

HAND DELIVERY FILED SEEC

SEEC FORM 30

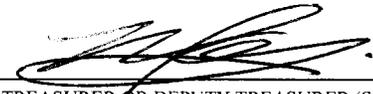
Itemized Campaign Finance Disclosure Statement
 Candidates for Statewide Offices and General Assembly
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 5/08

2010 APR 12 A 11:27



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SUMMARY PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE (Check Box)					
Jim Sargent for State Representative				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee					
3. TREASURER NAME									
Title	First	MI	Last	Suffix					
	Matthew	G	Locci						
4. TREASURER ADDRESS									
Street Address			City	State	Zip Code				
254 Whiting Lane, 2nd Floor			West Hartford	CT	06119				
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)			7. DISTRICT NUMBER (if applicable)				
(mm/dd/yyyy)									
11/02/2010		State Representative			30				
8. CANDIDATE NAME									
Title	First	MI	Last	Suffix					
	James	R	Sargent						
9. TYPE OF REPORT (Check One Box)									
<input type="checkbox"/> January 10 filing <input checked="" type="checkbox"/> April 10 filing <input type="checkbox"/> July 10 filing <input type="checkbox"/> October 10 filing		<input type="checkbox"/> 7th day preceding primary <input type="checkbox"/> 30 days following primary <input type="checkbox"/> 7th day preceding election <input type="checkbox"/> 45 days following special election		<input type="checkbox"/> Initial Itemized Statement accompanying application for Public Grant <input type="checkbox"/> Additional Itemized Statement in further support of application for Public Grant <input type="checkbox"/> Post Primary Itemized Statement accompanying request for General Election Grant		<input type="checkbox"/> Initial Supplemental Statement <input type="checkbox"/> Primary <input type="checkbox"/> Election <input type="checkbox"/> Supplemental Statement <input type="checkbox"/> Primary <input type="checkbox"/> Election <input type="checkbox"/> Declaration of Excess Receipts or Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> Election		<input type="checkbox"/> Deficit <input type="checkbox"/> Termination <input type="checkbox"/> Amendment to Type of Report: _____	
10. PERIOD COVERED									
Beginning Date				Ending Date					
03/01/2010				thru 03/31/2010					
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)			Matthew G. Locci PRINT NAME OF SIGNER			04/09/2010 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. 5/08

SUMMARY PAGE
TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
Jim Sargent for State Representative	04/12/2010	
	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)	\$750.00	\$750.00
15. Receipts from Other Committees (Sections C1 +C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Sections D-I)	\$0.00	\$0.00
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)	\$0.00	\$0.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$750.00	\$750.00
20. Expenses Paid by Committee (Section N)	\$262.28	\$262.28
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both Columns)	\$487.72	\$487.72
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)	\$0.00	\$0.00
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)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE						FILING DUE DATE		
Jim Sargent for State Representative						04/12/2010		
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>						Subtotal Section A \$ 150.00		
B. Itemized Contributions from Individuals								
Last Name Sargent		First Marilyn		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 # 001	Amount of Contribution \$100.00
Residential Street Address 996 Flanders Road		City Southington		State CT	Zip Code 06489	Date Received 03/01/2010		
Principal Occupation Daycare Provider		Name of Employer Self		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? <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		
Last Name Graham		First Ronald		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 # 002	Amount of Contribution \$100.00
Residential Street Address 995 Flanders Road		City Southington		State CT	Zip Code 06489	Date Received 03/03/2010		
Principal Occupation Sales Manager		Name of Employer COR Equipment		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? <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		
Last Name Seaman		First Emily		MI Q	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 # 004	Amount of Contribution \$100.00
Residential Street Address 196 Sea Hill Road		City North Branford		State CT	Zip Code 06471	Date Received 03/03/2010		
Principal Occupation Student		Name of Employer UConn LVC		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? <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		
Last Name Tuske		First Nicholas		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 # 003	Amount of Contribution \$100.00
Residential Street Address 996 Flanders Road		City Southington		State CT	Zip Code 06489	Date Received 03/03/2010		
Principal Occupation Flooring Estimator		Name of Employer Self		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? <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		
Last Name Dobbins		First John		MI C	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 # 006	Amount of Contribution \$100.00
Residential Street Address 323 Thistle Lane		City Southington		State CT	Zip Code 06489	Date Received 03/05/2010		
Principal Occupation Pharmacist		Name of Employer UConn Health Center		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? <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		
SUBTOTAL Section B-This Page								\$500.00
TOTAL of all Section B Pages								\$100.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)								\$750.00

