

**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 61

**SUMMARY PAGE**

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
<b>Friends Of Gerry Garcia</b>					<input checked="checked" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First <b>Ronald</b>	MI <b>M.</b>	Last <b>Petronella</b>	Suffix		
4. TREASURER ADDRESS						
Street Address <b>868 Monroe Tpke</b>		City <b>Monroe</b>		State <b>CT</b>	Zip Code <b>06468</b>	
5. ELECTION DATE		6. OFFICE SOUGHT ( if applicable )			7. DISTRICT CODE ( if applicable )	
<b>11/02/2010</b>		<b>Secretary of the State</b>				
8. CANDIDATE NAME						
Title	First <b>Gerald</b>	MI	Last <b>Garcia</b>	Suffix		
9. TYPE OF REPORT						
<b>April 10 Filing - Original</b>						
10. PERIOD COVERED						
Beginning Date                      Ending Date						
<b>01/01/2010</b> thru <b>03/31/2010</b>						
11. CERTIFICATION						
<input checked="checked" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.						
<b>Electronic Filing</b>		<b>Justin Grimsley</b>		<b>04/11/2010</b>		
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.						

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE  
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
<b>Friends Of Gerry Garcia</b>	Original 04/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$4,204.22</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$6,522.00</b>	<b>\$11,894.00</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D-I)	<b>\$0.00</b>	<b>\$0.00</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14-17)	<b>\$6,522.00</b>	<b>\$11,894.00</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$10,726.22</b>	<b>\$11,894.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$4,093.59</b>	<b>\$5,261.37</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 )	<b>\$6,632.63</b>	<b>\$6,632.63</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	<b>\$0.00</b>
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	<b>\$0.00</b>
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$3,800.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$7,071.43</b>	

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 04/12/2010

**A. Total Contributions from Small Contributors-Received this Period ONLY**

(See instructions for definition of Small Contributor)

**Subtotal Section A****\$0.00****B. Itemized Contributions from Individuals**

Last Name Fischer	First Name david	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0113	Amount of Contribution
Residential Street Address 105 Court St Ste 401	City New Haven	State CT	Zip Code 06511	Date Received 01/05/2010		
Principal Occupation tech advisor	Name of Employer Cognition Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name mcelaney	First Name anna	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0109	Amount of Contribution
Residential Street Address 270 Silvermine Ave	City Norwalk	State CT	Zip Code 06850	Date Received 01/07/2010		
Principal Occupation real estate agent	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name barash	First Name david	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0106	Amount of Contribution
Residential Street Address 607 Warfield Dr	City Rockville	State MD	Zip Code 20850	Date Received 01/10/2010		
Principal Occupation compensation specialist	Name of Employer us office of personel management	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$54.00		
\$54.00						
Last Name Kryger	First Name Steven	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0111	Amount of Contribution
Residential Street Address 395 Crown St .	City New Haven	State CT	Zip Code 06511	Date Received 01/13/2010		
Principal Occupation	Name of Employer student	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		
\$10.00						









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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name leader	First Name joshua	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0128	Amount of Contribution
Residential Street Address 561 10th Ave Apt 7J	City New York	State NY	Zip Code 10036	Date Received 01/25/2010		
Principal Occupation attorney	Name of Employer Leader & Berkon		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name kemper	First Name robin	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0129	Amount of Contribution
Residential Street Address 25 W 68T St Apt 3F	City New York	State NY	Zip Code 10023	Date Received 01/26/2010		
Principal Occupation director	Name of Employer goldman charitable trust		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name hurgin	First Name elizabeth	MI j	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 # 0131	Amount of Contribution
Residential Street Address 83 Glassy Plain St	City Bethel	State CT	Zip Code 06801	Date Received 01/26/2010		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <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 \$25.00		
\$25.00						
Last Name daily	First Name james	MI f	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 # 0132	Amount of Contribution
Residential Street Address 103 Cold Spring Dr	City Westbrook	State CT	Zip Code 06498	Date Received 01/26/2010		
Principal Occupation gambling regulator	Name of Employer state of ct		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <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 \$10.00		
\$10.00						



