

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
Candidates for Statewide Offices and General Assembly
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 5/08

2009 JUL 10 P 2:37



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Do Not Mark in This Space For
Official Use Only

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SUMMARY PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE (Check Box)			
Corey for Connecticut				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
Title	First	MI	Last	Suffix			
Mr	Richard	J	Twilley				
4. TREASURER ADDRESS							
Street Address			City	State	Zip Code		
221 Trumbull Street			Hartford	CT	06103		
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)			7. DISTRICT NUMBER (if applicable)		
(mm/dd/yyyy)							
11/02/2010		Secretary of the State			N/A		
8. CANDIDATE NAME							
Title	First	MI	Last	Suffix			
Mr	Corey	J	Brinson				
9. TYPE OF REPORT (Check One Box)							
<input type="checkbox"/> January 10 filing <input type="checkbox"/> 7th day preceding primary <input type="checkbox"/> Initial Itemized Statement accompanying application for Public Grant <input type="checkbox"/> Initial Supplemental Statement <input type="checkbox"/> April 10 filing <input type="checkbox"/> 30 days following primary <input type="checkbox"/> Additional Itemized Statement in further support of application for Public Grant <input type="checkbox"/> Supplemental Statement <input checked="" type="checkbox"/> July 10 filing <input type="checkbox"/> 7th day preceding election <input type="checkbox"/> Declaration of Excess Receipts or Expenditures <input type="checkbox"/> October 10 filing <input type="checkbox"/> 45 days following special election <input type="checkbox"/> Post Primary Itemized Statement accompanying request for General Election Grant <input type="checkbox"/> Deficit <input type="checkbox"/> Termination <input type="checkbox"/> Amendment to Type of Report: _____							
10. PERIOD COVERED							
Beginning Date				Ending Date			
06/10/2009				thru 06/30/2009			
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.							
 TREASURER OR DEPUTY TREASURER (SIGNATURE)				Richard Twilley PRINT NAME OF SIGNER		07/10/2009 DATE (mm/dd/yyyy)	
<p>PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.</p>							

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
Candidates for Statewide Offices and General Assembly
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 5/08

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SUMMARY PAGE
TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
Corey for Connecticut	07/10/2009	
	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	\$0.00	
14. Contributions received from Individuals (Sections A and B)	\$900.24	\$900.24
15. Receipts from Other Committees (Sections C1 +C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Sections D-I)	\$7,525.00	\$7,525.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$8,425.24	\$8,425.24
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$8,425.24	\$8,425.24
20. Expenses Paid by Committee (Section N)	\$3,770.88	\$3,770.88
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both Columns)	\$4,654.36	\$4,654.36
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid by Candidate (Section O)	\$152.26	\$152.26
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$275.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE Corey for Connecticut						FILING DUE DATE 07/10/2009		
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>						Subtotal Section A \$ 0.24		
B. Itemized Contributions from Individuals								
Last Name Brown		First Shauna		MI H	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0001	Amount of Contribution
Residential Street Address 74 Hamilton Drive		City Manchester		State CT	Zip Code 06042	Date Received 06/26/2009		
Principal Occupation Educator		Name of Employer City of Hartford - HPS		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> 062609		Aggregate contributions \$10.00		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 Matthews		First Kim		MI 	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0002	Amount of Contribution
Residential Street Address 43 Deer Meadow Road		City Bloomfield		State CT	Zip Code 06002	Date Received 06/26/2009		
Principal Occupation Teacher		Name of Employer Hartford Board of Education		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i> 062609		Aggregate contributions \$20.00		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 Harris		First Natalie		MI S	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0003	Amount of Contribution
Residential Street Address 16 Fiske Street		City Waterbury		State CT	Zip Code 06710	Date Received 06/26/2009		
Principal Occupation Case Manager		Name of Employer Community Solutions, Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i> 062609		Aggregate contributions \$20.00		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 Rodriguez		First Lizzette		MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0004	Amount of Contribution
Residential Street Address 431 New Britain Avenue		City Hartford		State CT	Zip Code 06106	Date Received 06/26/2009		
Principal Occupation Human Services		Name of Employer CT Works		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> 062609		Aggregate contributions \$10.00		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 Bunting		First Diana		MI P	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0005	Amount of Contribution
Residential Street Address 29 Ashford Street		City Hartford		State CT	Zip Code 06120	Date Received 06/26/2009		
Principal Occupation Educator		Name of Employer Bloomfield Board of Education		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> 062609		Aggregate contributions \$20.00		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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				
SUBTOTAL Section B-This Page								\$80.00
TOTAL of all Section B Pages								\$820.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)								\$900.24

