

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"/> April 10 filing		<input type="checkbox"/> 30 days following primary		<input type="checkbox"/> Deficit	
<input checked="" type="checkbox"/> July 10 filing		<input type="checkbox"/> 7th day preceding election		<input type="checkbox"/> Termination	
<input type="checkbox"/> October 10 filing		<input type="checkbox"/> 45 days following special election		<input type="checkbox"/> Amendment to Type of Report:	
		<input type="checkbox"/> Initial Supplemental Statement <input type="checkbox"/> Primary <input type="checkbox"/> Election			
		<input type="checkbox"/> Weekly Supplemental Statement <input type="checkbox"/> Primary <input type="checkbox"/> Election			
		<input type="checkbox"/> Declaration of Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> Election			
10. PERIOD COVERED					
Beginning Date		Ending Date			
April 1		thru 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	<del>5442.00</del>
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 # _____		Aggregate contributions	
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 # _____		Aggregate contributions	
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 # _____		Aggregate contributions	
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 # _____		Aggregate contributions	
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 # _____		Aggregate contributions	
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 <b>SANTIAGO 2008</b>	FILING DUE DATE <b>July 20, 2008</b>
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**C1. Contributions from Other Committees**

Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a <input type="checkbox"/> Yes <i>If yes, list fundraising event listed in Section J1?</i> <input type="checkbox"/> No <i>Event #</i>				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a <input type="checkbox"/> Yes <i>If yes, list fundraising event listed in Section J1?</i> <input type="checkbox"/> No <i>Event #</i>				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a <input type="checkbox"/> Yes <i>If yes, list fundraising event listed in Section J1?</i> <input type="checkbox"/> No <i>Event #</i>				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a <input type="checkbox"/> Yes <i>If yes, list fundraising event listed in Section J1?</i> <input type="checkbox"/> No <i>Event #</i>				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a <input type="checkbox"/> Yes <i>If yes, list fundraising event listed in Section J1?</i> <input type="checkbox"/> No <i>Event #</i>				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a <input type="checkbox"/> Yes <i>If yes, list fundraising event listed in Section J1?</i> <input type="checkbox"/> No <i>Event #</i>				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a <input type="checkbox"/> Yes <i>If yes, list fundraising event listed in Section J1?</i> <input type="checkbox"/> No <i>Event #</i>				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 <b>SANTIAGO 2008</b>	FILING DUE DATE <b>July 10, 2008</b>
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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 <b>6/28/08</b>	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
Amount <b>30.00</b>		Amount		
				\$ 30.00

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	Zip Code
						\$

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

<b>NAME OF COMMITTEE</b> SANTA ANA 2008	<b>FILING DUE DATE</b> 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 _____		\$
<b>Total Section I:</b>		\$ 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
<b>Total of Other Monetary Receipts not Considered Contributions</b> (Enter total on Line 16 of Summary Page)		

**II. FUNDRAISING EVENT ACTIVITY**

<b>NAME OF COMMITTEE</b> SANTAYO 2008	<b>FILING DUE DATE</b> 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

**II. FUNDRAISING ACTIVITY**

<b>NAME OF COMMITTEE</b> Sant. A 50 2008	<b>FILING DUE DATE</b> July 10, 2008
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**J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items**

Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received	Event #	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code			
Items Purchased						
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received	Event #	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code			
Items Purchased						
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received	Event #	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code			
Items Purchased						
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received	Event #	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code			
Items Purchased						
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received	Event #	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code			
Items Purchased						
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received	Event #	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code			
Items Purchased						
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received	Event #	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code			
Items Purchased						
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received	Event #	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code			
Items Purchased						
<b>SUBTOTAL Section J2-This Page</b>						00
<b>TOTAL of additional Section J2 Pages</b>						00
<b>TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS</b> <i>(Enter total on Line 17 of Summary Page)</i>						00



**II. FUNDRAISING ACTIVITY**

<b>NAME OF COMMITTEE</b>	<b>FILING DUE DATE</b>
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**SANTIAGO 2008**

**July 10, 08**

**J3: In-Kind Donations Not Considered Contributions**

Name of Donor	Donation given by:	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #
Name of Donor	Donation given by:	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #
Name of Donor	Donation given by:	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #
Name of Donor	Donation given by:	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #
Name of Donor	Donation given by:	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #
Name of Donor	Donation given by:	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #
Name of Donor	Donation given by:	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #
Name of Donor	Donation given by:	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #
<b>SUBTOTAL Section J3- This Page</b>			000
<b>TOTAL of additional Section J3 Pages</b>			000
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 22 of Summary Page)</b>			000

III. NONMONETARY RECEIPTS

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

**K. In-Kind Contributions**

Name		Date Received		Fair Market Value of this Contribution
Street Address		City	State Zip Code	
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution		Aggregate contributions

Name		Date Received		Fair Market Value of this Contribution
Street Address		City	State Zip Code	
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution		Aggregate contributions

Name		Date Received		Fair Market Value of this Contribution
Street Address		City	State Zip Code	
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution		Aggregate contributions

Name		Date Received		Fair Market Value of this Contribution
Street Address		City	State Zip Code	
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution		Aggregate contributions

Name		Date Received		Fair Market Value of this Contribution
Street Address		City	State Zip Code	
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution		Aggregate contributions

SUBTOTAL Section K This Page

TOTAL of additional Section K Pages

TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23 of Summary Page)

**L. Refundable Deposit to Telephone Company**

(NOTE: This section refers only to advances of deposits by individuals from personal funds to benefit the committee, not deposits made by the committee.)

Last Name of Individual <u>Américo</u>	First Name <u>SANTIAGO</u>	MI	Date Deposit Made <u>JUN 12, 08</u>	Amount of Deposit <u>240.00</u>
Residential Street Address <u>93 BUNHAM ST</u>	City <u>BPT</u>	State <u>CT</u>	Zip Code <u>06604</u>	
Name of telephone company <u>AT&amp;T</u>				
Street Address <u>Box 8110</u>	City <u>Aurora, IL</u>	State <u>ILLINOIS</u>	Zip Code <u>60507-8110</u>	

Total Section L (Enter total on Line 24 of Summary Page)

240.00

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE <b>SAN FIA 90 2008</b>				FILING DUE DATE <b>JULY 10, 08</b>	
<b>M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee</b>					
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		
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		
<b>Total Section M (Enter total on Line 25 of Summary Page)</b>					<b>06</b>

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
SANTIAGO 2008						July 10, 2008	
N. Expenses Paid by Committee							
Name of Payee				Date of Payment	Method of Payment		Amount
Staples				6/4/08	<input checked="" type="checkbox"/> Check # 1001 <input type="checkbox"/> Debit Card		126.01
Street Address		City	State	Zip Code	Purpose of Expenditure (by code)		Event #
Kings Hwy		Fairfield	CT	06424	OFFICE		—
Description							Event #
PRINTING SUPPLIES							—
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes (If yes, complete candidate name and office sought)							
<input checked="" type="checkbox"/> No							
Name of Payee				Date of Payment	Method of Payment		Amount
US Postmaster				6/4/08	<input checked="" type="checkbox"/> Check # 1002 <input type="checkbox"/> Debit Card		138.00
Street Address		City	State	Zip Code	Purpose of Expenditure (by code)		Event #
Fairfield Ave		Bridgeport	CT	06605	POST		—
Description							Event #
POSTAGE FOR MAILING							—
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes (If yes, complete candidate name and office sought)							
<input checked="" type="checkbox"/> No							
Name of Payee				Date of Payment	Method of Payment		Amount
Staples				6/18/08	<input checked="" type="checkbox"/> Check # 1003 <input type="checkbox"/> Debit Card		82.14
Street Address		City	State	Zip Code	Purpose of Expenditure (by code)		Event #
4343 MAIN ST		Bpt	CT	06606	OFFICE		—
Description							Event #
PAPER SUPPLIES							—
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes (If yes, complete candidate name and office sought)							
<input checked="" type="checkbox"/> No							
Name of Payee				Date of Payment	Method of Payment		Amount
Staples				6/23/08	<input checked="" type="checkbox"/> Check # 1004 <input type="checkbox"/> Debit Card		201.75
Street Address		City	State	Zip Code	Purpose of Expenditure (by code)		Event #
Main St		Bpt	CT	06606	OFFICE		—
Description							Event #
OFFICE SUPPLIES							—
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes (If yes, complete candidate name and office sought)							
<input checked="" type="checkbox"/> No							
Name of Payee				Date of Payment	Method of Payment		Amount
AT & T				6/24/08	<input checked="" type="checkbox"/> Check # 1005 <input type="checkbox"/> Debit Card		134.16
Street Address		City	State	Zip Code	Purpose of Expenditure (by code)		Event #
5065 Main St		Trumbull	CT	06691	OFFICE		—
Description							Event #
Phone equipment							—
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes (If yes, complete candidate name and office sought)							
<input checked="" type="checkbox"/> No							
SUBTOTAL Section N This Page						547.60	
TOTAL of additional Section N Pages						1220.74	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page)						1768.34	

**IV. EXPENDITURES**  
**Section N. Additional Page**

NAME OF COMMITTEE <b>SANTIAGO 2008</b>	FILING DUE DATE <b>July 10, 08</b>
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**N. Expenses Paid by Committee**

Name of Payee <b>CHAPEL CHARTERS Inc</b>				Date of Payment <b>6/28/08</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>1006</b> <input type="checkbox"/> Debit Card	Amount  <b>750<sup>00</sup></b>
Street Address <b>P.O. Box 501</b>	City <b>ANSONIA</b>	State <b>CT</b>	Zip Code <b>06401</b>	Purpose of Expenditure (by code) <b>FWR</b>		
Description <b>Bus trip Transportation</b>					Event # <b>062808A</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="checkbox"/> No				Other Candidate(s) Name  Office Sought		\$

Name of Payee				Date of Payment	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure (by code)		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name  Office Sought		\$

Name of Payee				Date of Payment	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure (by code)		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name  Office Sought		\$

Name of Payee				Date of Payment	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure (by code)		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name  Office Sought		\$

Name of Payee				Date of Payment	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure (by code)		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name  Office Sought		\$

**SUBTOTAL Section N- This Page**      **750<sup>00</sup>**

**IV. EXPENDITURES**

<b>NAME OF COMMITTEE</b> SANTIAGO 2008	<b>FILING DUE DATE</b> July 10, 2008
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**O. Campaign Expenses Paid by Candidate**

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					
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					
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					
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					
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					
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					
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					
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					
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					