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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name johnson	First Name kaylan	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0133	Amount of Contribution
Residential Street Address 400 Blake St Apt 4111	City New Haven	State CT	Zip Code 06515	Date Received 02/03/2010		
Principal Occupation	Name of Employer student	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		
Last Name shannon	First Name william	MI p	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 # 0124	Amount of Contribution
Residential Street Address 2 Blackman Ave	City Bethel	State CT	Zip Code 06801	Date Received 02/04/2010		
Principal Occupation	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name taborsak	First Name lynn	MI h	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 # 0134	Amount of Contribution
Residential Street Address 110 Hayestown Rd	City Danbury	State CT	Zip Code 06811	Date Received 02/06/2010		
Principal Occupation	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name reynolds	First Name bonnie	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0127	Amount of Contribution
Residential Street Address 430 Chickadee Ln	City Stratford	State CT	Zip Code 06614	Date Received 02/06/2010		
Principal Occupation realtor	Name of Employer sotheby's	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$15.00		

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Santoroski</b>	First Name <b>Scott</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0218</b>	Amount of Contribution          <b>\$5.00</b>
Residential Street Address <b>15 High Mdw</b>	City <b>Branford</b>	State <b>CT</b>	Zip Code <b>06405</b>	Date Received <b>02/06/2010</b>	
Principal Occupation <b>Contractor</b>	Name of Employer <b>S&amp;S Remodeling</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$5.00</b>	
Last Name <b>stevenson gri</b>	First Name <b>david</b>	MI <b>a</b>	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 # <b>0139</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>220 Greenwood Ave</b>	City <b>Bethel</b>	State <b>CT</b>	Zip Code <b>06801</b>	Date Received <b>02/12/2010</b>	
Principal Occupation <b>realtor</b>	Name of Employer <b>self</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	
Last Name <b>stevenson</b>	First Name <b>janice</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0137</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>32 Sunset Hill Rd</b>	City <b>Bethel</b>	State <b>CT</b>	Zip Code <b>06801</b>	Date Received <b>02/13/2010</b>	
Principal Occupation <b>it consultant</b>	Name of Employer <b>fairview research</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>	
Last Name <b>straiton</b>	First Name <b>richard</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0138</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>7 Codfish Hill Rd</b>	City <b>Bethel</b>	State <b>CT</b>	Zip Code <b>06801</b>	Date Received <b>02/13/2010</b>	
Principal Occupation <b>facility manager</b>	Name of Employer <b>bethel health care</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	









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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 04/12/2010

### B. Itemized Contributions from Individuals

Last Name <b>cortes</b>		First Name <b>alex</b>		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0153</b>	Amount of Contribution
Residential Street Address <b>157 Bull Hill Ln # 205</b>			City <b>West Haven</b>		State <b>CT</b>	Zip Code <b>06516</b>	Date Received <b>02/17/2010</b>	
Principal Occupation <b>teacher</b>			Name of Employer <b>stratford public schools</b>			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>02172010j</b></u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$5.00</b>	

Last Name parkinson		First Name tonia		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0154	Amount of Contribution
Residential Street Address 425 Aspen Glen Dr			City Hamden		State CT	Zip Code 06518	Date Received 02/17/2010	
Principal Occupation physician asst.			Name of Employer hartford hospital		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>02172010j</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No			Aggregate Contributions \$5.00	\$5.00

Last Name welch		First Name samantha		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0155	Amount of Contribution
Residential Street Address 108 William St Apt 1		City Wallingford		State CT	Zip Code 06492		Date Received 02/17/2010	
Principal Occupation		Name of Employer none		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>02172010j</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <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 \$5.00

Last Name bradley		First Name rosemarie		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0140	Amount of Contribution       \$30.00
Residential Street Address 245 James St		City New Haven		State CT	Zip Code 06502	Date Received 02/18/2010		
Principal Occupation		Name of Employer new alliance bank			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No		Aggregate Contributions \$30.00		





## I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 04/12/2010

### B. Itemized Contributions from Individuals

Last Name rainey		First Name david		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0156	Amount of Contribution
Residential Street Address 61 Horseshoe Hill Rd		City Pound Ridge		State NY	Zip Code 10576		Date Received 02/23/2010	
Principal Occupation ceo		Name of Employer debt resolve			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name marathas		First Name alexander		MI h	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 # 0162	Amount of Contribution
Residential Street Address 860 State St			City New Haven		State CT	Zip Code 06511	Date Received 02/24/2010	
Principal Occupation r.e. development			Name of Employer northside dev.			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>02242010j</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

