

SEEC FORM 30

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

FILED SEEC
HAND DELIVERY

2010 JUL - 8 P 3: 50



101675

Do Not Mark in This Space For
 Official Use Only

SUMMARY PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE (Check Box)			
JARJURA for Comptroller				<input type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
Title	First	MI	Last	Suffix			
	TAMARA		ZAPPORE				
4. TREASURER ADDRESS							
Street Address		City		State		Zip Code	
20 Welland Ave		Waterbury		CT		06708	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)			7. DISTRICT NUMBER (if applicable)		
(mm/dd/yyyy) 08		Comptroller					
8. CANDIDATE NAME							
Title	First	MI	Last	Suffix			
	Michael	J	JARJURA				
9. TYPE OF REPORT (Check One Box)							
<input type="checkbox"/> January 10 filing		<input type="checkbox"/> 7th day preceding primary		<input checked="" type="checkbox"/> Initial Itemized Statement accompanying application for Public Grant		<input type="checkbox"/> Initial Supplemental Statement <input type="checkbox"/> Primary <input type="checkbox"/> Election	
<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 type="checkbox"/> Primary <input type="checkbox"/> Election	
<input type="checkbox"/> July 10 filing		<input type="checkbox"/> 7th day preceding 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"/> October 10 filing		<input type="checkbox"/> 45 days following special election		<input type="checkbox"/> Declaration of Excess Receipts or Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> Election		<input type="checkbox"/> Amendment to Type of Report:	
10. PERIOD COVERED							
Beginning Date				Ending Date			
5-19-10				thru 7-8-10			
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)			TAMARA ZAPPORE PRINT NAME OF SIGNER			07-08-2010 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	
<i>JARJUKA for Comptroller</i>	<i>7-8-10</i>	
	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	<i>- 0 -</i>	
14. Contributions received from Individuals (Sections A and B)	<i>81 115.00</i>	
15. Receipts from Other Committees (Sections C1 +C2)		
16. Other Monetary Receipts (Sections D-I)	<i>1 000.04</i>	
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)		
18. Total Monetary Receipts (add totals for lines 14-17)	<i>82 115.04</i>	
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)		
20. Expenses Paid by Committee (Section N)	<i>44 094.75</i>	
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both Columns)	<i>38 020.29</i>	
22. In-Kind Donations not Considered Contributions Received (Section J3)		
23. In-Kind Contributions Received (Section K)		
24. Refundable Deposit to Telephone Company (Section L)		
25. Receipts of Organization Expenditures (Section M)		
26. Beginning Loan Balance		
26a. + Loans Received (Section D)		
26b. + Interest and Penalties on Loan(s)		
26c. - Payments on Loan(s)		
26d. Total Outstanding Loan Amount		
27. Campaign Expenses Paid by Candidate (Section O)		
28. Expenses Incurred on Committee Credit Card (Section P)		
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)		
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)		

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE: TARJURA for Comptroller FILING DUE DATE: 7-8-10

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

B. Itemized Contributions from Individuals

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

SUBTOTAL Section B-This Page

TOTAL of all Section B Pages

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

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE <i>TARJURA for Comptroller</i>	FILING DUE DATE <i>7-8-10</i>
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C1. Contributions from Other Committees

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

C2. Reimbursements or Payments from other Committees

Name of Committee				Name of Treasurer			
Address			Date Received				Amount of Receipt
City	State	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services				
Name of Committee				Name of Treasurer			
Street Address			Date Received				Amount of Receipt
City	State	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services				

SUBTOTAL Section C-This Page						
TOTAL of additional Section C Pages						
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 15 of Summary Page)						

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE <i>JARGURA for Comptroller</i>	FILING DUE DATE <i>7-8-10</i>
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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	Zip Code	<input type="checkbox"/> Individual <input type="checkbox"/> Other			
Name of Cosigner/Guarantor				Date of Receipt			\$
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	Zip Code	<input type="checkbox"/> Individual <input type="checkbox"/> Other			
Name of Cosigner/Guarantor				Date of Receipt			\$

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

\$

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

Date of Receipt <i>6-2-10</i>	Method of payment: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date of Receipt _____	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Total Amount Received
Amount <i>1000.00</i>		Amount _____		

\$

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

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

\$

G. Interest from Deposits in Authorized Accounts

Date Received	Amount	Date Received	Amount	Total Amount Received
Name of Institution		Name of Institution		
Street Address		Street Address		
City	State	City	State	

\$

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE <i>TARJURA for Comptroller</i>	FILING DUE DATE <i>7-8-10</i>
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H. Public Grant Funds Received from the Citizens' Election Fund