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jim Sargent for State Representative	04/12/2010

C1. Contributions from Other Committees

Name of Committee				Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		Amount of Contribution \$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 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 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 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 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 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 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 \$0.00
City	State CT	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input 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	FILING DUE DATE
Jim Sargent for State Representative	04/12/2010

D. Loans Received this Period

Name of Lender				Source of Loan:		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"/> Bank	<input type="checkbox"/> Candidate		
Name of Cosigner/Guarantor				<input type="checkbox"/> Individual <input type="checkbox"/> Other			
Street Address	City	State CT	Zip Code	Date of Receipt			\$ \$0.00

Name of Lender				Source of Loan:		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"/> Bank	<input type="checkbox"/> Candidate		
Name of Cosigner/Guarantor				<input type="checkbox"/> Individual <input type="checkbox"/> Other			
Street Address	City	State CT	Zip Code	Date of Receipt			\$ \$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	Method of payment:	Date of Receipt	Method of payment:	Total Amount Received
_____	<input type="checkbox"/> Cash	_____	<input type="checkbox"/> Cash	
Amount	<input type="checkbox"/> Personal Check	Amount	<input type="checkbox"/> Personal Check	
\$0.00	<input type="checkbox"/> Credit/Debit Card	\$0.00	<input type="checkbox"/> Credit/Debit Card	
				\$ \$0.00

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

Date Received	Amount	Date Received	Amount	Total Amount Received
	\$0.00		\$0.00	
\$1 bills	\$0.00	\$5 bills	\$0.00	
coins	\$0.00	\$10 bill	\$0.00	
				\$ \$0.00

G. Interest from Deposits in Authorized Accounts

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

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jim Sargent for State Representative	04/12/2010

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	_____	\$0.00
<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	_____	\$0.00
<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	_____	\$0.00
<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	_____	\$0.00

Total Section H \$ 0.00

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Street Address _____ City _____ State CT Zip Code _____ Description _____		\$ 0.00
Name _____ Date of Transaction _____ Street Address _____ City _____ State CT Zip Code _____ Description _____		\$ 0.00
Name _____ Date of Transaction _____ Street Address _____ City _____ State CT Zip Code _____ Description _____		\$ 0.00
Total Section I		\$ 0.00

Summary of Other Monetary Receipts (Sections D-I)

Total Loans Received this Period (Section D)	+	0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section E)	+	0.00
Total Amount of Anonymous Contributions (Section F)	+	0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section G)	+	0.00
Total Public Grant Funds Received from the Citizens' Election Fund (Section H)	+	0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section I)	+	0.00
Total of Other Monetary Receipts not Considered Contributions <i>(Enter total on Line 16 of Summary Page)</i>		0.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE				FILING DUE DATE	
Jim Sargent for State Representative				04/12/2010	
J1. Fundraising Event Information					
Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State CT
Was this fundraising event hosted at a personal residence?			<input type="checkbox"/> 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.) <input type="checkbox"/> 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?			<input type="checkbox"/> Yes (If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information.) <input type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50?			<input type="checkbox"/> Yes (If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) <input type="checkbox"/> No		
Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State CT
Was this fundraising event hosted at a personal residence?			<input type="checkbox"/> 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.) <input type="checkbox"/> 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?			<input type="checkbox"/> Yes (If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information.) <input type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50?			<input type="checkbox"/> Yes (If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) <input type="checkbox"/> No		
Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State CT
Was this fundraising event hosted at a personal residence?			<input type="checkbox"/> 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.) <input type="checkbox"/> 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?			<input type="checkbox"/> Yes (If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information.) <input type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50?			<input type="checkbox"/> Yes (If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) <input type="checkbox"/> No		
Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State CT
Was this fundraising event hosted at a personal residence?			<input type="checkbox"/> 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.) <input type="checkbox"/> 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?			<input type="checkbox"/> Yes (If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information.) <input type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50?			<input type="checkbox"/> Yes (If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) <input type="checkbox"/> No		
Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State CT
Was this fundraising event hosted at a personal residence?			<input type="checkbox"/> 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.) <input type="checkbox"/> 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?			<input type="checkbox"/> Yes (If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information.) <input type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50?			<input type="checkbox"/> Yes (If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) <input type="checkbox"/> No		