**SUBTOTAL Section O-This Page** 00

**TOTAL of additional Section O Pages** 00

**TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 27 of Summary Page)** 00

IV. EXPENDITURES

NAME OF COMMITTEE: SPRING 2008 FILING DUE DATE: July 10, 08

P. Expenses Incurred on Committee Credit Card

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 #	
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 #	

SUBTOTAL Section P, This Page: 00.00

TOTAL of additional Section P, Pages: 00.00

TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 28 of Summary Page): 00.00

**IV. EXPENDITURES**

<b>NAME OF COMMITTEE</b> SANTIAGO 2008	<b>FILING DUE DATE</b> JULY 10, 2008
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**Q. Expenses Incurred by Committee but Not Paid During this Period**

Name of Creditor	Date Incurred	Amount Incurred (Estimate or Actual)
Street Address	City	State
Zip Code		
Purpose of Expenditure (by code)	Description	Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No		Other Candidate(s) Name
		Office Sought
		\$
Name of Creditor	Date Incurred	Amount Incurred (Estimate or Actual)
Street Address	City	State
Zip Code		
Purpose of Expenditure (by code)	Description	Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No		Other Candidate(s) Name
		Office Sought
		\$
Name of Creditor	Date Incurred	Amount Incurred (Estimate or Actual)
Street Address	City	State
Zip Code		
Purpose of Expenditure (by code)	Description	Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No		Other Candidate(s) Name
		Office Sought
		\$
Name of Creditor	Date Incurred	Amount Incurred (Estimate or Actual)
Street Address	City	State
Zip Code		
Purpose of Expenditure (by code)	Description	Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No		Other Candidate(s) Name
		Office Sought
		\$
<b>SUBTOTAL Section Q: This Page</b>		00
<b>TOTAL of additional Section Q Pages</b>		00
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on line 29a of Summary Page)</i>		00
<b>Previously reported Expenses Unpaid and still Outstanding</b>		+ 00
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on line 29a of Summary Page)</i>		00



IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
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**R. Itemization of Reimbursements to Committee Workers and Consultants**

Name of Worker/Consultant <i>Beverly Salzman</i>	Date of Payment <i>6/17/08</i>	Method of Payment <input checked="" type="checkbox"/> Check # <i>1007</i> <input type="checkbox"/> Debit Card	Amount <i>54.55</i>
Secondary Payee <i>glay &amp; Shop</i>	Purpose of Expenditure (by code) <i>RCW</i>		
Street Address <i>MADISON AVE</i>	City <i>Bpt</i>	State <i>CT</i>	Zip Code <i>06606</i>
Description <i>Food &amp; Beverages</i>			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="checkbox"/> No			
Other Candidate(s) Name		Office Sought	

Name of Worker/Consultant <i>Americo Santiago</i>	Date of Payment <i>6/30/08</i>	Method of Payment <input checked="" type="checkbox"/> Check # <i>1008</i> <input type="checkbox"/> Debit Card	Amount <i>185.00</i>
Secondary Payee <i>Murphy's Law</i>	Purpose of Expenditure (by code) <i>FNDR OFFICE</i>		
Street Address <i>236 Fairfield Ave</i>	City <i>Bpt</i>	State <i>CT</i>	Zip Code <i>06604</i>
Description <i>Wine &amp; cheese</i>			Event # <i>052908A</i>
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="checkbox"/> No			
Other Candidate(s) Name		Office Sought	

Name of Worker/Consultant <i>Americo Santiago</i>	Date of Payment <i>6/30/08</i>	Method of Payment <input checked="" type="checkbox"/> Check # <i>1009</i> <input type="checkbox"/> Debit Card	Amount <i>231.19</i>
Secondary Payee <i>Staples</i>	Purpose of Expenditure (by code) <i>RCW</i>		
Street Address <i>Kings Hwy</i>	City <i>Fairfield</i>	State <i>CT</i>	Zip Code <i>06624</i>
Description <i>Office supplies</i>			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="checkbox"/> No			
Other Candidate(s) Name		Office Sought	

Name of Worker/Consultant	Date of Payment	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount
Secondary Payee	Purpose of Expenditure (by code)		
Street Address	City	State	Zip Code
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No			
Other Candidate(s) Name		Office Sought	

SUBTOTAL Section R- This Page *470.74*

TOTAL of additional Section R Pages *00*

TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS *470.74*

NAME OF COMMITTEE: **San Diego 2008** FILING DUE DATE: **July 10, 08**

**S. Surplus Distribution of Equipment and Furniture**

Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				

**SUBTOTAL Section S**

00

Last Name Santiago		First Americo		MI	Method of Contribution <del>Cash</del> <i>check</i>		Contribution ID # 001		Amount of Contribution \$50.00
Residential Street Address 93 Burham Street		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 4/20/2008	
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$50.00	
Last Name Robles		First April		MI	Method of Contribution Cash		Contribution ID # 002		Amount of Contribution \$25.00
Residential Street Address 993 State Street		City Bridgeport		State Connecticut		Zip Code 06605		Date Received 4/20/2008	
Principal Occupation Clerk		Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$25.00	
Last Name Rivera		First Jose		MI	Method of Contribution Cash		Contribution ID # 003		Amount of Contribution \$20.00
Residential Street Address 991 State St		City Bridgeport		State Connecticut		Zip Code 06605		Date Received 4/20/2008	
Principal Occupation Machine Op		Name of Employer Luis Sign Fab		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$20.00	

*total this page 95.00*

Last Name Robles		First Michelle		MI	Method of Contribution Cash		Contribution ID # 004		Amount of Contribution \$20.00
Residential Street Address 993 State Street		City Bridgeport		State Connecticut		Zip Code 06605		Date Received 4/20/2008	
Principal Occupation Server		Name of Employer Aspetoy Vally C.C.		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$20.00	
Last Name Figueroa		First Yesenia		MI	Method of Contribution Cash		Contribution ID # 005		Amount of Contribution \$5.00
Residential Street Address 1026 Chosey Hill Rd		City Bridgeport		State Connecticut		Zip Code 06606		Date Received 4/21/2008	
Principal Occupation Office Manager		Name of Employer Exec Mortgage Bank		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00	
Last Name Ortiz		First Shadeth		MI	Method of Contribution Cash		Contribution ID # 006		Amount of Contribution \$10.00
Residential Street Address 684 Trumbull Ave C		City Bridgeport		State Connecticut		Zip Code 06606		Date Received 4/23/2008	
Principal Occupation Outreach Worker		Name of Employer Optimun Health		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$10.00	

Total \$ 35.00

Last Name Breland		First Charles		MI G.	Method of Contribution Cash		Contribution ID # 007		Amount of Contribution \$10.00
Residential Street Address 267 Myrtle Ave		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 4/28/2008	
Principal Occupation Administration		Name of Employer University of Bridgeport		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate contribution \$10.00		
Last Name Stephen		First Gail		MI	Method of Contribution Check		Contribution ID # 008		Amount of Contribution \$10.00
Residential Street Address 39 Sims Street		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 5/1/2008	
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate contribution \$10.00		
Last Name Villa		First Bianca		MI	Method of Contribution Cash		Contribution ID # 009		Amount of Contribution \$5.00
Residential Street Address 709 Garfield Avenue		City Bridgeport		State Connecticut		Zip Code 06606		Date Received 5/2/2008	
Principal Occupation None		Name of Employer Unemployed		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate contribution \$5.00		

Total \$ 25.00

Last Name Fuentes		First Elisa		MI	Method of Contribution Cash		Contribution ID # 010		Amount of Contribution \$5.00
Residential Street Address 21 Summer Drive		City Southwick		State MA		Zip Code 01077		Date Received 5/2/2008	
Principal Occupation None		Name of Employer Unemployed		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
								<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00	
Last Name Alvarez		First Ivon		MI	Method of Contribution Cash		Contribution ID # 011		Amount of Contribution \$15.00
Residential Street Address Marina Village Bldg 11 113		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 5/2/2008	
Principal Occupation Disabled		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
								<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$15.00	
Last Name Morales		First Jason		MI	Method of Contribution Cash		Contribution ID # 012		Amount of Contribution \$10.00
Residential Street Address 296 West Avenue		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 5/2/2008	
Principal Occupation Waiter		Name of Employer Angelo's		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
								<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$10.00	

Total \$ 30<sup>00</sup>

Last Name Robles		First Joseph		MI	Method of Contribution Cash		Contribution ID # 013		Amount of Contribution \$10.00
Residential Street Address 839 Park Ave		City Bridgeport		State Connecticut		Zip Code 06604	Date Received 5/2/2008		
Principal Occupation None		Name of Employer Unemployed		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$10.00
Last Name Rivera		First Manuel		MI	Method of Contribution Cash		Contribution ID # 014		Amount of Contribution \$5.00
Residential Street Address 172 Decalb Avenue		City Bridgeport		State Connecticut		Zip Code 06607	Date Received 5/2/2008		
Principal Occupation None		Name of Employer Unemployed		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00
Last Name Robles		First Monica		MI	Method of Contribution Cash		Contribution ID # 015		Amount of Contribution \$10.00
Residential Street Address 839 Park Avenue		City Bridgeport		State Connecticut		Zip Code 06604	Date Received 5/2/2008		
Principal Occupation Security Guard		Name of Employer City of Bridgeport		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$10.00

Total \$25.00

Last Name Gonzalez	First William	MI	Method of Contribution Cash	Contribution ID # 016	Amount of Contribution \$5.00
Residential Street Address 59 Cole Street	City Bridgeport	State Connecticut	Zip Code 06604	Date Received 5/2/2008	
Principal Occupation None	Name of Employer Unemployed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		Aggregate contribution \$5.00	
Last Name Torres	First Yamilette	MI A	Method of Contribution Cash	Contribution ID # 017	Amount of Contribution \$5.00
Residential Street Address 140 Yale Street 13	City Bridgeport	State Connecticut	Zip Code 06605	Date Received 5/2/2008	
Principal Occupation Pastry Chef	Name of Employer Castel on the Hudson	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		Aggregate contribution \$5.00	
Last Name Mejia	First Luis	MI	Method of Contribution Cash	Contribution ID # 018	Amount of Contribution \$10.00
Residential Street Address 31 Forest Court	City Bridgeport	State Connecticut	Zip Code 06604	Date Received 5/5/2008	
Principal Occupation Store Manager	Name of Employer Michaels	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		Aggregate contribution \$10.00	