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE Corey for Connecticut						FILING DUE DATE 07/10/2009		
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>						Subtotal Section A \$ 0.00		
B. Itemized Contributions from Individuals								
Last Name Joiner		First Kevin		MI R	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0006	Amount of Contribution
Residential Street Address 37 Alden Street		City Hartford		State CT	Zip Code 06114	Date Received 06/26/2009		
Principal Occupation Firefighter / Attorney		Name of Employer City of Hartford / Self		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> 062609				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 contributions \$20.00		\$20.00	
Last Name Rahman		First Jamal		MI R	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0007	Amount of Contribution
Residential Street Address 12 Montello Street		City Dorchester		State MA	Zip Code 02122	Date Received 06/26/2009		
Principal Occupation Business Owner		Name of Employer SDJ Custom Art		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> 062609				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 contributions \$20.00		\$20.00	
Last Name Dixon		First Sharon		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0008	Amount of Contribution
Residential Street Address 453 Park Avenue		City Bloomfield		State CT	Zip Code 06002	Date Received 06/26/2009		
Principal Occupation Community Officers Assistant		Name of Employer The Metropolitan District		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> 062609				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 contributions \$100.00		\$100.00	
Last Name Jackson		First Eric		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0009	Amount of Contribution
Residential Street Address 221 Trumbull Street		City Hartford		State CT	Zip Code 06103	Date Received 06/26/2009		
Principal Occupation Chief Information Officer		Name of Employer City of Hartford		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> 062609				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 contributions \$50.00		\$50.00	
Last Name Dawes		First Elaine		MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0010	Amount of Contribution
Residential Street Address 338 Edgewood Street		City Hartford		State CT	Zip Code 06112	Date Received 06/26/2009		
Principal Occupation Unemployed		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> 062609				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 contributions \$50.00		\$50.00	
SUBTOTAL Section B-This Page								\$240.00
TOTAL of all Section B Pages								\$0.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)								\$240.00

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE Corey for Connecticut	FILING DUE DATE 07/10/2009
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i> Subtotal Section A	
\$ 0.00	

B. Itemized Contributions from Individuals

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution	
Jackson	Patricia	M	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0011	\$20.00	
Residential Street Address 284 Sargeant Street		City Hartford	State CT	Zip Code 06105		Date Received 06/26/2009
Principal Occupation Environmental Service		Name of Employer Mt. Sinai		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> 062609		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 contributions \$20.00		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 contributions \$20.00		
Lyde	Alisha	L	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0012	\$20.00	
Residential Street Address 28 Hutchinson Street		City New Britain	State CT	Zip Code 06053		Date Received 06/26/2009
Principal Occupation Retail Management		Name of Employer Stride Rite		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> 062609		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 contributions \$20.00		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 contributions \$20.00		
Donnelly	Jeremy	S	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0013	\$40.00	
Residential Street Address 18 Sherman Street		City Hartford	State CT	Zip Code 06105		Date Received 06/26/2009
Principal Occupation Attorney		Name of Employer Gerace & Associates		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> 062609		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 contributions \$40.00		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 contributions \$40.00		
Carpenter	Alicia	A	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0014	\$50.00	
Residential Street Address 781 Norman Street		City Bridgeport	State CT	Zip Code 06605		Date Received 06/26/2009
Principal Occupation Finance Manager		Name of Employer Travelers		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> 062609		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 contributions \$50.00		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 contributions \$50.00		
Hageman	Douglas	C	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0015	\$30.00	
Residential Street Address P.O. Box 555		City Marion	State CT	Zip Code 06444		Date Received 06/26/2009
Principal Occupation Self-Employed		Name of Employer Self / Niche Software		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> 062609		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 contributions \$30.00		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 contributions \$30.00		
SUBTOTAL Section B-This Page					\$160.00	
TOTAL of all Section B Pages					\$0.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)					\$160.00	

