

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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Page 1 of 25

SUMMARY PAGE

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
Friends Of Gerry Garcia					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First Ronald	MI M.	Last Petronella	Suffix		
4. TREASURER ADDRESS						
Street Address 868 Monroe Tpke		City Monroe		State CT	Zip Code 06468	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)			7. DISTRICT CODE (if applicable)	
11/02/2010		Secretary of the State				
8. CANDIDATE NAME						
Title	First Gerald	MI	Last Garcia	Suffix		
9. TYPE OF REPORT						
7th Day Preceding Primary - Original						
10. PERIOD COVERED						
Beginning Date Ending Date						
07/16/2010 thru 07/27/2010						
11. CERTIFICATION						
<input checked="" type="checkbox"/> 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.						
Electronic Filing		Ronald Petronella		08/03/2010		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

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**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Friends Of Gerry Garcia	Original 08/03/2010	
	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	\$61,257.27	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$83,604.00
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-I)	\$0.04	\$0.04
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)	\$0.04	\$83,604.04
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$61,257.31	\$83,604.04
20. Expenses Paid by Committee (Section N)	\$20,390.84	\$42,737.57
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$40,866.47	\$40,866.47
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)	\$8,058.69	\$14,509.63
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)	\$9,911.06	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 08/03/2010

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 Name	MI	Method of contribution: Cash Personal Check Money Order 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? If yes, list Event #		Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes No Executive Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No		Aggregate Contributions	
<div style="text-align: right;">Total of Section B</div>						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE					FILING DUE DATE	
Friends Of Gerry Garcia					Original 08/03/2010	
C1. Contributions from Other Committees						
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section J1?		Yes If yes, list Event # No	Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
Total of Section C1						

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Friends Of Gerry Garcia				Original 08/03/2010
C2. Reimbursements or Payments from other Committees				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
Total of Section C2				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 08/03/2010

D. Loans Received this Period

Name of Lender				Source of Loan: Bank Candidate Individual Other Committee	Is there a cosigner or Guarantor of this loan? Yes No	Amount Received
Street Address	City	State	Zip Code			
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code	Date Received		

Total of Section D

I. MONETARY RECEIPTS (Section A-I)	
NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 08/03/2010
E. Personal Funds of the Candidate Received this Period	
Date Received	Amount
Method of Payment	
Cash	Personal Check
Credit/Debit Card	
Total of Section E	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE					FILING DUE DATE
Friends Of Gerry Garcia					Original 08/03/2010
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					

I. Monetary Receipts (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Friends Of Gerry Garcia				Original 08/03/2010
G. Interest from Deposits in Authorized Accounts				
Name of Institution		Date Received		Total Amount Received
Street Address	City	State	Zip Code	
Total of Section G				

I. MONETARY RECEIPTS (Section A-K)			
NAME OF COMMITTEE			FILING DUE DATE
Friends Of Gerry Garcia			Original 08/03/2010
H. Public Grant Funds Received from the Citizen's Election Fund			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial			
Primary General or Special Election	Primary General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary General or Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE				FILING DUE DATE	
Friends Of Gerry Garcia				Original 08/03/2010	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Citizens Election Fund			07/27/2010		
Street Address	City	State	Zip Code		
20 Trinity St	Hartford	CT			
Description					\$0.04
test deposit					
Total of Section I					\$0.04

II. FUNDRAISING EVENT ACTIVITY

NAME OF	FILING DUE DATE
COMMITTEE Friends Of Gerry Garcia	Original 08/03/2010

J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City	State	Zip Code
Was this fundraising event hosted at a personal residence? <div>Yes</div> <div>No</div>					
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? <div>Yes</div> <div>No</div>					
Was this fundraiser a tag sale, auction, or other sale of donated items? <div>Yes</div> <div>No</div>					