Total \$ 20.00



Last Name Stanley		First Deborah		MI D	Method of Contribution Cash		Contribution ID # 019		Amount of Contribution \$10.00
Residential Street Address 2756 Madison Ave		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 5/6/2008	
Principal Occupation Librarian		Name of Employer City of Bpt		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$10.00	
Last Name Hernandez		First Gemica		MI	Method of Contribution Cash		Contribution ID # 020		Amount of Contribution \$5.00
Residential Street Address 180 French Street		City Bridgeport		State Connecticut		Zip Code 06606		Date Received 5/6/2008	
Principal Occupation Receptionist		Name of Employer Coleman Park		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00	
Last Name Hernandez		First Inez		MI	Method of Contribution Cash		Contribution ID # 021		Amount of Contribution \$5.00
Residential Street Address 180 French Street		City Bridgeport		State Connecticut		Zip Code 06606		Date Received 5/6/2008	
Principal Occupation CNA		Name of Employer Coleman Park		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00	

Total \$20.00

Last Name Hernandez		First Taisha		MI	Method of Contribution Cash		Contribution ID # 022		Amount of Contribution \$5.00	
Residential Street Address 182 French Street		City Bridgeport		State Connecticut		Zip Code 06606		Date Received 5/6/2008		
Principal Occupation Night Auditor		Name of Employer Hampton Inn		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #						
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative								
Last Name Almourtada		First Rafi		MI	Method of Contribution Cash		Contribution ID # 023		Amount of Contribution \$5.00	
Residential Street Address 28 Bell Street		City Bridgeport		State Connecticut		Zip Code 06610		Date Received 5/7/2008		
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #						
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative								
Last Name Morales		First Tamar		MI	Method of Contribution Cash		Contribution ID # 024		Amount of Contribution \$10.00	
Residential Street Address 1003 State Street		City Bridgeport		State Connecticut		Zip Code 06605		Date Received 5/7/2008		
Principal Occupation Office Assistant		Name of Employer Case Enterprises		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #						
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$10.00
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative								

Total \$20.00

Last Name Andrade	First Ajai	MI M	Method of Contribution Cash	Contribution ID # 025	Amount of Contribution \$5.00
Residential Street Address 623 Marina Village Bld 36 623	City Bridgeport	State Connecticut	Zip Code 06604	Date Received 5/9/2008	
Principal Occupation Aide	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of state contractor or perspective state contractor ? 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 checked="" type="checkbox"/> No		Aggregate contribution \$5.00	
Last Name Labrador	First Banjed	MI	Method of Contribution Cash	Contribution ID # 026	Amount of Contribution \$5.00
Residential Street Address 1190 Norman Street	City Bridgeport	State Connecticut	Zip Code 06606	Date Received 5/9/2008	
Principal Occupation School Security	Name of Employer BOE City of Bridgeport	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of state contractor or perspective state contractor ? 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 checked="" type="checkbox"/> No		Aggregate contribution \$5.00	
Last Name Hooks	First Curtis	MI	Method of Contribution Cash	Contribution ID # 027	Amount of Contribution \$5.00
Residential Street Address 300 Laurel Avenue	City Bridgeport	State Connecticut	Zip Code 06604	Date Received 5/9/2008	
Principal Occupation Head Custodian	Name of Employer BOE City of Bridgeport	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of state contractor or perspective state contractor ? 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 checked="" type="checkbox"/> No		Aggregate contribution \$5.00	

Total 15.00

Last Name DeJesus		First Jocelyn		MI R	Method of Contribution Cash		Contribution ID # 028		Amount of Contribution \$5.00
Residential Street Address 140 Yale Street 13		City Bridgeport		State Connecticut		Zip Code 06605		Date Received 5/10/2008	
Principal Occupation Medical Record Clerk		Name of Employer Optimus Health Care		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate contribution \$5.00		
Last Name Colon		First Leticia		MI	Method of Contribution Cash		Contribution ID # 029		Amount of Contribution \$10.00
Residential Street Address 140 Yale Street 13		City Bridgeport		State Connecticut		Zip Code 06605		Date Received 5/10/2008	
Principal Occupation Outreach PR Coordinator		Name of Employer Optimum Health Care		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate contribution \$10.00		
Last Name Jones		First Mary Ann		MI	Method of Contribution Check		Contribution ID # 030		Amount of Contribution \$50.00
Residential Street Address 210 Washinton Avenue 410		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 5/10/2008	
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate contribution \$50.00		

total \$65.00

Last Name Rodriguez		First Ana		MI L.	Method of Contribution Cash		Contribution ID # 031		Amount of Contribution \$5.00
Residential Street Address 129 Marina Village Bldg 20 129		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 5/12/2008	
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00	
Last Name Rivera		First Angel		MI	Method of Contribution Cash		Contribution ID # 032		Amount of Contribution \$5.00
Residential Street Address 113 Marina Village Build 11 113		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 5/12/2008	
Principal Occupation Medic		Name of Employer Army		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00	
Last Name Trotto		First Garth		MI H	Method of Contribution Cash		Contribution ID # 033		Amount of Contribution \$10.00
Residential Street Address 50 Wordin Ave		City Bridgeport		State Connecticut		Zip Code 06605		Date Received 5/12/2008	
Principal Occupation Disabled		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$10.00	

Total \$ 20<sup>00</sup>

Last Name Sanchez		First Mariano		MI	Method of Contribution Cash		Contribution ID # 034		Amount of Contribution \$5.00
Residential Street Address Marina Village Bldg 20 129		City Bridgeport		State Connecticut		Zip Code 06604	Date Received 5/12/2008		
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00	
Last Name Robles		First Mitchell		MI	Method of Contribution Cash		Contribution ID # 035		Amount of Contribution \$5.00
Residential Street Address 993 State Street		City Bridgeport		State Connecticut		Zip Code 06605	Date Received 5/12/2008		
Principal Occupation Sheriff		Name of Employer B/E Consultant		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00	
Last Name Rivera		First Robby		MI	Method of Contribution Cash		Contribution ID # 036		Amount of Contribution \$5.00
Residential Street Address 147 Marina Village Bldg 20 147		City Bridgeport		State Connecticut		Zip Code 06604	Date Received 5/12/2008		
Principal Occupation Student		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00	

Total \$15.00

Last Name Cooper		First Sonjinetta		MI	Method of Contribution Cash		Contribution ID # 037		Amount of Contribution \$25.00
Residential Street Address 210 Washington Ave		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 5/12/2008	
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
					<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$25.00
Last Name Perez		First Yvette		MI	Method of Contribution Cash		Contribution ID # 038		Amount of Contribution \$5.00
Residential Street Address 285 Norman Street		City Bridgeport		State Connecticut		Zip Code 06605		Date Received 5/12/2008	
Principal Occupation None		Name of Employer unemployed		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
					<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00
Last Name Molina		First Olga		MI	Method of Contribution Cash		Contribution ID # 039		Amount of Contribution \$10.00
Residential Street Address 1001 State Street		City Bridgeport		State Connecticut		Zip Code 06605		Date Received 5/13/2008	
Principal Occupation Disabled		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
					<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$10.00

total \$40<sup>00</sup>

Last Name Lucas		First Agnes		MI S	Method of Contribution Check		Contribution ID # 040		Amount of Contribution \$100.00
Residential Street Address 32 Riverview Dr.		City Bridgeport		State Connecticut		Zip Code 06606		Date Received 5/15/2008	
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$100.00			
Last Name Edwards		First Berryl		MI	Method of Contribution Cash		Contribution ID # 041		Amount of Contribution \$5.00
Residential Street Address 315 Poplar Street		City Bridgeport		State Connecticut		Zip Code 06605		Date Received 5/15/2008	
Principal Occupation Disabled		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00			
Last Name Vazquez		First Norma		MI	Method of Contribution Cash		Contribution ID # 042		Amount of Contribution \$5.00
Residential Street Address 125 Ridgefield Avenue		City Bridgeport		State Connecticut		Zip Code 06610		Date Received 5/15/2008	
Principal Occupation Resident Life Coordinator		Name of Employer BHA		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00			

Total \$ 110.00



Last Name Huestus		First Paula		MI	Method of Contribution Cash		Contribution ID # 043		Amount of Contribution \$10.00
Residential Street Address 195 Lewis St		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 5/15/2008	
Principal Occupation Accounts Payable Clerk		Name of Employer Self Employed		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$10.00	
Last Name Murray		First Yusef		MI	Method of Contribution Cash		Contribution ID # 044		Amount of Contribution \$5.00
Residential Street Address 134 Iranistan Avenue		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 5/15/2008	
Principal Occupation Disabled		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00	
Last Name Maldonado		First Ana		MI	Method of Contribution Cash		Contribution ID # 045		Amount of Contribution \$25.00
Residential Street Address 376 East Washington Ave C127		City Bridgeport		State Connecticut		Zip Code 06608		Date Received 5/16/2008	
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$25.00	

Total \$ 40<sup>00</sup>

Last Name Salzman		First Beverly		MI	Method of Contribution Check		Contribution ID # 046		Amount of Contribution \$25.00
Residential Street Address 54 Riverview Dr.			City Bridgeport		State Connecticut	Zip Code 06606	Date Received 5/16/2008		
Principal Occupation College Professor		Name of Employer State of CT		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <i>052908A</i>					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$25.00			
Last Name Rosario		First Christopher		MI	Method of Contribution Cash		Contribution ID # 047		Amount of Contribution \$40.00
Residential Street Address 335 Wells Street 24			City Bridgeport		State Connecticut	Zip Code 06606	Date Received 5/16/2008		
Principal Occupation Constituent Services		Name of Employer City of Bridgeport		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <i>052908A</i>					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$40.00			
Last Name Scott		First Daphne		MI	Method of Contribution Cash		Contribution ID # 048		Amount of Contribution \$25.00
Residential Street Address 376 East Washington Ave C115			City Bridgeport		State Connecticut	Zip Code 06608	Date Received 5/16/2008		
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <i>052908A</i>					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$25.00			

Total \$ 90<sup>00</sup>

Last Name Rosario		First Katherine		MI	Method of Contribution Cash		Contribution ID # 049		Amount of Contribution \$10.00
Residential Street Address 335 Wells Street 24		City Bridgeport		State Connecticut		Zip Code 06606		Date Received 5/16/2008	
Principal Occupation Exec. Assistant		Name of Employer Alpha Comm. Services		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
					<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$10.00
Last Name Berrios		First Steven		MI	Method of Contribution Cash		Contribution ID # 050		Amount of Contribution \$5.00
Residential Street Address 547 Brooks St		City Bridgeport		State Connecticut		Zip Code 06608		Date Received 5/16/2008	
Principal Occupation Student		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
					<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contribution \$5.00
Last Name Ayala		First Albert		MI J	Method of Contribution Cash		Contribution ID # 051		Amount of Contribution \$5.00
Residential Street Address 773 Kossuth Street		City Bridgeport		State Connecticut		Zip Code 06608		Date Received 5/17/2008	
Principal Occupation Manager		Name of Employer Ti Inc		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
					<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00