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE Corey for Connecticut	FILING DUE DATE 07/10/2009
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i> Subtotal Section A	
\$ 0.00	

B. Itemized Contributions from Individuals

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution	
Dean	Chotsani	E	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0016		
Residential Street Address 230 Farmington Avenue		City Hartford		State CT		Zip Code 06105
Principal Occupation Teacher		Name of Employer Guilford Art Center		Date Received 06/26/2009		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 contributions \$20.00		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i> 062609						
Dean	Richard		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0017		
Residential Street Address 138 Long Hill Road		City Windsor		State CT		Zip Code 06095
Principal Occupation Printing Broker		Name of Employer RD Printing		Date Received 06/26/2009		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 contributions \$20.00		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i> 062609						
Johnson	Aaron	J	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0018		
Residential Street Address 134 Old Chester Road		City Haddam		State CT		Zip Code 06438
Principal Occupation Portfolio Manager		Name of Employer J Capital Advisors		Date Received 06/26/2009		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 contributions \$80.00		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i> 062609						
Rodgers	Corey	O	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0019		
Residential Street Address 362 Laurel Street		City Hartford		State CT		Zip Code 06105
Principal Occupation Self-Employed		Name of Employer Self-Employed		Date Received 06/26/2009		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 contributions \$20.00		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i> 062609						
Tina	Shaina	M	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0020		
Residential Street Address 300 Broad Street #206		City Stamford		State CT		Zip Code 06901
Principal Occupation Fashion		Name of Employer None		Date Received 06/26/2009		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 contributions \$20.00		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i> 062609						
SUBTOTAL Section B-This Page					\$160.00	
TOTAL of all Section B Pages					\$0.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)					\$160.00	

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE Corey for Connecticut	FILING DUE DATE 07/10/2009
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	
Subtotal Section A \$ 0.00	

B. Itemized Contributions from Individuals

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution	
Forrester	Dana	S	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0021		
Residential Street Address 163 Ashley Street		City Hartford	State CT	Zip Code 06105		Date Received 06/26/2009
Principal Occupation None		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i> 062609		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" 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 contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$20.00		
				Total: \$20.00		
Ginn	Kristin	S	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0022		
Residential Street Address 15 Gulf Street		City Newington	State CT	Zip Code 06111		Date Received 06/26/2009
Principal Occupation None		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i> 062609		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" 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 contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$20.00		
				Total: \$20.00		
Sailor	Jamil	D	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0023		
Residential Street Address 76 Baltimore Street		City Hartford	State CT	Zip Code 06112		Date Received 06/30/2009
Principal Occupation Recreation Specialist		Name of Employer Hartford Health & Human Svcs.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i> _____		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" 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 contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$20.00		
				Total: \$20.00		
Nash	Georgia	A	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0024		
Residential Street Address 13 Peachbrooke Drive		City South Windsor	State CT	Zip Code 06074		Date Received 06/30/2009
Principal Occupation Commutation Anal. / Event Plan		Name of Employer The Hartford / Timeless Weds.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i> _____		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" 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 contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$100.00		
				Total: \$100.00		
Pappa	Mark		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0025		
Residential Street Address 105 Back Lane		City Newington	State CT	Zip Code 06111		Date Received 06/30/2009
Principal Occupation Financial Planner / Taxes		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i> _____		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" 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 contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$100.00		
				Total: \$100.00		
Subtotal Section B-This Page					\$260.00	
TOTAL of all Section B Pages					\$0.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)					\$260.00	

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey for Connecticut	07/10/2009

C1. Contributions from Other Committees

Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list event #</i> <input checked="" type="checkbox"/> No			Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list event #</i> <input checked="" type="checkbox"/> No			Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list event #</i> <input checked="" type="checkbox"/> No			Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list event #</i> <input checked="" type="checkbox"/> No			Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list event #</i> <input checked="" type="checkbox"/> No			Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list event #</i> <input checked="" type="checkbox"/> No			Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		