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 08/03/2010

J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of the Purchaser Last Name <i>(Individuals ONLY)</i>	First Name	MI	Method of payment: <div style="display: flex; justify-content: space-around; font-size: small;"> Cash Personal Check Credit/Debit Card </div>				Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #		
Items Purchased							
Total of Section J2							

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 08/03/2010

J3. In-Kind Donations Not Considered Contributions

Name of the Donor				Donation Given by: <div style="display: flex; justify-content: space-between; font-size: small;"> Individual Business Entity </div>		Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event		
Description of Donation		Date Received	Event #			

Total of Section J3

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 08/03/2010

K. In-Kind Contributions

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

III. Non Monetary Receipts

NAME OF COMMITTEE					FILING DUE DATE	
Friends Of Gerry Garcia					Original 08/03/2010	
L. Refundable Deposit to Telephone Company						
Last Name (Individuals Only)	First Name			MI	Date Received	Amount of Deposit
Street Address	City	State	Zip Code			
Name of Telephone company						
Street Address	City	State	Zip Code			
Total of Section L						

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Friends Of Gerry Garcia				Original 08/03/2010	
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee					
Name of Committee			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation		Purpose of Expenditure A B C D E			
Total of Section M					

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Gerry Garcia						Original 08/03/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Citizens Election Fund					07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1037		
20 Trinity St	Hartford	CT		CEF	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	
<input type="checkbox"/> Yes						Office Sought	
<input checked="" type="checkbox"/> No							
						\$8,604.00	
Name of Payee					Date of Payment	Method of Payment	Amount
Ideal printing					07/23/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1039		
228 Food Terminal Plz	New Haven	CT	06531	PRNT	<input type="checkbox"/> Debit Card		
Description						Event #	
posters, signs							
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	
<input type="checkbox"/> Yes						Office Sought	
<input checked="" type="checkbox"/> No							
						\$1,936.84	
Name of Payee					Date of Payment	Method of Payment	Amount
Eydie Marie Martinez					07/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1045		
140 Einstein Loop # 21C	Bronx	NY	10475	Misc *	<input type="checkbox"/> Debit Card		
Description						Event #	
makeup for photo session							
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	
<input type="checkbox"/> Yes						Office Sought	
<input checked="" type="checkbox"/> No							
						\$350.00	

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Gerry Garcia						Original 08/03/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Changing Targets media					07/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1046</u>	<input type="checkbox"/> Debit Card	
1155 15th St Ste 300	Washington	DC	20005	CNSLT			
Description					Event #		
analysis on target audience and media							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$6,500.00
Name of Payee					Date of Payment	Method of Payment	Amount
Michael Cobb					07/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1047</u>	<input type="checkbox"/> Debit Card	
20 Westwood Dr	Danbury	CT	06811	WAGE			
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$3,000.00
Total of Section N						\$20,390.84	

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 08/03/2010

O. Campaign Expenses Paid By Candidate

Name of Payee Ct Democrat State Central					Date of Payment 07/24/2010		Is Reimbursement Claimed? <div><input checked="" type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>		Amount
Street Address 330 Main St			City Hartford		State CT	Zip Code 06106			
Purpose of Expenditure A-OTH		Description purchase of mail / phone lists					Event #		
									\$6,000.00
Total of Section O									\$8,058.69

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Friends Of Gerry Garcia						Original 08/03/2010
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit Card: Visa Master Card Discover American Other		
Name of Vendor					Date of Transaction	Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description				Event #	
Total of Section P						

IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE	
Friends Of Gerry Garcia					Original 08/03/2010	
Q. Expenses Incurred By Committee but Not Paid During this Period						
Name of Creditor				Date Incurred		Event #
Street Address			City		State	Zip Code
Purpose of Expenditure	Description					Amount Incurred (Estimate or Actual)
<div> <div>Is this expenditure coordinated with another candidate for which reimbursement is sought?</div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div> </div> <div> <div>Yes</div> <div>No</div> </div>						
Total of Section Q						

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Friends Of Gerry Garcia				Original 08/03/2010
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
Total of Section S				