## **SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement
Candidates for Statewide Offices and General Assembly
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Page 1/08



Electronic Filing

Page 1 of 61

## **SUMMARY PAGE**

1.NAME OF COMMITTEE							2. TYI	PE OF COMMITTEE		
Friends Of Gerry Garcia	a						x	Candidate Committee Exploratory Committee		
3. TREASURER NAME										
Title	First Ronald			MI <b>M.</b>	Last Petronella			Suffix		
4. TREASURER ADDRESS										
Street Address			City			State		Zip Code		
868 Monroe Tpke			Monro	oe .		СТ		06468		
5. ELECTION DATE			6. O	FFICE SOUG	HT ( if applicable )		7. DISTR	STRICT CODE (if applicable)		
11/02/2010		Secretary of the Sta	ite							
8. CANDIDATE NAME						,				
Title	First <b>Gerald</b>			MI	Last Garcia			Suffix		
9. TYPE OF REPORT				-				•		
April 10 Filing - Origin	al									
10. PERIOD COVERED										
		Beginning Date			Ending Date					
		01/01/2010	thru	J	03/31/2010					
			11 CER	TIFICATION						
			II. CEK	TIFICATION						
	ed Campaig				of the information set forth period covered is true,					
Electronic Filing		Justin Grimsley			04/11	1/2010				
SIGNATURE		PRINT NAME OF THI	E SIGNE	ER		CERTIFIED				
					LE BY FINE NOT TO EXCEED HAN 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	
Friends Of Gerry Garcia	Original 04/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$4,204.22	
14. Contributions received from Individuals (Section A and B)	\$6,522.00	\$11,894.00
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-I)	\$0.00	\$0.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$6,522.00	\$11,894.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$10,726.22	\$11,894.00
20. Expenses Paid by Committee (Section N)	\$4,093.59	\$5,261.37
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$6,632.63	\$6,632.63
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$3,800.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$7,071.43	

	I. MONETARY RE	ECEIPTS (Sec	tion A-I)			
NAME OF COMMITTEE					FILING	G DUE DATE
Friends Of Gerry Garcia					Origin	al 04/12/2010
A. Total Contributions from Sm	all Contributors-Received tl	his Period ON	LV			
(See instructions for definition of Small Contrib				\$0.00		
	B. Itemized Contribut	ions from Indiv	iduals			
Last Name First N	me	MI Method	of contribution:	Contribut	tion ID #	Amount of
Fischer david			sh Personal oney Order X Credit/De	0113		Contribution
Residential Street Address	City	State	Zip Code	Date Received	d	
105 Court St Ste 401	New Haven	СТ	06511	01/05/201	10	
Principal Occupation	Name of Employer		Is this contribution assoc	L	Yes	
tech advisor	Cognitation Inc		fundraising event listed i If yes, list Event #	in section 31?	<b>X</b> No	
Is contributor a principal of a state contractor or prosp	etive Yes X No	Is contributor a lob	ovist, spouse, or	Aggregate Contrib	nutions	•
state contractor? Is yes, indicate which branch or branches of		dependent child of a	lobbyist?		100.00	\$100.00
government the contract is with:	Executive Legislative	Yes	X No	<u> </u>		
Last Name First N	me		of contribution:	Contribut	tion ID#	Amount of
mcelaney anna			sh X Personal Credit/De	0109		Contribution
Residential Street Address	City	State	Zip Code	Date Received	d	•
270 Silvermine Ave	Norwalk	CT	06850	01/07/201		
Principal Occupation	Name of Employer	-	Is this contribution assoc	eiated with a	Yes	•
real estate agent	self		fundraising event listed i If yes, list Event #	n Section J1?	X No	
Is contributor a principal of a state contractor or prosp	ctive Yes X No	Is contributor a lob	ovist, spouse, or	Aggregate Contrib	nutions	•
state contractor? Is yes, indicate which branch or branches of		dependent child of	lobbyist?		100.00	\$100.00
government the contract is with:	Executive Legislative	Yes	X No	<u> </u>		
Last Name First N	me	1 1	of contribution:	Contribut	tion ID#	Amount of
barash			sh X Personal Credit/De	0106		Contribution
Residential Street Address	City	State	Zip Code	Date Received	d	
607 Warfield Dr	Rockville	MD	20850	01/10/201	10	
Principal Occupation	Name of Employer	<u> </u>	Is this contribution assoc	eiated with a	Yes	•
compensation specialist	us office of personel manage	ement	fundraising event listed i If yes, list Event #	n Section J1?	x No	
		T		1		
Is contributor a principal of a state contractor or prosp state contractor?	etive Yes X No	Is contributor a lob dependent child of a		Aggregate Contrib		<b>#</b> 54.00
Is yes, indicate which branch or branches of government the contract is with:	Executive Legislative	Yes	x No		\$54.00	\$54.00
Last Name First N	me	MI Method	of contribution:	Contribut	tion ID #	Amount of
Kryger Stev	n		sh Personal oney Order X Credit/De	0111		Contribution
D :1 :10: 111	C'.			<del>-   '</del>	A	
Residential Street Address 395 Crown St .	City New Haven	State CT	Zip Code 06511	Date Received 01/13/201		
Principal Occupation	Name of Employer	1	Is this contribution assoc		Yes	
	student		fundraising event listed i	n Section J1?	Yes No	
		_	If yes, list Event #		<u>√</u> 1N0	
Is contributor a principal of a state contractor or prosp state contractor?	etive Yes X No	Is contributor a lob dependent child of a		Aggregate Contrib		
Is yes, indicate which branch or branches of government the contract is with:	Executive Legislative	' <del></del>	X No		\$10.00	\$10.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Friends Of Gerry Garcia							(	Origina	ıl 04/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name	First Name		MI	Method of	contribution:	1	Contribution I	ID#	Amount of
borin	gerald			Cash Money	Personal Ch x Credit/Debi		0112		Contribution
Residential Street Address		City		State	Zip Code	Da	te Received		
26 Black Watch Trl		Morristown		NJ	07960	01	./13/2010		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the state of the state			Yes	
advertising exec		Ferrara & Co			If yes, list Event #	Section 31	x 1	No	
Is contributor a principal of a state contractor of state contractor?	or prospective	Yes X No		utor a lobbyis		Aggreg	ate Contribution	ns	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		child of a lob	-		\$50	0.00	\$50.00
Last Name	First Name		MI	Method of	contribution:		Contribution I	ID#	Amount of
kryger	steven			Cash Money	Personal Ch x Credit/Debi		0130		Contribution
Residential Street Address		City		State	Zip Code	Da	te Received		
395 Crown St		New Haven		СТ	06511	01	./13/2010		
Principal Occupation		Name of Employer student			Is this contribution associate fundraising event listed in State of the If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of	or prospective	Yes X No		utor a lobbyis child of a lob	byist?	Aggreg	ate Contribution	ns 0.00	\$10.00
government the contract is with:		Executive Legislative	L  \	res x	No				
Last Name	First Name		MI		contribution:	1-	Contribution I	ID#	Amount of
just	jennifer			Cash Money	y Order Credit/Debi		0110		Contribution
Residential Street Address		City		State	Zip Code		te Received		
157 Center Rd		Woodbridge		СТ	06525	01	/15/2010		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the contribution of the contribution associated in the contribution associated as the contribution as the con		, L	Yes	
state director		organizer for america			If yes, list Event #		X N	No	
Is contributor a principal of a state contractor of	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggreg	ate Contribution	ns	
state contractor? Is yes, indicate which branch or branches of		_		child of a lob	•	66 6	\$100		\$50.00
government the contract is with:		Executive Legislative	'	res x	No				
Last Name	First Name		MI	Method of Cash	contribution:	anale .	Contribution I	ID#	Amount of
cohen	matthew				y Order Credit/Debi		0116		Contribution
Residential Street Address		City	-	State	Zip Code	Dar	te Received		
353 N Grennery Ave		Chappaqua		NY	10514	01	./17/2010		
Principal Occupation		Name of Employer		•	Is this contribution associate			Yes	
consultant		self			fundraising event listed in I If yes, list Event #	Section J1	.? <b>x</b> 1	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis		Aggreg	ate Contribution		
Is yes, indicate which branch or branches of		Executive Legislative		res x	-		\$100	0.00	\$100.00