Total \$ 20.00

Last Name <b>Vargas</b>		First <b>Carmen</b>		MI <b>R</b>	Method of Contribution <b>Cash</b>		Contribution ID # <b>052</b>		Amount of Contribution <b>\$5.00</b>
Residential Street Address <b>108 Stillman Street</b>		City <b>Bridgeport</b>		State <b>Connecticut</b>		Zip Code <b>06608</b>		Date Received <b>5/17/2008</b>	
Principal Occupation <b>Labor</b>		Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution <b>\$5.00</b>			
Last Name <b>Walker</b>		First <b>Janet</b>		MI <b>C</b>	Method of Contribution <b>Cash</b>		Contribution ID # <b>053</b>		Amount of Contribution <b>\$20.00</b>
Residential Street Address <b>376 East Washington Ave</b>		City <b>Bridgeport</b>		State <b>Connecticut</b>		Zip Code <b>06608</b>		Date Received <b>5/17/2008</b>	
Principal Occupation <b>Retired</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>/</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution <b>\$20.00</b>			
Last Name <b>Santiago</b>		First <b>Martha</b>		MI	Method of Contribution <b>Cash</b>		Contribution ID # <b>054</b>		Amount of Contribution <b>\$5.00</b>
Residential Street Address <b>410 Kent Avenue</b>		City <b>Bridgeport</b>		State <b>Connecticut</b>		Zip Code <b>06610</b>		Date Received <b>5/17/2008</b>	
Principal Occupation <b>Elderly Services</b>		Name of Employer <b>City of Bridgeport</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution <b>\$5.00</b>			

*total \$ 30<sup>00</sup>*

Last Name Boucher		First Paul		MI	Method of Contribution Check		Contribution ID # 055		Amount of Contribution \$50.00
Residential Street Address 37 Forest Court		City Bridgeport		State Connecticut		Zip Code 06604	Date Received 5/17/2008		
Principal Occupation Zoning Officer		Name of Employer City Of Bridgeport		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <i>052908A</i>					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$50.00	
Last Name Gomes		First Edwin		MI A	Method of Contribution Cash		Contribution ID # 056		Amount of Contribution \$40.00
Residential Street Address 243 Soundview Avenue		City Bridgeport		State Connecticut		Zip Code 06606	Date Received 5/19/2008		
Principal Occupation Senator		Name of Employer State of Connecticut		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <i>052908A</i>					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$40.00	
Last Name Ford		First Ralph		MI R	Method of Contribution Check		Contribution ID # 057		Amount of Contribution \$25.00
Residential Street Address 410 Mill Hill Avenue		City Bridgeport		State Connecticut		Zip Code 06610	Date Received 5/19/2008		
Principal Occupation Psychologist		Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <i>052908A</i>					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$25.00	

*total \$115.00*

Last Name Keeley		First Bob		MI	Method of Contribution Cash		Contribution ID # 058		Amount of Contribution \$5.00
Residential Street Address 2156 Park Avenue		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 5/20/2008	
Principal Occupation Legislator		Name of Employer State of CT		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00	
Last Name King		First Cynthia		MI	Method of Contribution Cash		Contribution ID # 059		Amount of Contribution \$5.00
Residential Street Address 40 Soundview Avenue		City Bridgeport		State Connecticut		Zip Code 06606		Date Received 5/20/2008	
Principal Occupation Social Worker		Name of Employer State of CT		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00	
Last Name Picoello		First Daniel		MI L	Method of Contribution Cash		Contribution ID # 060		Amount of Contribution \$20.00
Residential Street Address 193 Hawley Street		City Bridgeport		State Connecticut		Zip Code 06606		Date Received 5/20/2008	
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <i>052908A</i>					
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$20.00	

*Total \$ 30*

Last Name Scinto		First Denise		MI	Method of Contribution Check		Contribution ID # 061		Amount of Contribution \$20.00
Residential Street Address 2641 Madison Ave		City Bridgeport		State Connecticut		Zip Code 06606	Date Received 5/20/2008		
Principal Occupation Code Enforcement		Name of Employer City Bpt		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>052908A</b>					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$20.00	
Last Name Guman		First Dorothy		MI A	Method of Contribution Cash		Contribution ID # 062		Amount of Contribution \$5.00
Residential Street Address 133 Hickory St		City Bridgeport		State Connecticut		Zip Code 06610	Date Received 5/20/2008		
Principal Occupation Nurse		Name of Employer Self Employed		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>052908A</b>					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00	
Last Name Reinoso		First Felipe		MI	Method of Contribution Cash		Contribution ID # 063		Amount of Contribution \$10.00
Residential Street Address 225 Golden Hill Street		City Bridgeport		State Connecticut		Zip Code 06604	Date Received 5/20/2008		
Principal Occupation Retired		Name of Employer State of CT		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>#</b>					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$10.00	

Total \$ 35.00

Last Name Moran		First James		MI	Method of Contribution Cash		Contribution ID # 064		Amount of Contribution \$5.00
Residential Street Address 73 Burnham Street		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 5/20/2008	
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
					<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00
Last Name Mercado		First Lydia		MI	Method of Contribution Check		Contribution ID # 065		Amount of Contribution <del>\$50.00</del> 100 <sup>00</sup>
Residential Street Address 140 Yale Street 16		City Bridgeport		State Connecticut		Zip Code 06605		Date Received 5/20/2008	
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
					<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$50.00
Last Name Lantacroce		First Marilyn		MI	Method of Contribution Cash		Contribution ID # 066		Amount of Contribution \$5.00
Residential Street Address 650 Jewett Avenue		City Bridgeport		State Connecticut		Zip Code 06606		Date Received 5/20/2008	
Principal Occupation Operator		Name of Employer City Bridgeport		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
					<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00

total \$110<sup>00</sup>



Last Name Curwen Sr		First Robert		MI P	Method of Contribution Cash		Contribution ID # 067		Amount of Contribution \$5.00
Residential Street Address 119 Graystone Rd		City Bridgeport		State Connecticut		Zip Code 06610		Date Received 5/20/2008	
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
					<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00
Last Name Rodriquez		First Roberto		MI	Method of Contribution Cash		Contribution ID # 068		Amount of Contribution \$5.00
Residential Street Address 3360 East Main		City Bridgeport		State Connecticut		Zip Code 06610		Date Received 5/20/2008	
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
					<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00
Last Name Herring		First Rosa		MI	Method of Contribution Check		Contribution ID # 069		Amount of Contribution \$5.00
Residential Street Address 51 George Street		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 5/20/2008	
Principal Occupation Dir. Bus. Development		Name of Employer Execunet		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
					<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00

Total \$15

Last Name Salcedo		First Sylvester		MI L	Method of Contribution Cash		Contribution ID # 070		Amount of Contribution \$5.00
Residential Street Address 326 East Washington Ave		City Bridgeport		State Connecticut		Zip Code 06608		Date Received 5/20/2008	
Principal Occupation Attorney		Name of Employer Self Employed		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00	
Last Name Figueroa		First Yesenia		MI	Method of Contribution Check		Contribution ID # 071		Amount of Contribution \$25.00
Residential Street Address 1026 Chosey Hill Rd		City Bridgeport		State Connecticut		Zip Code 06606		Date Received 5/29/2008	
Principal Occupation Office Manager		Name of Employer Exec Mortgage Bank		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # / <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$30.00	
Last Name Ortiz		First Emily		MI	Method of Contribution Cash		Contribution ID # 072		Amount of Contribution \$15.00
Residential Street Address 140 Yale Street 16		City Bridgeport		State Connecticut		Zip Code 06605		Date Received 5/21/2008	
Principal Occupation Student		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$15.00	

total \$ 45.00

Last Name Torres		First Jose		MI A	Method of Contribution Cash		Contribution ID # 073		Amount of Contribution \$20.00
Residential Street Address 938 State Street		City Bridgeport		State Connecticut	Zip Code 06604	Date Received 5/21/2008			
Principal Occupation Labor		Name of Employer Jimenez Construction		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>052908A</b>					
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		Aggregate contribution \$20.00			
Last Name Ortiz		First Maria		MI	Method of Contribution Cash		Contribution ID # 074		Amount of Contribution \$20.00
Residential Street Address 147 Dewey Street		City Bridgeport		State Connecticut	Zip Code 06605	Date Received 5/27/2008			
Principal Occupation Operator Service Assistant		Name of Employer At&T		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>052908A</b>					
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		Aggregate contribution \$20.00			
Last Name McCoy		First Patricia		MI	Method of Contribution Check		Contribution ID # 075		Amount of Contribution \$25.00
Residential Street Address 144 Court D Bldg 65		City Bridgeport		State Connecticut	Zip Code 06610	Date Received 5/28/2008			
Principal Occupation Vital Statistics		Name of Employer City of Bridgeport		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>052908A</b>					
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		Aggregate contribution \$25.00			

Total \$65

Last Name Mitropolsky		First Alex		MI	Method of Contribution Cash		Contribution ID # 076		Amount of Contribution \$75.00
Residential Street Address 66 Burnham Street		City Bridgeport		State Connecticut		Zip Code 06604	Date Received 5/29/2008		
Principal Occupation Construction		Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <i>D52908A</i>					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$75.00	
Last Name Valeri		First Andrew		MI	Method of Contribution Check		Contribution ID # 077		Amount of Contribution \$80.00
Residential Street Address 410 Davidson Street		City Bridgeport		State Connecticut		Zip Code 06605	Date Received 5/29/2008		
Principal Occupation Park Rec Forman		Name of Employer City of Bpt		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <i>D52908A</i>					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$80.00	
Last Name Clemons		First Charles		MI D	Method of Contribution Check		Contribution ID # 078		Amount of Contribution \$50.00
Residential Street Address 130 Read St		City Bridgeport		State Connecticut		Zip Code 06607	Date Received 5/29/2008		
Principal Occupation Legislator		Name of Employer State of CT		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <i>D52908A</i>					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$50.00	

*# Total \$205*

Last Name Wooten		First Dave		MI	Method of Contribution Cash		Contribution ID # 079		Amount of Contribution \$25.00
Residential Street Address 140 Yale Street		City Bridgeport		State Connecticut		Zip Code 06605	Date Received 5/29/2008		
Principal Occupation Contractor		Name of Employer Self Employed		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>052908A</b>					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$25.00			
Last Name Moye		First Denese		MI	Method of Contribution Check		Contribution ID # 080		Amount of Contribution \$60.00
Residential Street Address 134 Iranistan Avenue		City Bridgeport		State Connecticut		Zip Code 06604	Date Received 5/29/2008		
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>052908A</b>					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$60.00			
Last Name Robles		First Evelyn		MI	Method of Contribution Money Order		Contribution ID # 081		Amount of Contribution \$80.00
Residential Street Address 993 State Street		City Bridgeport		State Connecticut		Zip Code 06605	Date Received 5/29/2008		
Principal Occupation Maintenance		Name of Employer State of CT Judicial Dept.		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>052908A</b>					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$80.00			