II. FUNDRAISING ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Jim Sargent for State Representative	04/12/2010

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 #				\$0.00
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	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Event #				\$0.00
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	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Event #				\$0.00
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	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Event #				\$0.00
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	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Event #				\$0.00
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	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Event #				\$0.00
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	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Event #				\$0.00
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	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Event #				\$0.00
Items Purchased				
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
Jim Sargent for State Representative	04/12/2010

J3. In-Kind Donations Not Considered Contributions

Name of Donor				Donation given by:	Fair Market Value of Donation
				<input type="radio"/> Individual <input type="radio"/> Business Entity	
Street Address	City	State	Zip Code	Aggregate value for this event	
		CT		\$0.00	
Description of donation			Date Received	Event #	
Name of Donor				<input type="radio"/> Individual <input type="radio"/> Business Entity	Fair Market Value of Donation
Street Address	City	CT	Zip Code	Aggregate value for this event	\$0.00
				\$0.00	
Description of donation			Date Received	Event #	
Name of Donor				<input type="radio"/> Individual <input type="radio"/> Business Entity	Fair Market Value of Donation
Street Address	City	CT	Zip Code	Aggregate value for this event	\$0.00
				\$0.00	
Description of donation			Date Received	Event #	
Name of Donor				<input type="radio"/> Individual <input type="radio"/> Business Entity	Fair Market Value of Donation
Street Address	City	CT	Zip Code	Aggregate value for this event	\$0.00
				\$0.00	
Description of donation			Date Received	Event #	
Name of Donor				<input type="radio"/> Individual <input type="radio"/> Business Entity	Fair Market Value of Donation
Street Address	City	CT	Zip Code	Aggregate value for this event	\$0.00
				\$0.00	
Description of donation			Date Received	Event #	
Name of Donor				<input type="radio"/> Individual <input type="radio"/> Business Entity	Fair Market Value of Donation
Street Address	City	CT	Zip Code	Aggregate value for this event	\$0.00
				\$0.00	
Description of donation			Date Received	Event #	
Name of Donor				<input type="radio"/> Individual <input type="radio"/> Business Entity	Fair Market Value of Donation
Street Address	City	CT	Zip Code	Aggregate value for this event	\$0.00
				\$0.00	
Description of donation			Date Received	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	FILING DUE DATE
Jim Sargent for State Representative	04/12/2010

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="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 \$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="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 \$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="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 \$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="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 \$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="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 \$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="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 \$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	
Jim Sargent for State Representative				04/12/2010	
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 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		
Jim Sargent for State Representative					04/12/2010		
N. Expenses Paid by Committee							
Name of Payee BlueHost, Inc.				Date of Payment 03/02/2010		Method of Payment	Amount
Street Address 1958 South 950 East		City Provo	State UT	Zip Code 84606	Purpose of Expenditure (by code) WEB	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Description Web Hosting						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	
							\$ 83.40
Name of Payee Staples				Date of Payment 03/04/2010		Method of Payment	Amount
Street Address 672 Queen Street		City Southington	State CT	Zip Code 06489	Purpose of Expenditure (by code) PRNT	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Description Color Copies of Flyer						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	
							\$ 20.78
Name of Payee CW Signs, LLC				Date of Payment 03/24/2010		Method of Payment	Amount
Street Address 114 Woodlawn Road		City Berlin	State CT	Zip Code 06037	Purpose of Expenditure (by code) A-SIGN	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Description Sign Printing						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	
							\$ 66.67
Name of Payee CW Signs, LLC				Date of Payment 03/25/2010		Method of Payment	Amount
Street Address 114 Woodlawn Road		City Berlin	State CT	Zip Code 06037	Purpose of Expenditure (by code) A-OTH	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Description Bumper & Lapel Stickers						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	
							\$ 91.43
Name of Payee				Date of Payment		Method of Payment	Amount
Street Address		City	State CT	Zip Code	Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
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	
							\$ 0.00
SUBTOTAL Section N-This Page							\$262.28
TOTAL of additional Section N Pages							\$0.00
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page)							\$262.28