Last Name munoz		First Name jane		MI C	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 # 0166	Amount of Contribution       \$100.00
Residential Street Address 98 Front St		City New Haven		State CT	Zip Code 06513	Date Received 02/24/2010		
Principal Occupation		Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>02242010j</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name Alvarado		First Name Frank		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0164	Amount of Contribution
Residential Street Address 140 Mill St # 16115		City East Haven		State CT	Zip Code 06512		Date Received 02/24/2010	
Principal Occupation Director		Name of Employer Spanish American Marchants Assoc			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>02242010j</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>hauser</b>	First Name <b>debra</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0172</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>396 Livingston St</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06511</b>	Date Received <b>02/24/2010</b>		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>02242010j</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>vigilante</b>	First Name <b>Jacqueline</b>	MI <b>m</b>	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 # <b>0161</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>118 Hillside Ave</b>	City <b>Milford</b>	State <b>CT</b>	Zip Code <b>06460</b>	Date Received <b>02/24/2010</b>		
Principal Occupation <b>teacher</b>	Name of Employer <b>fairfield county day school</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>02242010j</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>virtue</b>	First Name <b>brian</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0163</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>229 Townsend Ave</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06512</b>	Date Received <b>02/24/2010</b>		
Principal Occupation <b>manager</b>	Name of Employer <b>christopher martins</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>02242010j</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>casella</b>	First Name <b>diane</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0168</b>	Amount of Contribution          <b>\$80.00</b>
Residential Street Address <b>563 Orange St</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06511</b>	Date Received <b>02/24/2010</b>		
Principal Occupation <b>teacher</b>	Name of Employer <b>yale</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>02242010j</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$80.00</b>		





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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>stewart</b>	First Name <b>arthur</b>	MI <b>G</b>	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 # <b>0184</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>18 Hotchkiss St</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06511</b>	Date Received <b>03/03/2010</b>		
Principal Occupation <b>social worker</b>	Name of Employer <b>harbor health services</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <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 <b>\$100.00</b>		
Last Name <b>marchand</b>	First Name <b>chris</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0186</b>	Amount of Contribution          <b>\$20.00</b>
Residential Street Address <b>171 Hubbard Rd</b>	City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06517</b>	Date Received <b>03/04/2010</b>		
Principal Occupation <b>community div manager</b>	Name of Employer <b>town of hamden</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u><b>03042010j</b></u>			
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: <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 <b>\$20.00</b>		
Last Name <b>fredericks</b>	First Name <b>michele</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0187</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>36 Carol Dr</b>	City <b>Cheshire</b>	State <b>CT</b>	Zip Code <b>06410</b>	Date Received <b>03/04/2010</b>		
Principal Occupation <b>office manager</b>	Name of Employer <b>dr j vecchitto</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u><b>03042010j</b></u>			
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: <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 <b>\$50.00</b>		
Last Name <b>defabio</b>	First Name <b>andrea</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0188</b>	Amount of Contribution          <b>\$20.00</b>
Residential Street Address <b>146 N Ivy St # 1</b>	City <b>Branford</b>	State <b>CT</b>	Zip Code <b>06405</b>	Date Received <b>03/04/2010</b>		
Principal Occupation <b>teller</b>	Name of Employer <b>citizens bank</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u><b>03042010j</b></u>			
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: <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 <b>\$20.00</b>		

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>latham</b>	First Name <b>daniel</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0189</b>	Amount of Contribution          <b>\$20.00</b>
Residential Street Address <b>90 Laurel Hill Rd</b>	City <b>Branford</b>	State <b>CT</b>	Zip Code <b>06405</b>	Date Received <b>03/04/2010</b>		
Principal Occupation <b>banker</b>	Name of Employer <b>citizens bank</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>03042010j</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$20.00</b>		
Last Name <b>gagliardi</b>	First Name <b>anna</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0190</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>176 Angela Dr</b>	City <b>East Haven</b>	State <b>CT</b>	Zip Code <b>06512</b>	Date Received <b>03/04/2010</b>		
Principal Occupation <b>teller</b>	Name of Employer <b>citizens bank</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>03042010j</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>kuhr</b>	First Name <b>gayle</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0191</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>85D E Broadway</b>	City <b>Milford</b>	State <b>CT</b>	Zip Code <b>06460</b>	Date Received <b>03/04/2010</b>		
Principal Occupation <b>manager</b>	Name of Employer <b>adp</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>03042010j</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>grove</b>	First Name <b>michael</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0177</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>868 Farmington Ave</b>	City <b>Cheshire</b>	State <b>CT</b>	Zip Code <b>06410</b>	Date Received <b>03/04/2010</b>		
Principal Occupation <b>supervisor of technology</b>	Name of Employer <b>meidan public schools</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>03042010j</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		