Total \$ 165

Last Name Breland		First Greg		MI	Method of Contribution Cash		Contribution ID # 082		Amount of Contribution \$75.00
Residential Street Address 267 Myrtle Avenue		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 5/29/2008	
Principal Occupation Administration		Name of Employer University of Bridgeport		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>052908A</b>					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$75.00	
Last Name Palacios		First Hiram		MI	Method of Contribution Cash		Contribution ID # 083		Amount of Contribution \$5.00
Residential Street Address 210 Washington Avenue 411		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 5/29/2008	
Principal Occupation Labor		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00	
Last Name Herron		First Jeanette		MI	Method of Contribution Cash		Contribution ID # 084		Amount of Contribution \$20.00
Residential Street Address 2649 Main Street		City Bridgeport		State Connecticut		Zip Code 06606		Date Received 5/29/2008	
Principal Occupation Library Assistant		Name of Employer BOE City of Bridgeport		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$20.00	

Total \$100

Last Name Gome		First Joao		MI	Method of Contribution Check		Contribution ID # 085		Amount of Contribution \$100.00
Residential Street Address 150 Alpine Street		City Bridgeport		State Connecticut		Zip Code 06610	Date Received 5/29/2008		
Principal Occupation Sales		Name of Employer JG Restaurant Ent		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>052908A</b>					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$100.00			
Last Name Dorgan		First Johanna		MI	Method of Contribution Check		Contribution ID # 086		Amount of Contribution \$15.00
Residential Street Address 88 Lance Circle		City Bridgeport		State Connecticut		Zip Code 06606	Date Received 5/29/2008		
Principal Occupation Constituents Serv		Name of Employer City of Bridgeport		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>052908A</b>					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$15.00			
Last Name Lesnick		First Kaitlin		MI	Method of Contribution Cash		Contribution ID # 087		Amount of Contribution \$25.00
Residential Street Address 955 Main St 715		City Bridgeport		State Connecticut		Zip Code 06604	Date Received 5/29/2008		
Principal Occupation Press Secretary		Name of Employer City of Bridgeport		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>052908A</b>					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$25.00			

Total \$ 140

Last Name Retamar		First Michelle		MI	Method of Contribution Cash		Contribution ID # 088		Amount of Contribution \$50.00
Residential Street Address 93 Burnham Street		City Bridgeport		State Connecticut		Zip Code 06604	Date Received 5/29/2008		
Principal Occupation Manager		Name of Employer Housing Authority New Haven		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>052908A</b>					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$50.00			
Last Name Lyons		First Michelle		MI A.	Method of Contribution Check		Contribution ID # 089		Amount of Contribution \$25.00
Residential Street Address 91 Jewett		City Bridgeport		State Connecticut		Zip Code 06606	Date Received 5/29/2008		
Principal Occupation Math Assistant		Name of Employer BOE City of Bridgeport		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>052908A</b>					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$25.00			
Last Name McCarthy		First Thomas		MI	Method of Contribution Check		Contribution ID # 090		Amount of Contribution \$50.00
Residential Street Address 135 Harlem Avenue		City Bridgeport		State Connecticut		Zip Code 06606	Date Received 5/29/2008		
Principal Occupation Labor Relations Director		Name of Employer City of Bridgeport		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>052908A</b>					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$50.00			

Total \$ 125



Last Name McClain		First Tyrone		MI	Method of Contribution Cash		Contribution ID # 091		Amount of Contribution \$30.00
Residential Street Address 110 Olive Street B		City New Haven		State Connecticut		Zip Code 06511	Date Received 5/29/2008		
Principal Occupation Mayor's Office		Name of Employer City of Bridgeport		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>052908A</b>					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$30.00	
Last Name Romero		First Wenceslao		MI A	Method of Contribution Cash		Contribution ID # 092		Amount of Contribution \$25.00
Residential Street Address 955 Main St. 715		City Bridgeport		State Connecticut		Zip Code 06604	Date Received 5/29/2008		
Principal Occupation Graphic Designer		Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>052908A</b>					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$25.00	
Last Name Santos		First Gladys		MI	Method of Contribution Cash		Contribution ID # 093		Amount of Contribution \$50.00
Residential Street Address 135 Lee Avenue		City Bridgeport		State Connecticut		Zip Code 06606	Date Received 5/30/2008		
Principal Occupation Photo Shop		Name of Employer Walgreen		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>052908A</b>					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$50.00	

Total \$105

Last Name Hernandez		First Jacqueline		MI	Method of Contribution Cash		Contribution ID # 094		Amount of Contribution \$5.00
Residential Street Address 56 Gem Avenue		City Bridgeport		State Connecticut		Zip Code 06606	Date Received 6/1/2008		
Principal Occupation Medical Assistant		Name of Employer unemployed		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate contribution \$5.00		
Last Name Hernandez		First Afortunado		MI	Method of Contribution Cash		Contribution ID # 095		Amount of Contribution \$5.00
Residential Street Address 120 Huntington Turnpike		City Bridgeport		State Connecticut		Zip Code 06610	Date Received 6/2/2008		
Principal Occupation Maintenance		Name of Employer Bridgeport Housing		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate contribution \$5.00		
Last Name Davila		First Benigno		MI	Method of Contribution Cash		Contribution ID # 096		Amount of Contribution \$10.00
Residential Street Address 179 Lewis Street 10		City Bridgeport		State Connecticut		Zip Code 06604	Date Received 6/2/2008		
Principal Occupation Labor		Name of Employer Blue Fish		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate contribution \$10.00		

Total \$20

Last Name Fred		First Carmen		MI M	Method of Contribution Cash		Contribution ID # 097		Amount of Contribution \$10.00
Residential Street Address 23 Morgan Avenue		City Bridgeport		State Connecticut	Zip Code 06606	Date Received 6/2/2008			
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$10.00	
Last Name Keating		First John		MI	Method of Contribution Cash		Contribution ID # 098		Amount of Contribution \$5.00
Residential Street Address 34 Riverview Drive		City Bridgeport		State Connecticut	Zip Code 06606	Date Received 6/2/2008			
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00	
Last Name Martins		First Susan		MI	Method of Contribution Cash		Contribution ID # 099		Amount of Contribution \$10.00
Residential Street Address 37 Riverview Drive		City Bridgeport		State Connecticut	Zip Code 06606	Date Received 6/2/2008			
Principal Occupation Graphic Designer		Name of Employer Synapse Group		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$10.00	

Total \$25

Last Name Keating		First Vera		MI	Method of Contribution Cash		Contribution ID # 100		Amount of Contribution \$5.00	
Residential Street Address 34 Riverivew Drive		City Bridgeport		State Connecticut		Zip Code 06606		Date Received 6/2/2008		
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #						
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Is contributor a principal of state contractor or perspective state contractor ? If yes, Indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative										
Last Name Donahue		First Edward		MI J	Method of Contribution Cash		Contribution ID # 101		Amount of Contribution \$5.00	
Residential Street Address 8 Riverview Drive		City Bridgeport		State Connecticut		Zip Code 06606		Date Received 6/3/2008		
Principal Occupation Superintendent		Name of Employer Riverview Condominium Assoc		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #						
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Is contributor a principal of state contractor or perspective state contractor ? If yes, Indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative										
Last Name Lopez		First Alex		MI L	Method of Contribution Cash		Contribution ID # 102		Amount of Contribution \$10.00	
Residential Street Address 34 Park Street 2Fl		City Bridgeport		State Connecticut		Zip Code 06608		Date Received 6/5/2008		
Principal Occupation Labor		Name of Employer Junk Removal		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #						
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Is contributor a principal of state contractor or perspective state contractor ? If yes, Indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$10.00
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative										

Total \$20

Last Name Hernandez		First Daniel		MI	Method of Contribution Cash		Contribution ID # 103		Amount of Contribution \$10.00
Residential Street Address 950 State Street		City Bridgeport		State Connecticut	Zip Code 06605	Date Received 6/5/2008			
Principal Occupation Labor		Name of Employer Marcus Enterprises		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$10.00	
Last Name Wood		First Adam		MI	Method of Contribution Cash		Contribution ID # 104		Amount of Contribution \$40.00
Residential Street Address 260 Frane Street		City Rocky Hill		State Connecticut	Zip Code 06067	Date Received 6/6/2008			
Principal Occupation Administrator		Name of Employer City of Bpt		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$40.00	
Last Name Borne		First Blaine		MI	Method of Contribution Cash		Contribution ID # 105		Amount of Contribution \$10.00
Residential Street Address Boston Avenue		City Bridgeport		State Connecticut	Zip Code 06610	Date Received 6/6/2008			
Principal Occupation Machinest		Name of Employer The Hubble		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$10.00	

Total \$60

Last Name Wilson	First George	MI	Method of Contribution Cash	Contribution ID # 106	Amount of Contribution \$10.00
Residential Street Address 806 Burnsford Avenue	City Bridgeport	State Connecticut	Zip Code 06606	Date Received 6/6/2008	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		Aggregate contribution \$10.00	
Last Name Ganim	First Paul	MI	Method of Contribution Cash	Contribution ID # 107	Amount of Contribution \$25.00
Residential Street Address 420 Gilman Street	City Bridgeport	State Connecticut	Zip Code 06605	Date Received 6/7/2008	
Principal Occupation Lawyer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		Aggregate contribution \$25.00	
Last Name Rabitor	First Paula	MI	Method of Contribution Cash	Contribution ID # 108	Amount of Contribution \$5.00
Residential Street Address 70 Fremont Street A6	City Bridgeport	State Connecticut	Zip Code 06605	Date Received 6/8/2008	
Principal Occupation Babysitter	Name of Employer Westport YMCA	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		Aggregate contribution \$5.00	

TOTAL \$40

Last Name Wood	First Kerry	MI	Method of Contribution Check	Contribution ID # 109	Amount of Contribution \$50.00
Residential Street Address 260 Frane Street	City Rocky Hill	State Connecticut	Zip Code 06067	Date Received 6/9/2008	
Principal Occupation Marketing	Name of Employer Centerplan	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		Aggregate contribution \$50.00	
Last Name Lopez	First Ilene	MI	Method of Contribution Cash	Contribution ID # 110	Amount of Contribution \$5.00
Residential Street Address 185 Cottage Street	City Bridgeport	State Connecticut	Zip Code 06604	Date Received 6/10/2008	
Principal Occupation Librarian	Name of Employer Volunteer of America	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		Aggregate contribution \$5.00	
Last Name Lopez	First Maria	MI	Method of Contribution Cash	Contribution ID # 111	Amount of Contribution \$5.00
Residential Street Address 185 Cottage Street	City Bridgeport	State Connecticut	Zip Code 06604	Date Received 6/10/2008	
Principal Occupation Disabled	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		Aggregate contribution \$5.00	