C2. Reimbursements or Payments from other Committees

Name of Committee					Name of Treasurer	
Address			Date Received			Amount of Receipt \$0.00
City	State CT	Zip Code	<input checked="" type="checkbox"/> Reimbursement for shared expense <input checked="" type="checkbox"/> Payment for goods and services			
Name of Committee					Name of Treasurer	
Street Address			Date Received			Amount of Receipt \$0.00
City	State CT	Zip Code	<input checked="" type="checkbox"/> Reimbursement for shared expense <input checked="" type="checkbox"/> Payment for goods and services			
SUBTOTAL Section C-This Page						\$0.00
TOTAL of additional Section C Pages						\$0.00
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 15 of Summary Page)						\$0.00

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE Corey for Connecticut	FILING DUE DATE 07/10/2009
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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) <input type="checkbox"/> No	Amount Received
Street Address	City	State CT	Zip Code	<input type="checkbox"/> Individual <input type="checkbox"/> Other			
Name of Cosigner/Guarantor				Date of Receipt			
Street Address	City	State CT	Zip Code				\$ 0.00

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) <input type="checkbox"/> No	Amount Received
Street Address	City	State CT	Zip Code	<input type="checkbox"/> Individual <input type="checkbox"/> Other			
Name of Cosigner/Guarantor				Date of Receipt			
Street Address	City	State CT	Zip Code				\$ 0.00

Total Section D (Enter Total on Line 26a on Summary Page) \$ 0.00

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

Date of Receipt <u>6/11/2009</u>	Method of payment: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date of Receipt <u>6/16/2009</u>	Method of payment: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Total Amount Received
Amount <u>\$25.00</u>		Amount <u>\$7,500.00</u>		\$ 7,525.00

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

Date Received	Amount \$0.00	Date Received	Amount \$0.00	Total Amount Received
\$1 bills <u>\$0.00</u>	\$5 bills <u>\$0.00</u>	\$1 bills <u>\$0.00</u>	\$5 bills <u>\$0.00</u>	
coins <u>\$0.00</u>	\$10 bill <u>\$0.00</u>	coins <u>\$0.00</u>	\$10 bill <u>\$0.00</u>	
				\$ 0.00

G. Interest from Deposits in Authorized Accounts

Date Received	Amount \$0.00	Date Received	Amount \$0.00	Total Amount Received	
Name of Institution		Name of Institution			
Street Address		Street Address			
City	State CT	Zip Code	City		State CT
				\$ 0.00	

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Corey for Connecticut	07/10/2009

J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
06/26/2009		Kickoff Event	221 Trumbull Street	Hartford	CT	06103

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
					CT	

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
					CT	

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
					CT	

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

NAME OF COMMITTEE	FILING DUE DATE
Corey for Connecticut	07/10/2009

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			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						
						\$0.00
<hr/>						
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			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						
						\$0.00
<hr/>						
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			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						
						\$0.00
<hr/>						
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			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						
						\$0.00
<hr/>						
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			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						
						\$0.00
<hr/>						
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			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						
						\$0.00
<hr/>						
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			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						
						\$0.00
<hr/>						
						SUBTOTAL Section J2-This Page
						\$0.00
						TOTAL of additional Section J2 Pages
						\$0.00
TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS <i>(Enter total on Line 17 of Summary Page)</i>						\$0.00

II. FUNDRAISING ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Corey for Connecticut	07/10/2009

J3. In-Kind Donations Not Considered Contributions

Name of Donor	City	State	Zip Code	Donation given by:	Fair Market Value of Donation
		CT		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity	\$0.00
Street Address				Aggregate value for this event	
Description of donation				Event #	
		CT		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity	\$0.00
Street Address				Aggregate value for this event	
Description of donation				Event #	
		CT		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity	\$0.00
Street Address				Aggregate value for this event	
Description of donation				Event #	
		CT		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity	\$0.00
Street Address				Aggregate value for this event	
Description of donation				Event #	
		CT		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity	\$0.00
Street Address				Aggregate value for this event	
Description of donation				Event #	
		CT		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity	\$0.00
Street Address				Aggregate value for this event	
Description of donation				Event #	
		CT		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity	\$0.00
Street Address				Aggregate value for this event	
Description of donation				Event #	
		CT		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity	\$0.00
Street Address				Aggregate value for this event	
Description of donation				Event #	
SUBTOTAL Section J3-This Page					\$0.00
TOTAL of additional Section J3 Pages					\$0.00
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 22 of Summary Page)					\$0.00