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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name moskowitz	First Name sarah	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0183	Amount of Contribution
Residential Street Address 231 Farm Meadow Ln	City Cheshire	State CT	Zip Code 06410	Date Received 03/04/2010		
Principal Occupation owner	Name of Employer bagelicious bagels	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>03042010j</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00	
Last Name carmody	First Name samuel	MI L	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 # 0176	Amount of Contribution
Residential Street Address 210 High St	City Wallingford	State CT	Zip Code 06492	Date Received 03/04/2010		
Principal Occupation reg of voters	Name of Employer town of wallingford	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>03042010j</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <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 \$35.00	\$35.00	
Last Name sendroff	First Name barbara	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0180	Amount of Contribution
Residential Street Address 92 School St	City Hamden	State CT	Zip Code 06518	Date Received 03/04/2010		
Principal Occupation	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>03042010j</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00	
Last Name kurins	First Name sharon	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0185	Amount of Contribution
Residential Street Address 12 Sylvan Rd N	City Westport	State CT	Zip Code 06880	Date Received 03/05/2010		
Principal Occupation	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	



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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Graves</b>	First Name <b>Arthur</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0209</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>43 Douglas Dr</b>	City <b>Enfield</b>	State <b>CT</b>	Zip Code <b>06082</b>	Date Received <b>03/12/2010</b>		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Burke</b>	First Name <b>Jolene</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0212</b>	Amount of Contribution          <b>\$10.00</b>
Residential Street Address <b>138 Woodland St</b>	City <b>Meriden</b>	State <b>CT</b>	Zip Code <b>06451</b>	Date Received <b>03/12/2010</b>		
Principal Occupation <b>Meat Wrapper</b>	Name of Employer <b>Shaws</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$10.00</b>		
Last Name <b>Mobiglia</b>	First Name <b>Lorraine</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0208</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>880 Shepard Ave</b>	City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06514</b>	Date Received <b>03/13/2010</b>		
Principal Occupation <b>Meat Wrapper</b>	Name of Employer <b>Shop Rite</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Altman</b>	First Name <b>Ann</b>	MI <b>M</b>	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 # <b>0241</b>	Amount of Contribution          <b>\$35.00</b>
Residential Street Address <b>71 Blake Rd</b>	City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06517</b>	Date Received <b>03/13/2010</b>		
Principal Occupation <b>writer</b>	Name of Employer <b>self</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$35.00</b>		