Total \$60

Last Name Lopez	First Samuel	MI	Method of Contribution Cash	Contribution ID # 112	Amount of Contribution \$5.00
Residential Street Address 185 Cottage Street	City Bridgeport	State Connecticut	Zip Code 06604	Date Received 6/10/2008	
Principal Occupation Reired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		Aggregate contribution \$5.00	

Last Name Carraballo	First Braulio	MI	Method of Contribution Cash	Contribution ID # 113	Amount of Contribution \$5.00
Residential Street Address 651 State Street 516	City Bridgeport	State Connecticut	Zip Code 06604	Date Received 6/12/2008	
Principal Occupation Truck/Supplies	Name of Employer Marshals	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		Aggregate contribution \$5.00	

Last Name McDonald, Sr.	First James	MI M	Method of Contribution Cash	Contribution ID # 114	Amount of Contribution \$5.00
Residential Street Address 9 Marsh Way	City Stratford	State Connecticut	Zip Code 06614	Date Received 6/12/2008	
Principal Occupation Foreman	Name of Employer M.M. Fence Co.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		Aggregate contribution \$5.00	

TOTAL \$15



Last Name Santiago		First Hiraida		MI	Method of Contribution Cash		Contribution ID # 115		Amount of Contribution \$10.00
Residential Street Address 114 Lee Avenue		City Bridgeport		State Connecticut	Zip Code 06605	Date Received 6/12/2008			
Principal Occupation Assembler		Name of Employer Norden Group		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$10.00			
Last Name Cortez		First Jose		MI M	Method of Contribution Cash		Contribution ID # 116		Amount of Contribution \$5.00
Residential Street Address 6 Warren Court		City Bridgeport		State Connecticut	Zip Code 06604	Date Received 6/12/2008			
Principal Occupation Disabled		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00			
Last Name Diaz		First Joseph		MI	Method of Contribution Cash		Contribution ID # 117		Amount of Contribution \$10.00
Residential Street Address 133 Lee Avenue		City Bridgeport		State Connecticut	Zip Code 06605	Date Received 6/12/2008			
Principal Occupation Delivery Person		Name of Employer Hood Inc		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$10.00			

Total \$ 25

Last Name Simeon		First Serge		MI	Method of Contribution Cash		Contribution ID # 118		Amount of Contribution \$15.00
Residential Street Address 62 Kneen Street		City Shelton		State Connecticut		Zip Code 06484	Date Received 6/12/2008		
Principal Occupation Nurses Aid		Name of Employer Connecticut Blind		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$15.00
Last Name Ranapke		First John		MI	Method of Contribution Cash		Contribution ID # 119		Amount of Contribution \$5.00
Residential Street Address 5 Barry Place		City Trumbull		State Connecticut		Zip Code 06611	Date Received 6/13/2008		
Principal Occupation Clerk		Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00
Last Name Falcone		First Nick		MI	Method of Contribution Cash		Contribution ID # 120		Amount of Contribution \$5.00
Residential Street Address 65 Ameridge Drive		City Bridgeport		State Connecticut		Zip Code 06606	Date Received 6/13/2008		
Principal Occupation Retired		Name of Employer none		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00

Total \$ 25

Last Name Flores		First Rosaida		MI	Method of Contribution Check		Contribution ID # 121		Amount of Contribution \$30.00
Residential Street Address 10 Middle Street		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 6/13/2008	
Principal Occupation Adminstrative Assistant		Name of Employer Trefz Corporation		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
					<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor ? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$30.00
Last Name Manning		First Theresa		MI	Method of Contribution Cash		Contribution ID # 122		Amount of Contribution \$10.00
Residential Street Address 220 Dewey Street		City Bridgeport		State Connecticut		Zip Code 06605		Date Received 6/13/2008	
Principal Occupation Nurse		Name of Employer St. Vincent Special Needs		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
					<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor ? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$10.00
Last Name Cavaliere		First Valentino		MI	Method of Contribution Cash		Contribution ID # 123		Amount of Contribution \$5.00
Residential Street Address 2340 North Avenue		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 6/13/2008	
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
					<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor ? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00

Total \$ 45

Last Name Adorno		First Antonio		MI	Method of Contribution Cash		Contribution ID # 124		Amount of Contribution \$10.00
Residential Street Address 172 Dewey Street		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 6/14/2008	
Principal Occupation Retired		Name of Employer none		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$10.00	
Last Name Vasquez		First Juanita		MI	Method of Contribution Cash		Contribution ID # 125		Amount of Contribution \$20.00
Residential Street Address 376 East Washington Ave A116		City Bridgeport		State Connecticut		Zip Code 06608		Date Received 6/14/2008	
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$20.00	
Last Name Vargas		First Alessandra		MI	Method of Contribution Cash		Contribution ID # 126		Amount of Contribution \$25.00
Residential Street Address 141 Savoy Street		City Bridgeport		State Connecticut		Zip Code 06606		Date Received 6/15/2008	
Principal Occupation Medical Assistant		Name of Employer Footcare Associates		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$25.00	

TOTAL \$55

Last Name Molina		First Iris		MI	Method of Contribution Cash		Contribution ID # 127		Amount of Contribution \$25.00
Residential Street Address 554 Stillman Street B			City Bridgeport		State Connecticut	Zip Code 06608	Date Received 6/15/2008		
Principal Occupation CNA		Name of Employer Personalized Home Care			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$25.00			
Last Name Vargas		First Juan		MI E	Method of Contribution Cash		Contribution ID # 128		Amount of Contribution \$25.00
Residential Street Address 141 Savoy Street			City Bridgeport		State Connecticut	Zip Code 06606	Date Received 6/15/2008		
Principal Occupation Security Guard		Name of Employer B.O.E. Bridgeport CT			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$25.00			
Last Name Maya		First Marcy		MI	Method of Contribution Cash		Contribution ID # 129		Amount of Contribution \$25.00
Residential Street Address 220 Funston Avenue			City Bridgeport		State Connecticut	Zip Code 06606	Date Received 6/15/2008		
Principal Occupation Case Manager		Name of Employer FSW			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$25.00			

Total \$ 75

Last Name Maya		First Mariana		MI	Method of Contribution Cash		Contribution ID # 130		Amount of Contribution \$25.00
Residential Street Address 69 Savoy Street 3FI		City Bridgeport		State Connecticut		Zip Code 06606		Date Received 6/15/2008	
Principal Occupation Receptionist		Name of Employer Dr. Stuart D. Aaron		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
								<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$25.00	
Last Name Segarra		First Milagros		MI	Method of Contribution Cash		Contribution ID # 131		Amount of Contribution \$5.00
Residential Street Address 197 Hollister Avenue 2FI		City Bridgeport		State Connecticut		Zip Code 06607		Date Received 6/15/2008	
Principal Occupation CNA		Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
								<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00	
Last Name Acevedo		First Rufino		MI	Method of Contribution Cash		Contribution ID # 132		Amount of Contribution \$5.00
Residential Street Address 165 Pixlee Place		City Bridgeport		State Connecticut		Zip Code 06610		Date Received 6/15/2008	
Principal Occupation Assembler		Name of Employer Uniti		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
								<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00	

Total \$35

Last Name Rodriguez		First Berenice		MI	Method of Contribution Cash		Contribution ID # 133		Amount of Contribution \$10.00
Residential Street Address 1445 Park Avenue		City Bridgeport		State Connecticut	Zip Code 06604	Date Received 6/16/2008			
Principal Occupation Beauty Consultant		Name of Employer Victoria Secret		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$10.00	
Last Name Quiles		First Carmen		MI	Method of Contribution Cash		Contribution ID # 134		Amount of Contribution \$5.00
Residential Street Address 1036 State Street		City Bridgeport		State Connecticut	Zip Code 06605	Date Received 6/16/2008			
Principal Occupation Labor		Name of Employer Unemployed		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00	
Last Name Montanez		First Ivelisse		MI	Method of Contribution Cash		Contribution ID # 135		Amount of Contribution \$5.00
Residential Street Address 1445 Park Avenue		City Bridgeport		State Connecticut	Zip Code 06604	Date Received 6/16/2008			
Principal Occupation Nurses Aide		Name of Employer St. Caneillus		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00	

Total \$20

Last Name Kelly		First Janice		MI A	Method of Contribution Cash		Contribution ID # 136		Amount of Contribution \$20.00	
Residential Street Address 1037 Sylvan Avenue		City Bridgeport		State Connecticut	Zip Code 06608	Date Received 6/16/2008				
Principal Occupation Executive Director		Name of Employer Bethel Recovery Center		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #						
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$20.00
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative								

  

Last Name Malvasi		First Joseph		MI A	Method of Contribution Cash		Contribution ID # 137		Amount of Contribution \$5.00	
Residential Street Address 11 Regan Circle		City Monroe		State Connecticut	Zip Code 06484	Date Received 6/16/2008				
Principal Occupation Manager		Name of Employer American Linen		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #						
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative								

  

Last Name Millet		First Lordes		MI	Method of Contribution Cash		Contribution ID # 138		Amount of Contribution \$25.00	
Residential Street Address 121 Cottage Street		City Bridgeport		State Connecticut	Zip Code 06605	Date Received 6/16/2008				
Principal Occupation Homemaker		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #						
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$25.00
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative								

TOTAL \$ 50



Last Name Rivera		First Maria		MI	Method of Contribution Cash		Contribution ID # 139		Amount of Contribution \$5.00
Residential Street Address 168 Carnegie Avenue		City Bridgeport		State Connecticut		Zip Code 06610		Date Received 6/16/2008	
Principal Occupation Tailor		Name of Employer Yes Cleaners		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00	
Last Name Alzmbi		First Mathew		MI	Method of Contribution Cash		Contribution ID # 140		Amount of Contribution \$5.00
Residential Street Address 965 State Street		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 6/16/2008	
Principal Occupation Manager		Name of Employer Gigante Groceries		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00	
Last Name Villanueva		First Gladys		MI	Method of Contribution Cash		Contribution ID # 141		Amount of Contribution \$5.00
Residential Street Address 515 East Main Street		City Bridgeport		State Connecticut		Zip Code 06608		Date Received 6/17/2008	
Principal Occupation None		Name of Employer Unemployed		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00	