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE Corey for Connecticut	FILING DUE DATE 07/10/2009
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K. In-Kind Contributions

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Executive <input type="radio"/> Legislative			
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i>		Description of In-Kind Contribution			Aggregate contributions	
					\$0.00	\$0.00

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Executive <input type="radio"/> Legislative			
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i>		Description of In-Kind Contribution			Aggregate contributions	
					\$0.00	\$0.00

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Executive <input type="radio"/> Legislative			
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i>		Description of In-Kind Contribution			Aggregate contributions	
					\$0.00	\$0.00

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Executive <input type="radio"/> Legislative			
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i>		Description of In-Kind Contribution			Aggregate contributions	
					\$0.00	\$0.00

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Executive <input type="radio"/> Legislative			
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i>		Description of In-Kind Contribution			Aggregate contributions	
					\$0.00	\$0.00

SUBTOTAL Section K-This Page \$0.00

TOTAL of additional Section K Pages \$0.00

TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23 of Summary Page) \$0.00

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		First Name		MI	Date Deposit Made		Amount of Deposit
Residential Street Address		City	State CT	Zip Code			
Name of telephone company							
Street Address		City	State CT	Zip Code			\$0.00

Total Section L (Enter total on Line 24 of Summary Page) \$0.00

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Corey for Connecticut				07/10/2009	
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee					
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Total Section M (Enter total on Line 25 of Summary Page)					\$0.00

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Corey for Connecticut						07/10/2009	
N. Expenses Paid by Committee							
Name of Payee Julie Corrado				Date of Payment 06/26/2009	Method of Payment		Amount
Street Address 22 Charter Oak Place #1N		City Hartford	State CT	Zip Code 06106	<input checked="" type="checkbox"/> Check # 0092 <input type="checkbox"/> Debit Card		
Description Reimbursement for Certification Forms Printing and Paperclips						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	
						s \$161.11	
Name of Payee Event Resources, Inc.				Date of Payment 06/26/2009	Method of Payment		Amount
Street Address 333 Park Avenue		City East Hartford	State CT	Zip Code 06108	<input checked="" type="checkbox"/> Check # 0093 <input type="checkbox"/> Debit Card		
Description Rental of Podium for 06/26/2009 Kickoff Event						Event # 062609	
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	
						s \$395.00	
Name of Payee DuManoir Caterers, LLC				Date of Payment 06/26/2009	Method of Payment		Amount
Street Address 15 Allen Street		City Windsor	State CT	Zip Code 06095	<input checked="" type="checkbox"/> Check # 0094 <input type="checkbox"/> Debit Card		
Description Catering for 06/26/2009 Kickoff Event						Event # 062609	
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	
						s \$1,327.50	
Name of Payee Tony Harrington				Date of Payment 06/26/2009	Method of Payment		Amount
Street Address 3 Boysen Drive		City Bloomfield	State CT	Zip Code 06002	<input checked="" type="checkbox"/> Check # 0095 <input type="checkbox"/> Debit Card		
Description Band/Entertainment for 06/26/2009 Kickoff Event						Event # 062609	
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	
						s \$500.00	
Name of Payee DeShana Allen				Date of Payment 06/26/2009	Method of Payment		Amount
Street Address 94 Green Street		City Hartford	State CT	Zip Code 06120	<input checked="" type="checkbox"/> Check # 0096 <input type="checkbox"/> Debit Card		
Description Greeter for 06/26/2009 Kickoff Event						Event # 062609	
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	
						s \$40.00	
SUBTOTAL Section N-This Page						\$2,423.61	
TOTAL of additional Section N Pages						\$1,347.27	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page)						\$3,770.88	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey for Connecticut	07/10/2009