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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Nardi</b>	First Name <b>David</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0213</b>	Amount of Contribution          <b>\$25.00</b>	
Residential Street Address <b>156 Swimming Hole Rd</b>	City <b>Harwinton</b>	State <b>CT</b>	Zip Code <b>06791</b>	Date Received <b>03/15/2010</b>			
Principal Occupation <b>Produce Clerk</b>	Name of Employer <b>Stop &amp; Shop</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$25.00</b>
Last Name <b>Barth Jr</b>	First Name <b>Gerald</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0207</b>	Amount of Contribution          <b>\$25.00</b>	
Residential Street Address <b>239 Notting HI Gate</b>	City <b>Torrington</b>	State <b>CT</b>	Zip Code <b>06790</b>	Date Received <b>03/16/2010</b>			
Principal Occupation <b>Meat Cutter</b>	Name of Employer <b>Stop &amp; Shop</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$25.00</b>
Last Name <b>Hurta</b>	First Name <b>William</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0204</b>	Amount of Contribution          <b>\$10.00</b>	
Residential Street Address <b>81-13 Top Gallant Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902</b>	Date Received <b>03/16/2010</b>			
Principal Occupation <b>Meat Cutter</b>	Name of Employer <b>Stop &amp; Shop</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$10.00</b>
Last Name <b>Reed</b>	First Name <b>Kean</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0220</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>700 1st St # 14J</b>	City <b>Hoboken</b>	State <b>NJ</b>	Zip Code <b>07931</b>	Date Received <b>03/16/2010</b>			
Principal Occupation <b>Commercial Realtor</b>	Name of Employer <b>KW Commercial MTD Realty Group</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Vernali</b>	First Name <b>Anthony</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0214</b>	Amount of Contribution          <b>\$10.00</b>
Residential Street Address <b>21 Jurovaty</b>	City <b>Andover</b>	State <b>CT</b>	Zip Code <b>06232</b>	Date Received <b>03/16/2010</b>		
Principal Occupation <b>Deli Mgr</b>	Name of Employer <b>Stop &amp; Shop</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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: <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 <b>\$10.00</b>		
Last Name <b>Glick</b>	First Name <b>Steven</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0221</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>76-35 113th St # 1G</b>	City <b>Forest Hills</b>	State <b>NY</b>	Zip Code <b>11375</b>	Date Received <b>03/18/2010</b>		
Principal Occupation <b>Certified Financial Planner</b>	Name of Employer <b>SEG Wealth Advisory Corp</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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: <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 <b>\$100.00</b>		
Last Name <b>Bayne</b>	First Name <b>David</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0238</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>5 Windsor Rd</b>	City <b>Darien</b>	State <b>CT</b>	Zip Code <b>06820</b>	Date Received <b>03/22/2010</b>		
Principal Occupation <b>attorney</b>	Name of Employer <b>Kavanaugh Maloney Osnato</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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: <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 <b>\$100.00</b>		
Last Name <b>Cameron</b>	First Name <b>Jim</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0222</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>55 Dubois St</b>	City <b>Darien</b>	State <b>CT</b>	Zip Code <b>06820</b>	Date Received <b>03/22/2010</b>		
Principal Occupation <b>Media consultant</b>	Name of Employer <b>Cameron Communications Inc</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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: <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 <b>\$25.00</b>		



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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Lee Gold</b>	First Name <b>Lindy</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0195</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>360 Fountain St Unit B</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06515</b>	Date Received <b>03/24/2010</b>		
Principal Occupation <b>Economic Development</b>	Name of Employer <b>State of CT</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>03242010j</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Valencia</b>	First Name <b>Nabil</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0197</b>	Amount of Contribution          <b>\$30.00</b>
Residential Street Address <b>208 Flax Hill Rd # 27</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06854</b>	Date Received <b>03/24/2010</b>		
Principal Occupation <b>Office Assistant</b>	Name of Employer <b>Stamford Probate Court</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>03242010j</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$30.00</b>		
Last Name <b>Gleason</b>	First Name <b>Jeremy</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0201</b>	Amount of Contribution          <b>\$30.00</b>
Residential Street Address <b>627 Chapel St Unit 5A</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06511</b>	Date Received <b>03/24/2010</b>		
Principal Occupation <b>Student</b>	Name of Employer <b>SCSU</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>03242010j</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$30.00</b>		
Last Name <b>Hawke</b>	First Name <b>Alex</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0202</b>	Amount of Contribution          <b>\$40.00</b>
Residential Street Address <b>627 Chapel St # 5A</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06511</b>	Date Received <b>03/24/2010</b>		
Principal Occupation <b>Student</b>	Name of Employer <b>Yale University</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>03242010j</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$40.00</b>		