Pricting of Grown Grow			I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
List Name   Pitta Name   Proceed Cheek   Proceed Cheek   Proceed Cheek   Contribution Dr   Quil 7   Proceed Cheek   Contribution Dr   Quil 7   Proceed Cheek   Contribution Dr   Quil 7   Proceed Cheek   Quil 7   Proceed	NAME OF COMMITTEE							FILIN	G DUE DATE
Last Name   Sarwyer   Gregory   Size   Mul   Multiple of cautifulness   Contribution   Canal   Cash   Cas	Friends Of Gerry Garcia							Origin	nal 04/12/2010
Service Address   Grey   Contribution   Contributio			B. Itemized Contribut	ions fron	ı Individu	ıals			
Residential Street Address   Ciry   Subset   Cyr   Conduct Desire Curul   Dull / Yar   Dull / Ya	Last Name	First Name		MI	Method of	contribution:	Con	ntribution ID #	Amount of
19 Wescott Rd    Hamden     Name of Employer hamden hall	sawyer	gregory				=	01	17	Contribution
Principal Occupation   Learn International Principal of a state contractor or prospective state of state contractor or prospective state contractor or prosp	Residential Street Address		City		State	Zip Code			
The contributor a principal of a state contractor or prospective state contractor or prospecti	19 Wescott Rd		Hamden		СТ	06517	01/17	/2010	
It securition a principal of a state contractor or prospective state contractor or prospective state contractor or prospective state contract with:  Last Name Violante  Security Ves X No  Lagislative Lagislative  MI Microsoft Contribution J Contr			1					Yes	
state contractor which branche or branches of severiment fits contract is with:  Last Name Violente Samantha  City Sate Samantha  City Sate Samantha  City Sate Samantha  City Sate Samantha  Since I Address Since contract is with:  Legislative  Principal Occupation Outpatient registry  Nh  Since contributor a principal of a state contractor or prospective Sate contractor Sate cont	teacher		hamden hall			-		x No	
Syes, indicate which branche of branches of government the countrate is written.   Legislative   Ves   X No		or prospective	Yes X No				Aggregate C	Contributions	
Violante    Samantha	Is yes, indicate which branch or branches of		Executive Legislative			-		\$25.00	\$25.00
Residential Street Address  City Name of Employer Utiffin  Residential Street Address  City Name of Employer Couthbullour a principal of a state contractor or prospective Is yes, indicate which branch or branches of Distribution Residential Street Address  City Name of Employer Finicipal Occupation  Name of Employer Finicipal Occupation  Name of Employer Finicipal Occupation  Name of Employer Fairhaven furniture  Residential Street Address  City Name of Employer Fairhaven furniture  Residential Street Address  City Name of Employer Fairhaven furniture  Residential Street Address  City Name of Employer Fairhaven furniture  Residential Street Address  City Name of Employer Fairhaven furniture  Residential Street Address  City Name of Employer Fairhaven furniture  Residential Street Address  City Name of Employer Fairhaven furniture  Residential Street Address  City Name of Employer Fairhaven furniture  Residential Street Address  City Name of Employer Fairhaven furniture  Residential Street Address  Residential Street Address  City Name of Employer Fairhaven furniture  Residential Street Address  Residential Street Address  Residential Street Address  City Name of Employer  Credit Debtit Cand  OL177/2010  Address  Aggregate Contributions  Aggregate Contributions  Aggregate Contributions  Aggregate Contributions  Aggregate Contributions  Aggregate Contributions  Aggregate Contribution ID # Contribut	Last Name	First Name		MI	Method of	_	Con	ntribution ID#	Amount of
Principal Occupation outpatient registry    Name of Employer ynhh   Name of Employer ynhh   Security   Securit	violante	samantha	1	j	_	=	01	18	Contribution
Name of Employer ynhh   Name of Employer ynhh   Sale contribution associated with a fundraising event listed in Section J1?   No fundraising event listed	Residential Street Address		City		State	Zip Code	Date Re	eceived	
outpatient registry  ynhh    Secontibutor a principal of a state contractor or prospective state contractor?   Syes, indicate which branch or branches of coverment the contract is with:    Last Name   Executive   Legislative	111 S End Rd		East Haven		СТ	06512	01/17	/2010	
Is contributor a principal of a state contractor or prospective state contractor is with:  Last Name List	Principal Occupation		· ·					Yes	
state contractors:   Sex indicate which branches of every   Legislative   Legislative	outpatient registry		ynhh			-		x No	
Second the contract is with:   Executive   Legislative   Yes   X   No   S15.00	Is contributor a principal of a state contractor	or prospective	Yes X No		-	-	Aggregate C	Contributions	
Last Name tiffin    First Name kerry   MI				Î		*		\$15.00	\$15.00
tiffin kerry   City   State   Zip Code   Date Received   O1/17/2010		<u></u>	Executive Legislative	+ -			<u> </u>		1
Residential Street Address 132 Downs Rd  Principal Occupation business office  Is contributor a principal of a state contractor? Is yes, indicate which branch or branches of employer emily  Last Name Easily  City  Principal Occupation  Residential Street Address  City  Name of Employer fairhaven furniture    Yes   X   No				MI			neck		
Principal Occupation business office    Name of Employer fairhaven furniture   State contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:    Last Name tiffin   First Name emily   First Name emily   New Haven   State   Sa Avon St # 1   New Haven   Name of Employer wellspring consulting   State   CT   O6524   O1/17/2010   O1/17/2010		,			_	y Order Credit/Debi		19	Contribution
Principal Occupation business office    Name of Employer fairhaven furniture   Is this contribution associated with a fundraising event listed in Section J1?   X   No	Residential Street Address		City		State	Zip Code			
business office    Secontributor a principal of a state contractor or prospective state contractor?   Yes   X No   Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   State contractor?   State contract is with:    Last Name   First Name   emily   First Name   emily   MI   Method of contribution:   Personal Check   Money Order   Credit/Debit Card   O1/17/2010	132 Downs Rd		Bethany		СТ	06524	01/17	/2010	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of acovernment the contract is with:  Last Name tiffin  Residential Street Address 58 Avon St # 1  Principal Occupation office manager  Pyes   X   No  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   X   No   Yes   X   No    MI   Method of contribution:   Personal Check   O120   Contribution ID # O120   Amount of Contribution   Contribution ID # O120   Contribution			1 ' '					ш . 🐷	
state contractor? Is yes, indicate which branch or branches of government the contract is with:    Last Name tiffin	business office		fairnaven furniture			-		x No	
Is yes, indicate which branch or branches of government the contract is with:  Last Name tiffin  Residential Street Address 58 Avon St # 1  Name of Employer office manager  Legislative  Legislative  Legislative	I	or prospective	Yes X No				Aggregate C	Contributions	
Last Name tiffin						-		\$50.00	\$50.00
tiffin emily			Executive Legislative	+ -	1		1		
Residential Street Address  City  New Haven  Name of Employer  wellspring consulting				MI			neck		
New Haven  CT  06511  01/17/2010  Principal Occupation office manager  Name of Employer wellspring consulting  Name of Employer if yes, list Event #  New Haven  CT  06511  Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #  No	ciriii	Cirmy				=	01	20	Contribution
Principal Occupation Office manager  Name of Employer wellspring consulting  Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #  Name of Employer Wellspring consulting	Residential Street Address		City		State	Zip Code	Date Re	eceived	
office manager  wellspring consulting  fundraising event listed in Section J1?  If yes, list Event #  X No	58 Avon St # 1		New Haven		СТ	06511	01/17	/2010	
office manager  Weispring consulting  If yes, list Event #  X No			1					Yes	
	office manager		wellspring consulting			-	• • •	x No	
Is contributor a principal of a state contractor or prospective $X$ No Is contributor a lobbyist, spouse, or Aggregate Contributions	Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggregate C	Contributions	†
state contractor? Is yes, indicate which branch or branches of experiment the contract is with:  Executive Legislative dependent child of a lobbyist?  Yes X No \$20.00	Is yes, indicate which branch or branches of		Executive			-			\$20.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 04/12/2010
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI		contribution:		Contributio	on ID#	Amount of
howery	will				X Cash	y Order Personal C		0121		Contribution
Residential Street Address	<u> </u>	City			State	Zip Code		ate Received		
203 Maplewood Ave # 8		Bridgepo	rt		CT	06605		1/17/2010	)	
Principal Occupation		Name of Er	nployer		-	Is this contribution associ	ated with	a	Yes	
teacher		new beg				fundraising event listed in If yes, list Event #	Section .	J1?	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	In contrib	utor a lobbyis	<u> </u>	1.			
state contractor?	or prospective		Yes X No		child of a lob		Aggre	egate Contribu	tions 520.00	\$20.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res X	No				<b>\$25.55</b>
Last Name	First Name			MI		contribution:		Contributio	on ID#	Amount of
fonicello	jessica				X Cash Money	y Order Personal C		0122		Contribution
Residential Street Address	•	City			State	Zip Code	D	ate Received		
310 Country Rd		Guilford			СТ	06437	0	1/17/2010	)	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes	
child birth educator		self				fundraising event listed in If yes, list Event #	i Section .	x	No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis	it, spouse, or	Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		\$	20.00	\$20.00
government the contract is with:		Executive	Legislative	+-	1			1		
Last Name callagy	First Name cristina			MI	Method of Cash	contribution:  Personal C	Check	Contributio	on ID #	Amount of Contribution
						y Order Credit/De	bit Card	0123		
Residential Street Address		City			State	Zip Code		ate Received		
325 Lafayette St Unit 4207		Bridgepo	rt		СТ	06604		1/17/2010	)	
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in		J1?	_	
teacher		new beg	iiiiiigs			If yes, list Event#		x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	, 1	Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	-		\$	20.00	\$20.00
government the contract is with:  Last Name	First Name	Executive	Legislative	I MI	I			1		
tarzi	joseph			IVII	X Cash	contribution: Personal C	Check	Contribution 0114	on ID #	Amount of Contribution
		,			Money	y Order Credit/De	bit Card	0114		
Residential Street Address		City			State	Zip Code		ate Received		
651 Congress Ave		New Have	en		СТ	06519		1/19/2010	) 	
Principal Occupation		Name of Er elm colle				Is this contribution associ fundraising event listed in		J1?		
teacher		enn cone	-9 <sup>c</sup>			If yes, list Event #		x	No	
Is contributor a principal of a state contractor	or prospective	-	Yes X No		utor a lobbyis		Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	•		\$	10.00	\$10.00
government the contract is with:		LACCULIVE	Legislative	<u> </u>	ت	*10				l