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jim Sargent for State Representative	04/12/2010

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
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input checked="" type="radio"/> No	0.00
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input checked="" type="radio"/> No	0.00
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input checked="" type="radio"/> No	0.00
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input checked="" type="radio"/> No	0.00
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input checked="" type="radio"/> No	0.00
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input checked="" type="radio"/> No	0.00
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input checked="" type="radio"/> No	0.00
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input checked="" type="radio"/> No	0.00
Purpose of Expenditure (by code)	Description			Event #		
SUBTOTAL Section O-This Page						\$0.00
TOTAL of additional Section O Pages						\$0.00
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 27 of Summary Page)						\$0.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jim Sargent for State Representative	04/12/2010

P. Expenses Incurred on Committee Credit Card

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

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

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

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jim Sargent for State Representative	04/12/2010

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		
			CT			
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 checked="" type="checkbox"/> No				Other Candidate(s) Name		\$ \$0.00
				Office Sought		
Name of Creditor				Date Incurred		Amount Incurred (Estimate or Actual)
Street Address		City	State	Zip Code		
			CT			
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 checked="" type="checkbox"/> No				Other Candidate(s) Name		\$ \$0.00
				Office Sought		
Name of Creditor				Date Incurred		Amount Incurred (Estimate or Actual)
Street Address		City	State	Zip Code		
			CT			
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 checked="" type="checkbox"/> No				Other Candidate(s) Name		\$ \$0.00
				Office Sought		
Name of Creditor				Date Incurred		Amount Incurred (Estimate or Actual)
Street Address		City	State	Zip Code		
			CT			
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 checked="" type="checkbox"/> No				Other Candidate(s) Name		\$ \$0.00
				Office Sought		
SUBTOTAL Section Q-This Page						\$0.00
TOTAL of additional Section Q Pages						\$0.00
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 29 of Summary Page)</i>						\$0.00
Previously reported Expenses Unpaid and still Outstanding						+ \$0.00
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 29a of Summary Page)</i>						\$0.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jim Sargent for State Representative	04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

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 (<i>If yes, complete candidate name and office sought</i>) <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought
				\$ \$0.00
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 (<i>If yes, complete candidate name and office sought</i>) <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought
				\$ \$0.00
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 (<i>If yes, complete candidate name and office sought</i>) <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought
				\$ \$0.00
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 (<i>If yes, complete candidate name and office sought</i>) <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought
				\$ \$0.00
SUBTOTAL Section R-This Page			\$0.00	
TOTAL of additional Section R Pages			\$0.00	
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS			\$0.00	

NAME OF COMMITTEE				FILING DUE DATE
Jim Sargent for State Representative				04/12/2010
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

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE Jim Sargent for State Representative	FILING DUE DATE 04/12/2010
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B. Itemized Contributions from Individuals

Last Name Pocock	First Edward, III	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 # 013	Amount of Contribution
Residential Street Address 119 Pattonwood Drive		City Southington		State CT	Zip Code 06480
Principal Occupation Police Lieutenant		Name of Employer Town of Southington		Date Received 03/29/2010	
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 type="checkbox"/> No		Aggregate contributions \$100.00
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 type="checkbox"/> No		Aggregate contributions \$0.00
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 type="checkbox"/> No		Aggregate contributions \$0.00
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 type="checkbox"/> No		Aggregate contributions \$0.00
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 type="checkbox"/> No		Aggregate contributions \$0.00
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 type="checkbox"/> No		Aggregate contributions \$0.00
SUBTOTAL Section B-This Page					\$100.00