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

Total Section H \$

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
<i>State of Conn</i>	<i>7-2-10</i>	\$ <i>.04</i>
Street Address: <i>20 Trinity St</i> City: <i>Hartford</i> State: <i>CT</i> Zip Code: <i>06106</i>		
Description: <i>Citizens Election Fund</i>		
		\$
		\$
		\$
Total Section I		\$

Summary of Other Monetary Receipts (Sections D-I)

Total Loans Received this Period (Section D)	+	
Total Amount of Personal Funds of the Candidate Received this Period (Section E)	+	<i>1000.00</i>
Total Amount of Anonymous Contributions (Section F)	+	
Total Amount of Interest from Deposits in Authorized Accounts (Section G)	+	
Total Public Grant Funds Received from the Citizens' Election Fund (Section H)	+	
Total Miscellaneous Monetary Receipts not Considered Contributions (Section I)	+	<i>.04</i>
Total of Other Monetary Receipts not Considered Contributions <i>(Enter total on Line 16 of Summary Page)</i>		<i>1000.04</i>

II. FUNDRAISING ACTIVITY

NAME OF COMMITTEE <i>TARJURA for Comptroller</i>	FILING DUE DATE <i>7-8-10</i>
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J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	
Date Received		Event #		
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	Zip Code	
Date Received		Event #		
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	Zip Code	
Date Received		Event #		
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	Zip Code	
Date Received		Event #		
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	Zip Code	
Date Received		Event #		
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	Zip Code	
Date Received		Event #		
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	Zip Code	
Date Received		Event #		
Items Purchased				
SUBTOTAL Section J2-This Page				
TOTAL of additional Section J2 Pages				
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>				

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE <i>TARJURA for Comptroller</i>	FILING DUE DATE <i>7-8-10</i>
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J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
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Was this fundraising event hosted at a personal residence? Yes (*If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.*)
 No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (*If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information.*)
 No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (*If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.*)
 No

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

Was this fundraising event hosted at a personal residence? Yes (*If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.*)
 No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (*If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information.*)
 No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (*If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.*)
 No

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

Was this fundraising event hosted at a personal residence? Yes (*If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.*)
 No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (*If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information.*)
 No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (*If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.*)
 No

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

Was this fundraising event hosted at a personal residence? Yes (*If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.*)
 No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (*If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information.*)
 No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (*If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.*)
 No

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE <i>JARJURA for Comptroller</i>	FILING DUE DATE <i>7-8-10</i>
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K. In-Kind Contributions

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

SUBTOTAL Section K-This Page

TOTAL of additional Section K Pages

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

L. Refundable Deposit to Telephone Company

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

Last Name of Individual		First Name		MI	Date Deposit Made		Amount of Deposit
Residential Street Address		City	State	Zip Code			
Name of telephone company							
Street Address		City	State	Zip Code			

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

IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE	
TARJURA for Comptroller					7-8-10	
N. Expenses Paid by Committee						
Name of Payee Commercial Service				Date of Payment 6-15-10	Method of Payment <input checked="" type="checkbox"/> Check # 97 <input type="checkbox"/> Debit Card	
Street Address 45 Freight St #1		City Wtby	State CT	Zip Code 06702	Purpose of Expenditure (by code) Print Post	
Description letters envelopes postage					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	
						\$ 1606.96
Name of Payee Bridge Communications				Date of Payment 6-25-10	Method of Payment <input checked="" type="checkbox"/> Check # 101 <input type="checkbox"/> Debit Card	
Street Address 50 Progress Circle		City Newington	State CT	Zip Code 06111	Purpose of Expenditure (by code) Print Post	
Description Mailing postage					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	
						\$ 2800.00
Name of Payee				Date of Payment	Method of Payment	
Street Address		City	State	Zip Code	Purpose of Expenditure (by code)	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="checkbox"/> No						
Other Candidate(s) Name					Office Sought	
						\$
Name of Payee SAN MARINO Rest				Date of Payment 6-25-10	Method of Payment <input checked="" type="checkbox"/> Check # 103 <input type="checkbox"/> Debit Card	
Street Address Thomaston Ave		City Wtby	State CT	Zip Code 06702	Purpose of Expenditure (by code) Food	
Description Kick off RALLY					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	
						\$ 1892.25
Name of Payee Barker Specialty				Date of Payment 6-25-10	Method of Payment <input checked="" type="checkbox"/> Check # 104 <input type="checkbox"/> Debit Card	
Street Address 49 Realty Drive		City Cheshire	State CT	Zip Code 06410	Purpose of Expenditure (by code) A. Sign	
Description RALLY signs					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	
						\$ 852.78
SUBTOTAL Section N-This Page						7151.99
TOTAL of additional Section N Pages						369276
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page)						44094.75

sent to Sec Form C.F.P. 12