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Friends Of Gerry Garcia							C	Origina	nl 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals		•		
Last Name	First Name		MI	Method of	contribution:		Contribution I	D#	Amount of
triffin	eric			Cash Money	y Order X Personal Cl	1	0115		Contribution
Residential Street Address		City		State	Zip Code		e Received		
125 Falls Rd		Bethany		СТ	06524	01/	/20/2010		
Principal Occupation		Name of Employer city of west haven			Is this contribution associa fundraising event listed in		? =	r'es	
dir of public health		city of west haven			If yes, list Event #		X N	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No	1	utor a lobbyis	-	Aggrega	ate Contribution		
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		res x	-		\$100	0.00	\$100.00
Last Name	First Name		MI		contribution:		Contribution I	D#	Amount of
marcus	alexander	r 		Cash Money	y Order X Personal Cl		0105		Contribution
Residential Street Address		City		State	Zip Code		e Received		
16 Lafayette Ln		Basking Ridge		NJ	07920		/23/2010		
Principal Occupation doctor		Name of Employer orthopedic associates			Is this contribution associa fundraising event listed in		? =	res	
doctor		orthopedic dissociates	_		If yes, list Event #		X N	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No	1	utor a lobbyis	-	Aggrega	ate Contribution	ns	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	1 <sup>-</sup>	res x	•		\$54	1.00	\$54.00
Last Name	First Name		MI	Method of	contribution:		Contribution I	D#	Amount of
kohl	richard			Cash Money	y Order X Personal Cl Credit/Deb		0107		Contribution
Residential Street Address		City		State	Zip Code	1	e Received		
247 Grassey Hill Rd		East Lyme		СТ	06333	01/	/23/2010		
Principal Occupation		Name of Employer a&p			Is this contribution associa fundraising event listed in		, <b>—</b>	res	
meat cutter		ахр	_		If yes, list Event #		X N	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis		Aggrega	ate Contribution	ns	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	1 <sup>-</sup>	res x	•		\$40	0.00	\$40.00
Last Name	First Name		MI	Method of	contribution:		Contribution I	D#	Amount of
adamczyk-garcia	magdalen	na		Cash Money	y Order X Personal Cl	1	0108		Contribution
Residential Street Address		City		State	Zip Code	Date	e Received		
143 Bradley St		New Haven		СТ	06511	01/	/23/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		, I	res	
assistant		k&j management			If yes, list Event #	. ,	X N	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggrega	ate Contribution	ns	
Is yes, indicate which branch or branches of		Executive Legislative		child of a lob	-		\$100	0.00	\$80.00