N. Expenses Paid by Committee

Name of Payee Shaunna Monts					Date of Payment 06/30/2009	Method of Payment <input checked="" type="checkbox"/> Check # <u>0097</u> <input type="checkbox"/> Debit Card	Amount
Street Address 91 Elm Street #223C	City Manchester	State CT	Zip Code 06040	Purpose of Expenditure (by code) RCW			
Description Reimbursement for Printing Flyers for 06/26/2009 Kickoff Event					Event # 062609		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought		\$ \$184.18
Name of Payee Georgia Nash					Date of Payment 06/30/2009	Method of Payment <input checked="" type="checkbox"/> Check # <u>0098</u> <input type="checkbox"/> Debit Card	Amount
Street Address 13 Peachbrooke Drive	City South Windsor	State CT	Zip Code 06074	Purpose of Expenditure (by code) RCW			
Description Reimbursement for table cloths, skirts, clips, envelopes, etc., for 06/26/09 Kickoff Event					Event # 062609		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought		\$ \$69.34
Name of Payee Technivision LLC					Date of Payment 06/30/2009	Method of Payment <input checked="" type="checkbox"/> Check # <u>0099</u> <input type="checkbox"/> Debit Card	Amount
Street Address 112 New Road	City Tolland	State CT	Zip Code 06084	Purpose of Expenditure (by code) WEB			
Description Portion of Contract Balance for Internet Services					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought		\$ \$625.00
Name of Payee Janine Villalobos					Date of Payment 06/30/2009	Method of Payment <input checked="" type="checkbox"/> Check # <u>0100</u> <input type="checkbox"/> Debit Card	Amount
Street Address 43 Claire Hill Road	City Burlington	State CT	Zip Code 06013	Purpose of Expenditure (by code) CNSLT			
Description Photography Services at 06/26/2009 Kickoff Event					Event # 062609		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought		\$ \$100.00
Name of Payee Timeless Weddings by Georgia, LLC					Date of Payment 06/30/2009	Method of Payment <input checked="" type="checkbox"/> Check # <u>1001</u> <input type="checkbox"/> Debit Card	Amount
Street Address 13 Peachbrooke Drive	City South Windsor	State CT	Zip Code 06074	Purpose of Expenditure (by code) CNSLT			
Description Event Planning Services for 06/26/2009 Kickoff Event					Event # 062609		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought		\$ \$368.75
SUBTOTAL Section N-This Page							\$1,347.27
TOTAL of additional Section N Pages							\$0.00
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page)							\$1,347.27

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey for Connecticut	07/10/2009

O. Campaign Expenses Paid by Candidate

Name of Payee (<i>Name of Vendor who candidate paid directly</i>)				Date of Payment	Is Reimbursement Claimed?	Amount
United States Postal Service				06/09/2009	<input type="radio"/> Yes <input checked="" type="radio"/> No	92.00
Street Address	City	State	Zip Code			
141 Weston Street	Hartford	CT	06141			
Purpose of Expenditure (by code)	Description			Event #		
POST	Rental of Committee P.O. Box (six months)					
FedEx Kinko's				06/19/2009	<input type="radio"/> Yes <input checked="" type="radio"/> No	60.26
Street Address	City	State	Zip Code			
544 Farmington Avenue	Hartford	CT	06105			
Purpose of Expenditure (by code)	Description			Event #		
PRNT	Printing of Palm Cards for Candidate					
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)					<input type="radio"/> Yes <input type="radio"/> No	0.00
Street Address	City	State	Zip Code			
		CT				
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)					<input type="radio"/> Yes <input checked="" type="radio"/> No	0.00
Street Address	City	State	Zip Code			
		CT				
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)					<input type="radio"/> Yes <input type="radio"/> No	0.00
Street Address	City	State	Zip Code			
		CT				
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)					<input type="radio"/> Yes <input type="radio"/> No	0.00
Street Address	City	State	Zip Code			
		CT				
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)					<input type="radio"/> Yes <input type="radio"/> No	0.00
Street Address	City	State	Zip Code			
		CT				
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)					<input type="radio"/> Yes <input type="radio"/> No	\$0.00
Street Address	City	State	Zip Code			
		CT				
Purpose of Expenditure (by code)	Description			Event #		
SUBTOTAL Section O-This Page						\$152.26
TOTAL of additional Section O Pages						\$0.00
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 27 of Summary Page)						\$152.26

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey for Connecticut	07/10/2009

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card:
	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other _____

Name of Vendor				Date of Transaction	Amount \$0.00
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)	Description		Event		