Total \$15

Last Name Romano	First John	MI	Method of Contribution Cash	Contribution ID # 142	Amount of Contribution \$5.00
Residential Street Address 100 Court Drive	City Bridgeport	State Connecticut	Zip Code 06610	Date Received 6/17/2008	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		

Last Name Saeed	First Lugman	MI	Method of Contribution Cash	Contribution ID # 143	Amount of Contribution \$5.00
Residential Street Address 64 Denver Avenue	City Bridgeport	State Connecticut	Zip Code 06605	Date Received 6/17/2008	
Principal Occupation Cashier	Name of Employer Green Market	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		

Last Name Alicea	First Nashanda	MI	Method of Contribution Cash	Contribution ID # 144	Amount of Contribution \$5.00
Residential Street Address 90 Olive Street	City Bridgeport	State Connecticut	Zip Code 06605	Date Received 6/17/2008	
Principal Occupation Cashier	Name of Employer JC Penny	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		

Total \$15

Last Name Molina		First Alexis		MI	Method of Contribution Cash		Contribution ID # 145		Amount of Contribution \$5.00	
Residential Street Address 1007 State Street		City Bridgeport		State Connecticut		Zip Code 06605		Date Received 6/18/2008		
Principal Occupation Labor		Name of Employer Self employed		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #						
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative								

  

Last Name Santiago		First Gladys		MI L	Method of Contribution Cash		Contribution ID # 146		Amount of Contribution \$5.00	
Residential Street Address 20 Bassick Avenue		City Bridgeport		State Connecticut		Zip Code 06605		Date Received 6/18/2008		
Principal Occupation Disabled		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #						
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative								

  

Last Name Jones		First Tammy		MI	Method of Contribution Cash		Contribution ID # 147		Amount of Contribution \$5.00	
Residential Street Address 190 Denver Avenue		City Bridgeport		State Connecticut		Zip Code 06605		Date Received 6/18/2008		
Principal Occupation Independent Contractor		Name of Employer Exit Realty		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #						
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative								

Total \$15

Last Name Reboira		First Angela		MI	Method of Contribution Cash		Contribution ID # 148		Amount of Contribution \$5.00
Residential Street Address 1018 State Street		City Bridgeport		State Connecticut		Zip Code 06606	Date Received 6/19/2008		
Principal Occupation Disabled		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		Aggregate contribution \$5.00		
Last Name Bosco		First David		MI	Method of Contribution Check		Contribution ID # 149		Amount of Contribution \$100.00
Residential Street Address 14 South lane		City Redding		State Connecticut		Zip Code 06876	Date Received 6/19/2008		
Principal Occupation Union Rep		Name of Employer SEIU Local 1973		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		Aggregate contribution \$100.00		
Last Name Brooks		First Earl		MI	Method of Contribution Cash		Contribution ID # 150		Amount of Contribution \$50.00
Residential Street Address 225 Sunny Bank Avenue		City Stratford		State Connecticut		Zip Code 06614	Date Received 6/19/2008		
Principal Occupation Chemist		Name of Employer PSEG		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		Aggregate contribution \$50.00		

Total \$ 155

Last Name Witawski		First Helen		MI	Method of Contribution Cash		Contribution ID # 151		Amount of Contribution \$5.00
Residential Street Address 390 Davidson Street		City Bridgeport		State Connecticut		Zip Code 06605	Date Received 6/19/2008		
Principal Occupation Customer Service		Name of Employer TFS LTD Inc		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of state contractor or perspective state contractor? 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?		Aggregate contribution		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$5.00		
Last Name Cardo		First Miguel		MI	Method of Contribution Cash		Contribution ID # 152		Amount of Contribution \$20.00
Residential Street Address 687 Maple Street		City Bridgeport		State Connecticut		Zip Code 06608	Date Received 6/19/2008		
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of state contractor or perspective state contractor? 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?		Aggregate contribution		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$20.00		
Last Name Ramos		First Bienveindo		MI	Method of Contribution Cash		Contribution ID # 153		Amount of Contribution \$5.00
Residential Street Address 651 State Street		City Bridgeport		State Connecticut		Zip Code 06605	Date Received 6/20/2008		
Principal Occupation Disabled		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of state contractor or perspective state contractor? 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?		Aggregate contribution		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$5.00		

TOTAL \$30

Last Name Salva		First Carol		MI	Method of Contribution Check		Contribution ID # 154		Amount of Contribution \$25.00	
Residential Street Address 366 New England Avenue		City Fairfield		State Connecticut		Zip Code 06824		Date Received 6/20/2008		
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #						
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$25.00
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative								
Last Name Farrall		First Joanne		MI C	Method of Contribution Cash		Contribution ID # 155		Amount of Contribution \$10.00	
Residential Street Address 86 Forest Street		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 6/22/2008		
Principal Occupation Pres. Upholstery		Name of Employer Sikorsky		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #						
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$10.00
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative								
Last Name Gonzales		First Juan		MI	Method of Contribution Cash		Contribution ID # 156		Amount of Contribution \$5.00	
Residential Street Address 57 Burnham Street		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 6/22/2008		
Principal Occupation Maintainace		Name of Employer The Inn at Lonshore		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #						
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative								

Total \$ 40

Last Name Jackson		First Patrick		MI	Method of Contribution Cash		Contribution ID # 157		Amount of Contribution \$5.00	
Residential Street Address 757 Wood Avenue		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 6/17/2008		
Principal Occupation Student		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #						
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Is contributor a principal of state contractor or perspective state contractor ? If yes, Indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative								
Last Name McClain		First Franklin		MI	Method of Contribution Cash		Contribution ID # 158		Amount of Contribution \$10.00	
Residential Street Address 69 Butler Avenue		City Bridgeport		State Connecticut		Zip Code 06605		Date Received 6/17/2008		
Principal Occupation Labor		Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #						
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Is contributor a principal of state contractor or perspective state contractor ? If yes, Indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$10.00
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative								
Last Name Spear		First Brenda		MI	Method of Contribution Cash		Contribution ID # 159		Amount of Contribution \$5.00	
Residential Street Address 757 Wood Avenue		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 6/17/2008		
Principal Occupation Secretary		Name of Employer Key Mitsubishi		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #						
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Is contributor a principal of state contractor or perspective state contractor ? If yes, Indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative								

Total \$ 20

Last Name Spears	First Shaguan	MI	Method of Contribution Cash	Contribution ID # 160	Amount of Contribution \$5.00
Residential Street Address 757 Wood Avenue	City Bridgeport	State Connecticut	Zip Code 06604	Date Received 6/17/2008	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		

Last Name Braca	First Tina	MI	Method of Contribution Cash	Contribution ID # 161	Amount of Contribution \$5.00
Residential Street Address 49 Balaner Rock Rd	City Shelton	State Connecticut	Zip Code 06468	Date Received 6/19/2008	
Principal Occupation Accountant	Name of Employer City of Bridgeport	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		

Last Name Chisholm	First Laurey	MI	Method of Contribution Cash	Contribution ID # 162	Amount of Contribution \$5.00
Residential Street Address 103 Clermont Avenue	City Bridgeport	State Connecticut	Zip Code 06610	Date Received 6/19/2008	
Principal Occupation Clerical	Name of Employer City of Bridgeport	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		

Total \$ 15



Last Name Combs	First Cathy	MI	Method of Contribution Check	Contribution ID # 163	Amount of Contribution \$2.50
Residential Street Address 66 Cedar Crest	City Trumbull	State Connecticut	Zip Code 06611	Date Received 6/19/2008	
Principal Occupation Numeracy Asst	Name of Employer City of Bridgeport	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		

Last Name Combs	First Cathy	MI	Method of Contribution Cash	Contribution ID # 164	Amount of Contribution \$2.50
Residential Street Address 66 Cedar Crest	City Trumbull	State Connecticut	Zip Code 06611	Date Received 6/19/2008	
Principal Occupation Numeracy Asst	Name of Employer City of Bridgeport	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		

Last Name Cortello	First Dee	MI	Method of Contribution Cash	Contribution ID # 165	Amount of Contribution \$5.00
Residential Street Address 198 Queen Avenue	City Bridgeport	State Connecticut	Zip Code 06606	Date Received 6/19/2008	
Principal Occupation Clerical	Name of Employer City of Bridgeport	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		

Total \$ 10

Last Name Dietz		First Richard		MI	Method of Contribution Cash		Contribution ID # 166		Amount of Contribution \$20.00
Residential Street Address 125 Porter Hill Rd		City Trumbull		State Connecticut	Zip Code 06611	Date Received 6/19/2008			
Principal Occupation Mun. Services		Name of Employer City of Bridgeport		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		Aggregate contribution \$20.00			
Last Name Geiger		First Jeffrey		MI	Method of Contribution Check		Contribution ID # 167		Amount of Contribution \$5.00
Residential Street Address 222 Dover Street		City Bridgeport		State Connecticut	Zip Code 06610	Date Received 6/19/2008			
Principal Occupation Student		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		Aggregate contribution \$5.00			
Last Name Geiger		First Jimmie		MI E.	Method of Contribution Check		Contribution ID # 168		Amount of Contribution \$5.00
Residential Street Address 222 Dover Street		City Bridgeport		State Connecticut	Zip Code 06610	Date Received 6/19/2008			
Principal Occupation Student		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		Aggregate contribution \$5.00			

total = 30

Last Name Geigr, Sr		First Jimmie		MI	Method of Contribution Check		Contribution ID # 169		Amount of Contribution \$5.00
Residential Street Address 222 Dover Street		City Bridgeport		State Connecticut	Zip Code 06610	Date Received 6/19/2008			
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00	
Last Name Geiger		First Sharon		MI	Method of Contribution Check		Contribution ID # 170		Amount of Contribution \$5.00
Residential Street Address 222 Dover Street		City Bridgeport		State Connecticut	Zip Code 06610	Date Received 6/19/2008			
Principal Occupation Secretary		Name of Employer Local 1522		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00	
Last Name Lyons		First Michelle		MI A	Method of Contribution Check		Contribution ID # 171		Amount of Contribution \$5.00
Residential Street Address 91 Jewth Avenue		City Bridgeport		State Connecticut	Zip Code 06606	Date Received 6/19/2008			
Principal Occupation Math Assistant		Name of Employer Bpt Board of Ed		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$30.00	