		I. M	ONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 04/12/2010
		B. It	emized Contributi	ons from	ı Individu	ıals		•		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
leader	joshua				Cash	y Order X Credit/De		0128		Contribution
Residential Street Address		City			State			ate Received		
561 10th Ave Apt 7J		City New York			NY	Zip Code 10036		1/25/2010	)	
Principal Occupation		Name of Er	nplover		-	Is this contribution associ	ated with	a	Yes	İ
attorney		Leader 8				fundraising event listed in	Section .	I1?	No	
				_		If yes, list Event #	1		, 110	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	gate Contribu		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res x	•		\$1	.00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
kemper	robin				Cash	Personal (		0129		Contribution
		ī				y Order X Credit/De		ļ		
Residential Street Address 25 W 68T St Apt 3F		City New York	•		State NY	Zip Code 10023		ate Received 1/26/2010	)	
					INI	Is this contribution associ		<u> </u>		†
Principal Occupation director		Name of Er goldman	charitable trust			fundraising event listed in		J1?	Yes No	
						If yes, list Event #			No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	gate Contribu	tions	
Is yes, indicate which branch or branches of	П	Executive	Legislative		res x	-		\$1	00.00	\$100.00
government the contract is with:  Last Name	First Name			MI	1	contribution:	<u> </u>	Contributio	ID #	
hurgin	elizabeth			j	Cash	X Personal (	Check	0131	ni 1D #	Amount of Contribution
		1			Money	y Order Credit/De	bit Card	0131		
Residential Street Address		City			State	Zip Code		ate Received		
83 Glassy Plain St		Bethel			СТ	06801		1/26/2010	) 	
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in		J1?		
						If yes, list Event #		<u>x</u>	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	tions	ĺ
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	-		\$	25.00	\$25.00
government the contract is with:	<u></u>	Executive	Legislative	+ -	I			1		
Last Name daily	First Name james			MI f	Method of Cash	contribution:  X Personal (	Check	Contributio	n ID#	Amount of Contribution
,						y Order Credit/De	bit Card	0132		Commodium
Residential Street Address		City			State	Zip Code	D	ate Received		
103 Cold Spring Dr		Westbroo	k		СТ	06498	0	1/26/2010	)	ļ
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in			Yes	
gambling regulator		state of	ct			If yes, list Event #	i section .	x	No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis	at, spouse, or	Aggre	gate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of				dependent	child of a lob	bbyist?	, regio	-	10.00	\$10.00
government the contract is with:		Executive	Legislative	L 1	res x	No		·		·