Name of Vendor				Date of Transaction	Amount \$0.00
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)	Description		Event		

Name of Vendor				Date of Transaction	Amount \$0.00
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)	Description		Event		

Name of Vendor				Date of Transaction	Amount \$0.00
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)	Description		Event		

Name of Vendor				Date of Transaction	Amount \$0.00
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)	Description		Event		

Name of Vendor				Date of Transaction	Amount \$0.00
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)	Description		Event		

Name of Vendor				Date of Transaction	Amount \$0.00
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)	Description		Event		

Name of Vendor				Date of Transaction	Amount \$0.00
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)	Description		Event		

SUBTOTAL Section P-This Page					\$0.00
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TOTAL of additional Section P Pages					\$0.00
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TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 28 of Summary Page)					\$0.00
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IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey for Connecticut	07/10/2009

Q. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor LAZ Parking		Date Incurred 06/26/2009		Amount Incurred (Estimate or Actual) \$ 275.00	
Street Address 210 Asylum Street		City Hartford	State CT		Zip Code 06103
Purpose of Expenditure (by code) FNRD	Description Parking validations for 06/26/2009 Kickoff Event		Event 062609		
Is this expenditure coordinated with another candidate for which reimbursement is sought <input type="radio"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="radio"/> No					

Name of Creditor		Date Incurred		Amount Incurred (Estimate or Actual) \$ 0.00	
Street Address		City	State CT		Zip Code
Purpose of Expenditure (by code)	Description		Event		
Is this expenditure coordinated with another candidate for which reimbursement is sought <input type="radio"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="radio"/> No					

Name of Creditor		Date Incurred		Amount Incurred (Estimate or Actual) \$ 0.00	
Street Address		City	State CT		Zip Code
Purpose of Expenditure (by code)	Description		Event		
Is this expenditure coordinated with another candidate for which reimbursement is sought <input type="radio"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="radio"/> No					

Name of Creditor		Date Incurred		Amount Incurred (Estimate or Actual) \$ 0.00	
Street Address		City	State CT		Zip Code
Purpose of Expenditure (by code)	Description		Event		
Is this expenditure coordinated with another candidate for which reimbursement is sought <input type="radio"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="radio"/> No					

SUBTOTAL Section Q-This Page			\$275.00
TOTAL of additional Section Q Pages			\$0.00
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 29 of Summary Page)			\$275.00
Previously reported Expenses Unpaid and still Outstanding			+ \$0.00
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 29a of Summary Page)			\$275.00

NAME OF COMMITTEE		FILING DUE DATE	
Corey for Connecticut		07/10/2009	
R. Itemization of Reimbursements to Committee or ers and Consultants			
Name of orker/Consultant	Date of Payment	Method of Payment	Amount
Julie Corrado	06/23/2009	<input checked="" type="checkbox"/> Check <input type="checkbox"/> Debit Card	0092
Secondary Payee	Purpose of Expenditure (by code)		
FedEx Kinko's	PRNT		
Street Address	City	State	Zip Code
179 Deming Street, Unit C	Manchester	CT	06040
Description	Event		
Printing of Contributor Certification Forms			
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
			\$153.70
Name of orker/Consultant	Date of Payment	Method of Payment	Amount
Julie Corrado	06/24/2009	<input checked="" type="checkbox"/> Check <input type="checkbox"/> Debit Card	0092
Secondary Payee	Purpose of Expenditure (by code)		
Office Depot	OFFICE		
Street Address	City	State	Zip Code
49 Pavilion Drive	Manchester	CT	06040
Description	Event		
Paperclips for Contributor Certification Forms			
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
			\$7.41
Name of orker/Consultant	Date of Payment	Method of Payment	Amount
Shaunna Monts	06/25/2009	<input checked="" type="checkbox"/> Check <input type="checkbox"/> Debit Card	0097
Secondary Payee	Purpose of Expenditure (by code)		
FedEx Kinko's	PRNT		
Street Address	City	State	Zip Code
175 Glastonbury Boulevard, Suite 3	Glastonbury	CT	06033
Description	Event		
Printing of Handouts for 06/26/2009 Kickoff Event		062609	
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
			\$184.18
Name of orker/Consultant	Date of Payment	Method of Payment	Amount
Georgia Nash	06/27/2009	<input checked="" type="checkbox"/> Check <input type="checkbox"/> Debit Card	0098
Secondary Payee	Purpose of Expenditure (by code)		
Connecticut Rental Center	FNDR		
Street Address	City	State	Zip Code
30 DeKoven Drive	Middletown	CT	06457
Description	Event		
Tablecloths, Skirts, Clips, etc., for 06/26/2009 Kickoff Event		062609	
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
			\$33.39
SUBTOTAL Section R-This Page			\$378.68
TOTAL of additional Section R Pages			\$35.95
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE ORKERS AND CONSULTANTS			\$414.63