Total \$15

Last Name Lyons		First Thomas		MI A	Method of Contribution Check		Contribution ID # 172		Amount of Contribution \$5.00
Residential Street Address 91 Jewett Street		City Bridgeport		State Connecticut	Zip Code 06606	Date Received 6/19/2008			
Principal Occupation Sales		Name of Employer Hummel Brothers		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor? 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?		Aggregate contribution		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Last Name Mahoney		First Ruth		MI	Method of Contribution Cash		Contribution ID # 173		Amount of Contribution \$5.00
Residential Street Address 125 Porters Hill Rd		City Trumbull		State Connecticut	Zip Code 06611	Date Received 6/19/2008			
Principal Occupation Retail		Name of Employer Marshall's		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor? 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?		Aggregate contribution		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Last Name Papastavros		First Marianne		MI	Method of Contribution Cash		Contribution ID # 174		Amount of Contribution \$5.00
Residential Street Address 53 Easton Street		City Bridgeport		State Connecticut	Zip Code 06604	Date Received 6/19/2008			
Principal Occupation Ed Paraprofessional		Name of Employer City of Bridgeport		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor? 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?		Aggregate contribution		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Total \$15

Last Name Pearsoni	First Carla	MI	Method of Contribution Cash	Contribution ID # 175	Amount of Contribution \$5.00
Residential Street Address 288 Texas Avenue	City Bridgeport	State Connecticut	Zip Code 06610	Date Received 6/19/2008	
Principal Occupation Ed Paraprofessional	Name of Employer City of Bridgeport	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		

Last Name William	First Mary	MI	Method of Contribution Cash	Contribution ID # 176	Amount of Contribution \$7.00
Residential Street Address 95 Clover Street	City Stratford	State Connecticut	Zip Code 06614	Date Received 6/19/2008	
Principal Occupation Math Paraprofessional	Name of Employer City of Bridgeport	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		

Last Name Luna	First Milagros	MI	Method of Contribution Cash	Contribution ID # 177	Amount of Contribution \$5.00
Residential Street Address 180 Holly Street	City Bridgeport	State Connecticut	Zip Code 06607	Date Received 6/20/2008	
Principal Occupation Secretary Treasurer	Name of Employer Local 1522	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			
Is contributor a principal of state contractor or perspective state contractor? 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 checked="" type="checkbox"/> No		

TOTAL \$17

Last Name Montalvo		First Ana		MI	Method of Contribution Cash		Contribution ID # 178		Amount of Contribution \$20.00
Residential Street Address 103 Dorman Drive		City Naugatuck		State Connecticut		Zip Code 06770		Date Received 6/20/2008	
Principal Occupation Sec. PGM Assistant		Name of Employer Bpt Board of Ed		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$20.00			
Last Name Montalvo		First Jacqueline		MI	Method of Contribution Check		Contribution ID # 179		Amount of Contribution \$5.00
Residential Street Address 1590 Capitol Avenue		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 6/20/2008	
Principal Occupation Customer Serv.		Name of Employer Greenwich Upholstering		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00			
Last Name Reboira		First Nansi		MI	Method of Contribution Cash		Contribution ID # 180		Amount of Contribution \$5.00
Residential Street Address 598 Bechwood Avenue C		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 6/20/2008	
Principal Occupation Photographer		Name of Employer Picture Me Portrait		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00			

Total \$30

Last Name Skorupinski		First John		MI	Method of Contribution Cash		Contribution ID # 181		Amount of Contribution \$5.00	
Residential Street Address 80 Pleasant View Avenue			City Bridgeport		State Connecticut		Zip Code 06606			Date Received 6/20/2008
Principal Occupation Driver		Name of Employer City of Bridgeport			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective 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					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00			
Last Name Boucher		First Paul		MI	Method of Contribution Cash		Contribution ID # 182		Amount of Contribution \$30.00	
Residential Street Address 37 Forest Court			City Bridgeport		State Connecticut		Zip Code 06604			Date Received 5/17/2008
Principal Occupation Zoning Officer		Name of Employer City Of Bridgeport			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2					
Is contributor a principal of state contractor or perspective 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					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$80.00			
Last Name Saez		First Ruben		MI	Method of Contribution Cash		Contribution ID # 183		Amount of Contribution \$100.00	
Residential Street Address 187 Cottage Street			City Bridgeport		State Connecticut		Zip Code 06605			Date Received 6/21/2008
Principal Occupation Shop		Name of Employer Curtiss Handen			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective 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					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$100.00			

TOTAL \$135

Last Name Wright		First Debra		MI	Method of Contribution Cash		Contribution ID # 184		Amount of Contribution \$30.00
Residential Street Address 210 Washington Avenue 210		City Bridgeport		State Connecticut	Zip Code 06604	Date Received 6/21/2008			
Principal Occupation None		Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <i>D62808A</i>					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$30.00			
Last Name Banta		First Jack		MI O	Method of Contribution Cash		Contribution ID # 185		Amount of Contribution \$5.00
Residential Street Address 20 Cole street		City Bridgeport		State Connecticut	Zip Code 06604	Date Received 6/22/2008			
Principal Occupation Electrician		Name of Employer Metro North		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00			
Last Name Jimenez		First Gregory		MI	Method of Contribution Cash		Contribution ID # 186		Amount of Contribution \$30.00
Residential Street Address 358 Park Street		City Bridgeport		State Connecticut	Zip Code 06608	Date Received 6/22/2008			
Principal Occupation Labor		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <i>D62808A</i>					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$30.00			

Total \$65



Last Name McLain		First Eleanor		MI	Method of Contribution Cash		Contribution ID # 187		Amount of Contribution \$5.00	
Residential Street Address 284 Cottage Street		City Bridgeport		State Connecticut	Zip Code 06605		Date Received 6/24/2008			
Principal Occupation CNA		Name of Employer Towne Agency		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate contribution \$5.00			
Last Name Mitropolsky		First Alex		MI	Method of Contribution Cash		Contribution ID # 188		Amount of Contribution \$20.00	
Residential Street Address 66 Burnham Street		City Bridgeport		State Connecticut	Zip Code 06604		Date Received 6/24/2008			
Principal Occupation Construction		Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes 062808A <input type="checkbox"/> No						
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate contribution \$95.00			
Last Name Riviera		First Elizabeth		MI	Method of Contribution Cash		Contribution ID # 189		Amount of Contribution \$30.00	
Residential Street Address 199 Yatch Street		City Bridgeport		State Connecticut	Zip Code 06605		Date Received 6/24/2008			
Principal Occupation Home Aid		Name of Employer Family Care		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes 062808A <input type="checkbox"/> No						
Is contributor a principal of state contractor or perspective 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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate contribution \$30.00			

Total \$ 55

Last Name Salzman		First Beverly		MI	Method of Contribution Check		Contribution ID # 190		Amount of Contribution \$75.00
Residential Street Address 54 Riverview Dr.		City Bridgeport		State Connecticut		Zip Code 06606		Date Received 6/24/2008	
Principal Occupation College Professor		Name of Employer State of CT		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
					<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$100.00
Last Name Diaz		First Jose		MI	Method of Contribution Money Order		Contribution ID # 191		Amount of Contribution \$100.00
Residential Street Address 135 Lee Avenue		City Bridgeport		State Connecticut		Zip Code 06605		Date Received 6/25/2008	
Principal Occupation Manager		Name of Employer Kal		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <i>062808A</i>					
					<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$100.00
Last Name Diaz		First Joseph		MI	Method of Contribution Money Order		Contribution ID # 192		Amount of Contribution \$100.00
Residential Street Address 133 Lee Avenue		City Bridgeport		State Connecticut		Zip Code 06605		Date Received 6/25/2008	
Principal Occupation Deliveries		Name of Employer Mulkerin Milk		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <i>062808A</i>					
					<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$100.00

*Total \$ 275*

Last Name Diaz		First Luis		MI	Method of Contribution Check		Contribution ID # 193		Amount of Contribution \$100.00	
Residential Street Address 133 Lee Avenue			City Bridgeport		State Connecticut		Zip Code 06605			Date Received 6/25/2008
Principal Occupation Manager		Name of Employer US Postal Service			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$100.00	
Last Name Santiago		First Eddie		MI O	Method of Contribution Check		Contribution ID # 194		Amount of Contribution \$100.00	
Residential Street Address 52 Oakville Avenue			City Bridgeport		State Connecticut		Zip Code 06708			Date Received 6/25/2008
Principal Occupation Tech Support		Name of Employer Ride Aid Pharmacy			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$100.00	
Last Name Vega		First Wilfredo		MI	Method of Contribution Money Order		Contribution ID # 195		Amount of Contribution \$100.00	
Residential Street Address 144 Golden Hill			City Bridgeport		State Connecticut		Zip Code 06604			Date Received 6/25/2008
Principal Occupation Property Appraiser		Name of Employer City of Bridgeport			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$100.00	

Total \$300

Last Name Concepcion		First Ana		MI	Method of Contribution Cash		Contribution ID # 196		Amount of Contribution \$5.00
Residential Street Address 63 East Avenue		City Bridgeport		State Connecticut		Zip Code 06610		Date Received 6/26/2008	
Principal Occupation Bus Driver		Name of Employer Bpt Board of ED		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
					<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00
Last Name Cooper		First Bianca		MI	Method of Contribution Cash		Contribution ID # 197		Amount of Contribution \$5.00
Residential Street Address 164 George Street		City Bridgeport		State Connecticut		Zip Code 06604		Date Received 6/26/2008	
Principal Occupation Family Literacy		Name of Employer City od Bridgeport		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
					<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00
Last Name Cortello		First Sam		MI	Method of Contribution Cash		Contribution ID # 198		Amount of Contribution \$5.00
Residential Street Address 198 Queen Street		City Bridgeport		State Connecticut		Zip Code 06606		Date Received 6/26/2008	
Principal Occupation Retired		Name of Employer Reired		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
					<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$5.00

Total \$15

Last Name Jackson		First Rose		MI	Method of Contribution Check		Contribution ID # 199		Amount of Contribution \$100.00
Residential Street Address 46 Lee Avenue		City Bridgeport		State Connecticut		Zip Code 06605		Date Received 6/26/2008	
Principal Occupation Nutritionist		Name of Employer City of Bridgeport		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$100.00
Last Name Ortiz		First Emily		MI	Method of Contribution Check		Contribution ID # 200		Amount of Contribution \$85.00
Residential Street Address 140 Yale Street 16		City Bridgeport		State Connecticut		Zip Code 06605		Date Received 6/26/2008	
Principal Occupation Student		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$100.00
Last Name Torres		First Carmen		MI	Method of Contribution Check		Contribution ID # 201		Amount of Contribution \$100.00
Residential Street Address 80 Howard Street		City Stratford		State Connecticut		Zip Code 06615		Date Received 6/26/2008	
Principal Occupation Social Worker		Name of Employer State of CT		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contribution \$100.00

Total \$ 285