		I. MON	NETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Friends Of Gerry Garcia									Origina	al 04/12/2010
		B. Itemiz	zed Contributio	ons from	Individu	ıals				
Last Name johnson	First Name kaylan			MI	x Cash	contribution: Personal ( y Order Credit/De		Contribution 0133	on ID#	Amount of Contribution
Residential Street Address 400 Blake St Apt 4111		City New Haven			State CT	Zip Code 06515		ate Received 2/03/2010	)	
Principal Occupation		Name of Employe student	er		-	Is this contribution assoc fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es x	byist?	Aggreg	gate Contribu	tions \$10.00	\$10.00
Last Name shannon	First Name william			MI p	Cash	contribution:  X Personal of the Credit/De		Contribution	on ID #	Amount of Contribution
Residential Street Address  2 Blackman Ave		City Bethel			State CT	Zip Code 06801		ate Received 2/04/2010	)	
Principal Occupation		Name of Employeretired	er			Is this contribution assoc fundraising event listed in If yes, list Event #		1? L	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggres	gate Contribu	itions \$25.00	\$25.00
Last Name taborsak	First Name lynn			MI h	Cash	contribution:  X Personal ( y Order Credit/De		Contribution	on ID#	Amount of Contribution
Residential Street Address 110 Hayestown Rd		City Danbury			State CT	Zip Code 06811		ate Received 2/06/2010	)	
Principal Occupation		Name of Employer	er			Is this contribution assoc fundraising event listed in If yes, list Event #		19	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggreg	gate Contribu	tions \$25.00	\$25.00
Last Name reynolds	First Name bonnie			MI	Cash	contribution: Personal of the property of the		Contribution 0127	on ID #	Amount of Contribution
Residential Street Address 430 Chickadee Ln		City Stratford			State CT	Zip Code 06614		ate Received 2/06/2010		
Principal Occupation realtor		Name of Employe sotheby's	er			Is this contribution assoc fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggres	gate Contribu	itions \$15.00	\$15.00

		I. M	ONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 04/12/2010
		B. It	emized Contributi	ons from	Individu	ıals				
Last Name Santoroski	First Name Scott			MI	X Cash	contribution: Personal ( y Order Credit/De		Contributi 0218	on ID#	Amount of Contribution
Residential Street Address 15 High Mdw		City Branford	l		State CT	Zip Code 06405		ate Received		
Principal Occupation Contractor		Name of E S&S Rer	mployer modeling		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contrib	\$5.00	\$5.00
Last Name stevenson gri	First Name david			MI a	Cash	contribution:  X Personal of the property of t		Contributi	on ID#	Amount of Contribution
Residential Street Address 220 Greenwood Ave		City Bethel			State CT	Zip Code 06801		ate Received		
Principal Occupation realtor		Name of E self	mployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contrib	utions 100.00	\$100.00
Last Name stevenson	First Name janice			MI	Cash	contribution:  X Personal ( y Order Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 32 Sunset Hill Rd		City Bethel			State CT	Zip Code 06801		ate Received		
Principal Occupation it consultant		Name of E fairview	mployer research			Is this contribution associ fundraising event listed in If yes, list Event #		<sub>11?</sub>	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contrib	ations \$25.00	\$25.00
Last Name straiton	First Name richard			MI	Cash	contribution:  X Personal of the property of t		Contributi 0138	on ID#	Amount of Contribution
Residential Street Address 7 Codfish Hill Rd		City Bethel			State CT	Zip Code 06801		ate Received		
Principal Occupation facility manager		Name of E bethel h	mployer ealth care			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contrib	utions 100.00	\$100.00

		I. N	MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 04/12/2010
		B. It	temized Contributi	ons fron	ı Individu	ıals				
Last Name chiara	First Name adam			MI	Cash	contribution:  X Personal 0 y Order Credit/De		Contribution 0135	on ID#	Amount of Contribution
Residential Street Address 12 Huntington Ct		City Bethel			State CT	Zip Code 06801		ate Received 2/13/201		
Principal Occupation  leg. assistant		Name of E state of				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob Yes X	byist?	Aggre	egate Contribu	ations \$25.00	\$25.00
Last Name halfar	First Name christine			MI	Cash	contribution:  X Personal of the property of t		Contribution 0136	on ID#	Amount of Contribution
Residential Street Address 8 Settlers Hill Rd		City Danbury			State CT	Zip Code 06811		ate Received		
Principal Occupation		Name of E retired	imployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyist child of a lob	byist?	Aggre	egate Contribu	ations \$25.00	\$25.00
Last Name lemar	First Name roland			MI	Cash	contribution: Personal of the property of the		Contribution 0125	on ID#	Amount of Contribution
Residential Street Address 6 Eld St		City New Hav	ven		State CT	Zip Code 06511		Pate Received		
Principal Occupation communications		Name of E self	mployer			Is this contribution associ fundraising event listed in If yes, list Event #		I1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob res	bbyist?	Aggre	egate Contribu	utions 100.00	\$100.00
Last Name morris	First Name andrew			MI	Cash	contribution: Personal of y Order X Credit/De		Contribution 0126	on ID#	Amount of Contribution
Residential Street Address 180 Brookline Ave # 1129		City Boston			State MA	Zip Code 02215		ate Received		
Principal Occupation  consultant		Name of E boston	mployer consulting group		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu	utions 100.00	\$100.00