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey for Connecticut	07/10/2009

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Georgia Nash	Date of Payment 06/26/2009	Method of Payment	Amount
Secondary Payee iParty Retail Stores	Purpose of Expenditure (by code) FNDR	<input checked="" type="checkbox"/> Check # 0098 <input type="checkbox"/> Debit Card	
Street Address 6 Simms Road	City West Hartford	State CT	Zip Code 06117
Description Balloons and Other Decorations for 06/26/2009 Kickoff Event			Event # 062609
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
			\$ 32.13
Name of Worker/Consultant Georgia Nash	Date of Payment 06/26/2009	Method of Payment	Amount
Secondary Payee Staples	Purpose of Expenditure (by code) FNDR	<input checked="" type="checkbox"/> Check # 0098 <input type="checkbox"/> Debit Card	
Street Address 2550 Albany Avenue	City West Hartford	State CT	Zip Code 06117
Description Envelopes for 06/26/2009 Kickoff Event			Event # 062609
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
			\$ 3.82
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Secondary Payee	Purpose of Expenditure (by code)	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address	City	State CT	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 checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$ 0.00
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Secondary Payee	Purpose of Expenditure (by code)	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address	City	State CT	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 checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$ 0.00
SUBTOTAL Section R-This Page			\$35.95
TOTAL of additional Section R Pages			\$0.00
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS			\$35.95

NAME OF COMMITTEE	FILING DUE DATE
Corey for Connecticut	07/10/2009

S. Surplus Distribution of Equipment and Furniture

Name of Recipient				Original Purchase Amount of Item
Street Address	City	State CT	Zip Code	
Description of Item				
				\$0.00
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State CT	Zip Code	
Description of Item				
				\$0.00
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State CT	Zip Code	
Description of Item				
				\$0.00
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State CT	Zip Code	
Description of Item				
				\$0.00
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State CT	Zip Code	
Description of Item				
				\$0.00
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State CT	Zip Code	
Description of Item				
				\$0.00
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State CT	Zip Code	
Description of Item				
				\$0.00
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State CT	Zip Code	
Description of Item				
				\$0.00
SUBTOTAL Section S				\$0.00

July 10, 2009

FILED SEEC

2009 JUL 10 P 2: 40

State Elections Enforcement Commission
Campaign Finance Disclosure Unit
20 Trinity Street
Hartford, CT 06106

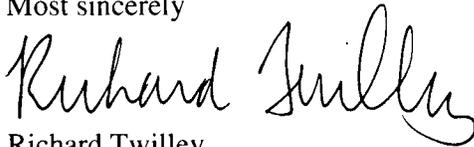
To Whom It May Concern:

Enclosed please find the Itemized Campaign Finance Disclosure Statement (SEEC Form 30) for the candidate committee Corey for Connecticut, for the period of June 10 through June 30, 2009. This disclosure statement qualifies as a July 10 filing, covering the period from the committee's inception (June 10, 2009) through June 30, 2009.

Please note that the enclosed SEEC Form 30 includes additional pages for Section B (four additional pages), Section N (one additional page) and Section R (one additional page). Also enclosed please find copies of qualifying contribution certification forms for contribution nos. 0001-0025.

Should you have any questions regarding any of the enclosed documents, please feel free to contact me at any time. Thank you very much for your consideration.

Most sincerely



Richard Twilley
Treasurer
Corey for Connecticut
P.O. Box 510
Hartford, CT 06141-0510

Cc: Corey J. Brinson, Candidate
Shaunna Monts, Deputy Treasurer