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Mednick</b>	First Name <b>Lauren</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0203</b>	Amount of Contribution          <b>\$20.00</b>
Residential Street Address <b>912 Prospect St</b>	City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06517</b>	Date Received <b>03/24/2010</b>		
Principal Occupation <b>Student</b>	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>03242010j</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$20.00</b>		
Last Name <b>Mezzo</b>	First Name <b>Robert</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0198</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>63 Beacon Manor Cir</b>	City <b>Naugatuck</b>	State <b>CT</b>	Zip Code <b>06770</b>	Date Received <b>03/24/2010</b>		
Principal Occupation <b>Mayor</b>	Name of Employer <b>Town of Naugatuck</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>03242010j</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Carmody</b>	First Name <b>Samuel</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0194</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>210 High St</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>03/24/2010</b>		
Principal Occupation <b>Reg of Voters</b>	Name of Employer <b>Town of Wallingford</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>03242010j</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Capone Almon</b>	First Name <b>April</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0193</b>	Amount of Contribution          <b>\$35.00</b>
Residential Street Address <b>279 Barberry Rd</b>	City <b>East Haven</b>	State <b>CT</b>	Zip Code <b>06473</b>	Date Received <b>03/24/2010</b>		
Principal Occupation <b>Mayor</b>	Name of Employer <b>Town of East Haven</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>03242010j</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$35.00</b>		







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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 04/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Lemar</b>	First Name <b>Anika</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0226</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>6 Eld St</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06511</b>	Date Received <b>03/30/2010</b>		
Principal Occupation <b>attorney</b>	Name of Employer <b>Wiggin &amp; Dana LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <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 <b>\$25.00</b>		
Last Name <b>Scanlon</b>	First Name <b>Sally</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0231</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>371 Walden Green Rd</b>	City <b>Branford</b>	State <b>CT</b>	Zip Code <b>06405</b>	Date Received <b>03/31/2010</b>		
Principal Occupation <b>Editor</b>	Name of Employer <b>The Intrepid Traveler</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <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 <b>\$25.00</b>		
Last Name <b>Dickey</b>	First Name <b>Debra</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0232</b>	Amount of Contribution          <b>\$10.00</b>
Residential Street Address <b>10 Belval St</b>	City <b>Norwich</b>	State <b>CT</b>	Zip Code <b>06360</b>	Date Received <b>03/31/2010</b>		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <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 <b>\$10.00</b>		
Last Name <b>Powell</b>	First Name <b>Susan</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0227</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>96 Sachem Dr</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033</b>	Date Received <b>03/31/2010</b>		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <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 <b>\$100.00</b>		





## I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 04/12/2010

### B. Itemized Contributions from Individuals

Last Name Lyne		First Name Abigail		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0240		Amount of Contribution	
Residential Street Address 170 E 83rd St			City New York			State NY	Zip Code 10028		Date Received 03/31/2010			
Principal Occupation			Name of Employer				Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00		\$100.00	

**Total of Section B**

**\$6,522.00**

**TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS**

(Sections A & B)

(Total on Line 14 of Summary Page)

**\$6,522.00**

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

NAME OF COMMITTEE					FILING DUE DATE	
Friends Of Gerry Garcia					Original 04/12/2010	
<b>C1. Contributions from Other Committees</b>						
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section J1?		Yes No	If yes, list Event # Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
<b>Total of Section C1</b>						

<b>I. MONETARY RECEIPTS (Section A-I)</b>				
NAME OF COMMITTEE				FILING DUE DATE
Friends Of Gerry Garcia				Original 04/12/2010
<b>C2. Reimbursements or Payments from other Committees</b>				
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	
<b>Total of Section C2</b>				

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 04/12/2010

**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 04/12/2010
<b>E. Personal Funds of the Candidate Received this Period</b>		
Date Received	Amount	Method of Payment
		Cash                      Personal Check                      Credit/Debit Card
		<b>Total of Section E</b>

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

NAME OF COMMITTEE					FILING DUE DATE
Friends Of Gerry Garcia					Original 04/12/2010
<b>F. Anonymous Contributions</b>					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
<b>Total of Section F</b>					

<b>I. Monetary Receipts (Section A-I)</b>				
NAME OF COMMITTEE				FILING DUE DATE
Friends Of Gerry Garcia				Original 04/12/2010
<b>G. Interest from Deposits in Authorized Accounts</b>				
Name of Institution		Date Received		Total Amount Received
Street Address	City	State	Zip Code	
<b>Total of Section G</b>				

<b>I. MONETARY RECEIPTS (Section A-K)</b>			
NAME OF COMMITTEE			FILING DUE DATE
Friends Of Gerry Garcia			Original 04/12/2010
<b>H. Public Grant Funds Received from the Citizen's Election Fund</b>			
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		
<b>Total of Section H</b>			

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE				FILING DUE DATE	
Friends Of Gerry Garcia				Original 04/12/2010	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
<b>Total of Section I</b>					

