.34	
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both Columns)	3673.66	
22. In-Kind Donations not Considered Contributions Received (Section J3)	00.00	
23. In-Kind Contributions Received (Section K)	00.00	
24. Refundable Deposit to Telephone Company (Section L)	240.00	
25. Receipts of Organization Expenditures (Section M)	00.00	
26. Beginning Loan Balance	00	
26a. + Loans Received (Section D)	00	
26b. + Interest and Penalties on Loan(s)	00	
26c. - Payments on Loan(s)	00	
26d. Total Outstanding Loan Amount	00	
27. Campaign Expenses Paid by Candidate (Section O)	00	
28. Expenses Incurred on Committee Credit Card (Section P)	00	
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	00	

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE: SANTIAGO 2008 FILING DUE DATE: July 10, 2008

A. Total Contributions from Small Contributors Received this Period ONLY
(See instructions for definition of Small Contributor) Subtotal Section A: \$ _____

B. Itemized Contributions from Individuals

Last Name	First	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID #	Amount of Contribution
Residential Street Address	City		State	Zip Code	Date Received
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions
Last Name	First	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID #	Amount of Contribution
Residential Street Address	City		State	Zip Code	Date Received
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions
Last Name	First	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID #	Amount of Contribution
Residential Street Address	City		State	Zip Code	Date Received
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions
Last Name	First	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID #	Amount of Contribution
Residential Street Address	City		State	Zip Code	Date Received
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions
Last Name	First	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID #	Amount of Contribution
Residential Street Address	City		State	Zip Code	Date Received
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions

SUBTOTAL Section B-This Page: 08.00

TOTAL of all Section B Pages: 5442.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) 5442.00

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE SANTIAGO 2008	FILING DUE DATE July 20, 2008
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C1. Contributions from Other Committees

Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No				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 J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No				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 J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No				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 J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No				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 J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No				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 J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			

C2. Reimbursements or Payments 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			
Street 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			

SUBTOTAL Section C-This Page

00.00

TOTAL of additional Section C Pages

00.00

TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 15 of Summary Page)

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE SANTIAGO 2008	FILING DUE DATE July 10, 2008
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D. Loans Received this Period

Name of Lender				Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor)		Amount Received
Street Address	City	State	Zip Code	<input type="checkbox"/> Individual <input type="checkbox"/> Other		<input type="checkbox"/> No		
Name of Cosigner/Guarantor				Date of Receipt				\$
Street Address	City	State	Zip Code					
Name of Lender				Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor)		Amount Received
Street Address	City	State	Zip Code	<input type="checkbox"/> Individual <input type="checkbox"/> Other		<input type="checkbox"/> No		
Name of Cosigner/Guarantor				Date of Receipt				\$
Street Address	City	State	Zip Code					
Total Section D (Enter Total on Line 26a on Summary Page)								\$ 00.00

E. Personal Funds of the Candidate Received this Period (Candidate Committees Only)

Date of Receipt 6/28/08	Method of payment: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date of Receipt _____	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Total Amount Received \$ 30.00
Amount 30.00		Amount _____		

F. Anonymous Contributions (Specify dollar amount of the bills received)

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

G. Interest from Deposits in Authorized Accounts

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

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE SANTA ANA 2008	FILING DUE DATE July 10, 2008
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H. Public Grant Funds Received from the Citizens' Election Fund

Purpose of Grant:	Date of Receipt	Amount
<input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Post Election Deficit <input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	_____	_____
<input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Post Election Deficit <input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	_____	_____
<input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Post Election Deficit <input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	_____	_____
<input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Post Election Deficit <input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	_____	_____

Total Section H: \$ 00.00

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Street Address _____ City _____ State _____ Zip Code _____ Description _____		\$
Name _____ Date of Transaction _____ Street Address _____ City _____ State _____ Zip Code _____ Description _____		\$
Name _____ Date of Transaction _____ Street Address _____ City _____ State _____ Zip Code _____ Description _____		\$

Total Section I: \$ 00.00

Summary of Other Monetary Receipts (Sections D-I)

Total Loans Received this Period (Section D)	+	00.00
Total Amount of Personal Funds of the Candidate Received this Period (Section E)	+	\$ 30.00
Total Amount of Anonymous Contributions (Section F)	+	00.00
Total Amount of Interest from Deposits in Authorized Accounts (Section G)	+	
Total Public Grant Funds Received from the Citizens' Election Fund (Section H)	+	00.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section I)	+	00.00
Total of Other Monetary Receipts not Considered Contributions (Enter total on Line 16 of Summary Page)		

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE SANTAYO 2008	FILING DUE DATE July 10, 2008
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J1: Fundraising Event Information

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
05/29/08	A	Wine/cheese	736 Fairfield ave	Bridgport	CT	06604

Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section J3 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 J3 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 J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) No

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
06/28/08	A	BESTRIP	45 Lyon Ter	Bpt	CT	06604

Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section J3 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 J3 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 J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) No

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code

Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section J3 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 J3 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 J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) No

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code

Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section J3 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 J3 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 J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) No