		I. MONETARY RE	ECEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Gerry Garcia							Origin	nal 04/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals			
Last Name berg	First Name erica		MI	X Cash	contribution:  Personal Cl y Order Credit/Debi	neck 01	ntribution ID #	Amount of Contribution
Residential Street Address 115 Grand Ave # 1A		City New Haven		State CT	Zip Code 06513	Date Re 02/17		
Principal Occupation exec asst to mayor		Name of Employer town of east haven		•	Is this contribution associa fundraising event listed in If yes, list Event # 021		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	Contributions \$25.00	\$25.00
Last Name howe	First Name sophie		MI	x Cash	contribution: Personal Cl	neck 01	ntribution ID#	Amount of Contribution
Residential Street Address 32 Lyman St		City New Haven		State CT	Zip Code 06511	Date Re 02/17		
Principal Occupation		Name of Employer student			Is this contribution associa fundraising event listed in If yes, list Event # 021	Section J1?	X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	Contributions \$5.00	\$5.00
Last Name mayard	First Name nicole		MI	X Cash	contribution:  Personal Cl y Order Credit/Debi	neck 01	ntribution ID #	Amount of Contribution
Residential Street Address 254 Prospect St Rm 1		City New Haven		State CT	Zip Code 06511	Date Re 02/17		
Principal Occupation		Name of Employer none			Is this contribution associa fundraising event listed in If yes, list Event # 021	Section J1?	X Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	Contributions \$10.00	\$10.00
Last Name morency	First Name michael		MI	x Cash	contribution: Personal Cl y Order Credit/Debi	neck 01	ntribution ID #	Amount of Contribution
Residential Street Address 9322 Town Walk Dr		City Hamden		State CT	Zip Code 06518	Date Re	eceived 7/2010	
Principal Occupation bookkeeper		Name of Employer general services			Is this contribution associa fundraising event listed in If yes, list Event # 021	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$5.00	\$5.00