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 04/12/2010

### J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 02/17/2010 j	Party Event	144 Temple St	New Haven	CT	

Was this fundraising event hosted at a personal residence? ☐ Yes ☒ 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 ☒ No

Was this fundraiser a tag sale, auction, or other sale of donated items? ☐ Yes ☒ No

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 02/24/2010 j	Cocktail Event	860 State St	New Haven	CT	06511

Was this fundraising event hosted at a personal residence? ☐ Yes ☒ 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 ☒ No

Was this fundraiser a tag sale, auction, or other sale of donated items? ☐ Yes ☒ No

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 03/04/2010 j	Meet and Greet Event	Main Street	Cheshire	CT	06410

Was this fundraising event hosted at a personal residence? ☐ Yes ☒ 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 ☒ No

Was this fundraiser a tag sale, auction, or other sale of donated items? ☐ Yes ☒ No

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 03/24/2010 j	Cocktail Event	944 State St	New Haven	CT	06511

Was this fundraising event hosted at a personal residence? ☐ Yes ☒ 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 ☒ No

Was this fundraiser a tag sale, auction, or other sale of donated items? ☐ Yes ☒ No

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 04/12/2010

### 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;"> <span>Cash</span> <span>Personal Check</span> <span>Credit/Debit Card</span> </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 04/12/2010

### J3. In-Kind Donations Not Considered Contributions

Name of the Donor				Donation Given by: Individual      Business Entity		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 04/12/2010

#### 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	Is contributor a principal of a state contractor or prospective state contractor?				Yes
Individual		No	If yes, indicate which branch or branches of government the contract is with:				No
Committee			Executive				Legislative
Is this contribution associated with a fundraising event listed in Section II?		Yes	Description of In-Kind Contribution			Aggregate contributions	
If yes, list Event#		No					

**Total of Section K**

### III. Non Monetary Receipts

NAME OF COMMITTEE

FILING DUE DATE

Friends Of Gerry Garcia

Original 04/12/2010

#### 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 04/12/2010	
<b>M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee</b>					
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 04/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Applied Merchant Services					01/01/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
737 N MI Highway 32020	Chicago	IL	60611	WEB			
Description					Event #		
transaction fees for web credit card donations							
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							\$37.11
Name of Payee					Date of Payment	Method of Payment	Amount
payplanner					01/04/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
3170 Fourth Ave	San Diego	CA	92103	WEB			
Description					Event #		
transaction fee for credit card payment on the web							
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							\$13.12
Name of Payee					Date of Payment	Method of Payment	Amount
J Michael Cobb					01/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1004</u> <input type="checkbox"/> Debit Card		
20 Westwood Dr	Danbury	CT	06811	CNSLT			
Description					Event #		
web consultant							
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							\$987.50

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 04/12/2010

## N. Expenses Paid By Committee

Name of Payee <b>Matthew Cohen</b>				Date of Payment <b>01/13/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          <b>\$683.93</b>
Street Address <b>353 N Greeley Ave</b>	City <b>Chappaqua</b>	State <b>NY</b>	Zip Code <b>10514</b>	Purpose of Expenditure <b>CNSLT</b>	<input type="checkbox"/> Debit Card	
Description <b>setting up web site links</b>					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  	
Name of Payee <b>USPS</b>				Date of Payment <b>01/14/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount          <b>\$8.80</b>
Street Address <b>Trolley Square Station</b>	City <b>East Haven</b>	State <b>CT</b>	Zip Code <b>06512</b>	Purpose of Expenditure <b>POST</b>	<input checked="" type="checkbox"/> Debit Card	
Description <b>stamps</b>					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  	
Name of Payee <b>payplanner</b>				Date of Payment <b>01/22/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount          <b>\$29.00</b>
Street Address <b>3170 Fourth Ave</b>	City <b>San Diego</b>	State <b>CA</b>	Zip Code <b>92103</b>	Purpose of Expenditure <b>WEB</b>	<input checked="" type="checkbox"/> Debit Card	
Description <b>monthly maint fee for credit card pay on the web</b>					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  	

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 04/12/2010

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Trish Haldin Photography					01/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1006</u>	<input type="checkbox"/> Debit Card	
19 Candlewood Spgs	New Milford	CT	06776	Misc *			
Description						Event #	
professional photos of cadidate for website and literature							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
\$400.00							
Name of Payee					Date of Payment	Method of Payment	Amount
payplanner					02/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
3170 Fourth Ave	San Diego	CA	92103	WEB			
Description						Event #	
transaction fee for credit card payment on the web							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
\$3.89							
Name of Payee					Date of Payment	Method of Payment	Amount
payplanner					02/25/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
3170 Fourth Ave	San Diego	CA	92103	WEB			
Description						Event #	
monthly maint fee for credit card pay on the web							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
\$29.00							

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 04/12/2010

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Applied Merchant Services					02/28/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
737 N MI Highway 32020	Chicago	IL	60611	WEB			
Description						Event #	
transaction fees for donations on the web							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$19.74	

Name of Payee					Date of Payment	Method of Payment	Amount
payplanner					03/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
3170 Fourth Ave	San Diego	CA	92103	WEB			
Description						Event #	
transaction fee for credit card payment on the web							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$6.50	

Name of Payee					Date of Payment	Method of Payment	Amount
Fenway Enterprises					03/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1008</u> <input type="checkbox"/> Debit Card		
27 Garfield St	Newington	CT		FNDR			
Description						Event #	
cost of food and beverage						03042010j	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$75.00	

## IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Gerry Garcia						Original 04/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Diesel Cafe					03/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
944 State St	New Haven	CT	06511	FOOD			
Description					Event #		
cost of holding event at establishment					03242010j		
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							\$275.00
Name of Payee					Date of Payment	Method of Payment	Amount
Jason Bartlett					03/31/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1010</u>		
14 Highview Ter	Bethel	CT	06801	WAGE	<input type="checkbox"/> Debit Card		
Description					Event #		
staff wages, campaign manager							
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							\$1,200.00
Name of Payee					Date of Payment	Method of Payment	Amount
Christopher Martins					03/31/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1009</u>		
860 State St	New Haven	CT	06511	FNDR	<input type="checkbox"/> Debit Card		
Description					Event #		
fundraising event					02242010j		
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							\$325.00
Total of Section N						\$4,093.59	



# IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
Friends Of Gerry Garcia						Original 04/12/2010		
O. Campaign Expenses Paid By Candidate								
Name of Payee					Date of Payment	Is Reimbursement Claimed?	Amount	
Street Address			City		State	Zip Code		Yes No
Purpose of Expenditure	Description				Event #			
Total of Section O								

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Friends Of Gerry Garcia					Original 04/12/2010	
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 Gerrv Garcia				Original 04/12/2010	
<b>R. Itemization of Reimbursements to Committee Workers and Consultants</b>					
Name of Worker/Consultant Adam Chaira			Date of Payment 02/15/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1007	Amount
Secondary Payee CVS, Staples			Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 250 Albany Ave		City West Hartford	State CT	Zip Code 06117	
Description envelopes, mailings				Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought
					\$147.33
Total of Section R					<b>\$147.33</b>

<b>IV. EXPENDITURES</b>
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<b>NAME OF COMMITTEE</b>	<b>FILING DUE DATE</b>													
Friends Of Gerry Garcia	Original 04/12/2010													
<b>S. Surplus Distribution of Equipment and Furniture</b>														
<table border="1" style="width: 100%;"> <tr> <td colspan="4" style="height: 40px; vertical-align: top;">Name of Recipient</td> <td rowspan="3" style="width: 15%; vertical-align: middle; text-align: center;">Original Purchase Amount of Item</td> </tr> <tr> <td style="width: 35%; height: 40px; vertical-align: top;">Street Address</td> <td style="width: 25%; height: 40px; vertical-align: top;">City</td> <td style="width: 10%; height: 40px; vertical-align: top;">State</td> <td style="width: 30%; height: 40px; vertical-align: top;">Zip Code</td> </tr> <tr> <td colspan="4" style="height: 100px; vertical-align: top;">Description</td> </tr> </table>		Name of Recipient				Original Purchase Amount of Item	Street Address	City	State	Zip Code	Description			
Name of Recipient				Original Purchase Amount of Item										
Street Address	City	State	Zip Code											
Description														
<b>Total of Section S</b>														