		I. MONETAI	RY RECI	EIPTS	(Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 04/12/2010
		B. Itemized Co	ntribution	s from	Individu	ıals				
Last Name williams	First Name steve		N	MI	x Cash	contribution: Personal of Order Credit/De		Contribution 0145	on ID#	Amount of Contribution
Residential Street Address 3799 Main St		City Stratford			State CT	Zip Code 06014		ate Received 2/17/2010		
Principal Occupation driver		Name of Employer fedex				Is this contribution assoc fundraising event listed in If yes, list Event # 02			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legislati	d		tor a lobbyist child of a lob es	byist?	Aggre	gate Contribu	tions \$10.00	\$10.00
Last Name green	First Name nicole		N	MI	x Cash	contribution: Personal ( / Order Credit/De		Contribution 0146	on ID#	Amount of Contribution
Residential Street Address 35 Lester St		City West Haven			State CT	Zip Code 06516		ate Received 2/17/2010		
Principal Occupation  dancer						Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event # 02172010j				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legislati	d		ttor a lobbyist child of a lob es	byist?	Aggre	gate Contribu	stions \$5.00	\$5.00
Last Name navikonis	First Name charmain	е	N	MI	x Cash	contribution: Personal (		Contribution 0147	on ID#	Amount of Contribution
Residential Street Address 64 Dunn Hill Rd		City Tolland			State CT	Zip Code 06084		ate Received 2/17/2010	0	
Principal Occupation		Name of Employer none				Is this contribution assoc fundraising event listed in If yes, list Event # 02	n Section J		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Legislati	d		tor a lobbyist child of a lob es	byist?	Aggre	gate Contribu	s5.00	\$5.00
Last Name ramos	First Name rafael		N	MI	x Cash	contribution: Personal of Order Credit/De		Contribution 0148	on ID#	Amount of Contribution
Residential Street Address 63 Downing St		City New Haven			State CT	Zip Code 06513		ate Received 2/17/2010		
Principal Occupation code enforcement		Name of Employer city of new haven				Is this contribution assoc fundraising event listed if If yes, list Event # 02	n Section J		Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legislati	d		tor a lobbyist	byist?	Aggre	gate Contribu	itions \$25.00	\$25.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Gerry Garcia							Origin	nal 04/12/2010
		B. Itemized Contributi	ions fron	ı Individu	ıals			
Last Name simmons	First Name candace		MI r	x Cash	contribution:  Personal Cl y Order Credit/Debi	neck 01	ntribution ID#	Amount of Contribution
Residential Street Address 56 Swampscott St		City West Haven		State CT	Zip Code 06516	Date Re 02/17	eceived 7/2010	
Principal Occupation teacher		Name of Employer wh public schools		•	Is this contribution associa fundraising event listed in If yes, list Event # 021		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes X	byist?	Aggregate (	Contributions \$5.00	\$5.00
Last Name norberg	First Name george		MI	x Cash	contribution:  Personal Cl y Order Credit/Debi	neck 01	ntribution ID#	Amount of Contribution
Residential Street Address 345 Temple St Unit L34		City New Haven		State CT	Zip Code 06511	Date Re 02/17	eceived 7/2010	
Principal Occupation	Name of Employer student	Is this contribution associ fundraising event listed in If yes, list Event # 02			Section J1?	X Yes		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	Contributions \$15.00	\$15.00
Last Name iftimie	First Name alex		MI	X Cash	contribution:  Personal Cl y Order Credit/Debi	neck 01	ntribution ID#	Amount of Contribution
Residential Street Address 111 Park St 4R		City New Haven		State CT	Zip Code 06511	Date Re 02/17	eceived 7/2010	
Principal Occupation		Name of Employer student			Is this contribution associa fundraising event listed in If yes, list Event # 021	Section J1?	X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (	Contributions \$5.00	\$5.00
Last Name amaral	First Name richard		MI	x Cash	contribution:  Personal Cl y Order Credit/Debi	neck 01	ntribution ID#	Amount of Contribution
Residential Street Address 33 Missal Ave		City Bristol		State CT	Zip Code 06010	Date Re 02/17	eceived 7/2010	
Principal Occupation tech designer		Name of Employer espn		•	Is this contribution associa fundraising event listed in If yes, list Event # 021	Section J1?	X Yes	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$5.00	\$5.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Friends Of Gerry Garcia							Orig	inal 04/12/2010
		B. Itemized Contributi	ions fron	ı Individu	ıals			
Last Name cortes	First Name alex		MI	x Cash	contribution:  Personal Cl y Order  Credit/Debi	heck 01	ontribution ID#	Amount of Contribution
Residential Street Address 157 Bull Hill Ln # 205		City West Haven		State CT	Zip Code 06516		Received 7/2010	
Principal Occupation teacher		Name of Employer stratford public schools		•	Is this contribution associa fundraising event listed in If yes, list Event # 021		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes X	byist?	Aggregate (	Contributions \$5.00	\$5.00
Last Name parkinson	First Name tonia		MI	x Cash	contribution:  Personal Cl y Order Credit/Debi	heck 01	ontribution ID#	Amount of Contribution
Residential Street Address 425 Aspen Glen Dr		City Hamden		State CT	Zip Code 06518		Received 7/2010	
Principal Occupation physician asst.		Name of Employer hartford hospital		•	Is this contribution associa fundraising event listed in If yes, list Event # 021	Section J1?	X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (	Contributions \$5.00	\$5.00
Last Name welch	First Name samantha	1	MI	X Cash	contribution:  Personal Cl y Order Credit/Debi	heck 01	ontribution ID #	Amount of Contribution
Residential Street Address 108 William St Apt 1		City Wallingford		State CT	Zip Code 06492		Received 7/2010	
Principal Occupation		Name of Employer none			Is this contribution associa fundraising event listed in If yes, list Event # 021	Section J1?	X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob /es x	byist?	Aggregate (	Contributions \$5.00	\$5.00
Last Name bradley	First Name rosemarie	3	MI	Cash	contribution:    X   Personal Cl y Order   Credit/Debi	heck 01	ontribution ID#	Amount of Contribution
Residential Street Address 245 James St		City New Haven		State CT	Zip Code 06502		Received 8/2010	
Principal Occupation		Name of Employer new alliance bank		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	bbyist?	Aggregate	Contributions \$30.00	\$30.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Friends Of Gerry Garcia							Origin	al 04/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals		•	
Last Name Rhodeen	First Name sarah		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 0158	ution ID#	Amount of Contribution
Residential Street Address 345 Summit St		City New Haven		State CT	Zip Code 06513	Date Receiv 02/21/20		
Principal Occupation teacher		Name of Employer Town of Westport			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	\$50.00	\$50.00
Last Name Rhodeen	First Name alexander		MI	Cash	contribution:  Personal Ch y Order X Credit/Debi	neck 0159	ution ID#	Amount of Contribution
Residential Street Address 345 Summit St		City New Haven		State CT	Zip Code 06513	Date Receiv 02/21/20		
Principal Occupation sales		Name of Employer Sac Acquisition, LLC		•	Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	ibutions \$50.00	\$50.00
Last Name goode	First Name aaron		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 0160	ution ID#	Amount of Contribution
Residential Street Address PO Box 207063		City New Haven		State CT	Zip Code 06520	Date Receiv 02/21/20		
Principal Occupation		Name of Employer self			Is this contribution associat fundraising event listed in S If yes, list Event #	Section 11?	Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	\$54.00	\$54.00
Last Name torop	First Name jonathan		MI	Cash	contribution:  Personal Ch y Order X Credit/Debi	neck 0157	ution ID#	Amount of Contribution
Residential Street Address 85 N 3rd St Apt 512		City Brooklyn		State NY	Zip Code 11211	Date Receiv 02/22/20		
Principal Occupation finance		Name of Employer Credit Suisse			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contr	ibutions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							FI	ILING D	OUE DATE
Friends Of Gerry Garcia							O	riginal	04/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals				
Last Name	First Name		MI	Method of	contribution:	(	Contribution ID	0#	Amount of
rainey	david			Cash Money	Personal Cl x Credit/Debi	1 (	0156		Contribution
Residential Street Address		City		State	Zip Code		Received		
61 Horseshoe Hill Rd		Pound Ridge		NY	10576	02/2	23/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Ye	es	
ceo		debt resolve			If yes, list Event #		X No	o	
Is contributor a principal of a state contractor	or prospective	Yes X No	1	utor a lobbyis		Aggregate	te Contributions	s	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		child of a lob	-		\$100.	.00	\$100.00
Last Name	First Name		MI	Method of	contribution:	(	Contribution ID	)#	Amount of
marathas	alexander		h	Cash Money	y Order X Personal Cl	1 (	0162		Contribution
Residential Street Address		City		State	Zip Code	Date	Received		
860 State St		New Haven		СТ	06511	02/2	24/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		X Ye	es	
r.e. development		northside dev.			If yes, list Event # 022		No.	о	
Is contributor a principal of a state contractor	or prospective	Yes X No	1	utor a lobbyis		Aggregate	te Contributions	s	
state contractor? Is yes, indicate which branch or branches of		Executive Legislative	1 <sup>-</sup>	child of a lob	*		\$50.	.00	\$50.00
government the contract is with:	<u></u>	Executive Legislative	<del>                                     </del>						
Last Name munoz	First Name		MI C	Cash	contribution:  X Personal Cl	neck	Contribution ID	) #	Amount of Contribution
	,			_	y Order Credit/Debi		0166		Commount
Residential Street Address		City		State	Zip Code		Received		
98 Front St		New Haven		СТ	06513	02/2	24/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		X Ye		
		retired			If yes, list Event # 022		☐ No	о	
Is contributor a principal of a state contractor	or prospective	Yes X No	1	utor a lobbyis		Aggregate	te Contributions	s	
state contractor? Is yes, indicate which branch or branches of		Executive Legislative		child of a lob	•		\$100.	.00	\$100.00
government the contract is with:  Last Name	First Name	Executive	I <sub>MI</sub>	1	contribution:		0 1 1 1 1		
Alvarado	Frank		IVII	Cash	X Personal Cl	neck	Contribution ID 0164	)#	Amount of Contribution
		T		Money	y Order Credit/Debi		0104		
Residential Street Address		City		State	Zip Code		Received		
140 Mill St # 16115		East Haven		СТ	06512		24/2010	$\longrightarrow$	
Principal Occupation  Director		Name of Employer  Spanish American Marchants	s Assoc		Is this contribution associa fundraising event listed in				
Director		Spanish American Platenance			If yes, list Event # 022	42010 <u>j</u>	□ No	0	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggregate	te Contributions	s	
Is yes, indicate which branch or branches of	Executive Legislative		child of a lob	•		\$100.	.00	\$50.00	

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	IG DUE DATE
Friends Of Gerry Garcia							Origi	nal 04/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals			
Last Name hauser	First Name debra		MI	x Cash	contribution:  Personal Cl y Order Credit/Debi	neck 01	ontribution ID #	Amount of Contribution
Residential Street Address 396 Livingston St		City New Haven		State CT	Zip Code 06511		teceived 4/2010	
Principal Occupation		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event # 022		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (	Contributions \$50.00	\$50.00
Last Name vigilante	First Name Jacqueline	e	MI m	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 01	ontribution ID#	Amount of Contribution
Residential Street Address 118 Hillside Ave		City Milford		State CT	Zip Code 06460		deceived 4/2010	
Principal Occupation teacher						ted with a Section J1? 42010j	X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (	Contributions \$100.00	\$100.00
Last Name virtue	First Name brian		MI	Cash	contribution:    X   Personal Cl	neck 01	ontribution ID #	Amount of Contribution
Residential Street Address 229 Townsend Ave		City New Haven		State CT	Zip Code 06512		deceived 4/2010	
Principal Occupation manager		Name of Employer christopher martins			Is this contribution associa fundraising event listed in If yes, list Event # 022	Section J1?	X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (	Contributions \$50.00	\$50.00
Last Name casella	First Name diane		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 01	ontribution ID#	Amount of Contribution
Residential Street Address 563 Orange St		City New Haven		State CT	Zip Code 06511		deceived 4/2010	
Principal Occupation teacher		Name of Employer yale		•	Is this contribution associa fundraising event listed in If yes, list Event # 022	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (	Contributions \$80.00	\$80.00

		I. MONETAR	Y RECI	EIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 04/12/2010
		B. Itemized Cont	ribution	s from	Individu	ials				
Last Name	First Name		N	MI	Method of	contribution:		Contributio	on ID #	Amount of
smith	patrick		j	j	Cash Money	Order Personal C		0165		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
563 Orange St		New Haven			СТ	06511	0	2/24/2010	)	
Principal Occupation		Name of Employer				Is this contribution association fundraising event listed in		1^	Yes	
financial analyst		yale	_				242010		No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Yes X  Executive Legislative			ator a lobbyist child of a lob	byist?	Aggre	gate Contribu	utions	\$100.00
government the contract is with:  Last Name	First Name		l N	MI		contribution:		Contributio	on ID #	
smith	matthew		C		Cash Money	X Personal C		0167	л го #	Amount of Contribution
Residential Street Address		City			State	Zip Code		ate Received		
992 1/2 State St Apt A		New Haven			СТ	06511	0	2/24/2010	)	
Principal Occupation		Name of Employer				Is this contribution association fundraising event listed in		1^	Yes	
designer		self				-	242010		No	
Is contributor a principal of a state contractor	or prospective	Yes X			ıtor a lobbyist	-	Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of		□	d	· —	child of a lob	•		\$	\$25.00	\$25.00
government the contract is with:	<u></u>	Executive Legislative		Y				1		
Last Name howe	First Name kevin		N	MI	Method of o	contribution:  X Personal C	heck	Contributio	on ID #	Amount of Contribution
none					Money	Order Credit/Del	oit Card	0169		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
125 Wayland St		North Haven			СТ	06473	0	2/24/2010	)	
Principal Occupation		Name of Employer				Is this contribution association fundraising event listed in		11?	Yes	
manager		stop & shop				If yes, list Event # 022			No	
Is contributor a principal of a state contractor	or prospective	Yes X			ıtor a lobbyist	-	Aggre	gate Contribu	itions	•
state contractor? Is yes, indicate which branch or branches of		Executive Legislative	d	dependent Y	child of a lob			\$	\$25.00	\$25.00
government the contract is with:  Last Name	First Name	Executive Legislative		мі		contribution:		l		
izzo	peter		N	VII	X Cash	Personal C	heck	Contribution 0170	on ID #	Amount of Contribution
					Money	Order Credit/Del	it Card	0170		
Residential Street Address		City			State	Zip Code		ate Received		
1030 Townsend Ave		New Haven			СТ	06512		2/24/2010		
Principal Occupation		Name of Employer aldi				Is this contribution association fundraising event listed in			Yes	
		G.G.				If yes, list Event # 022	242010	<u>i</u> ∟	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X			ator a lobbyist		Aggre	gate Contribu		
Is yes, indicate which branch or branches of			es x	-		\$	\$20.00	\$20.00		

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 04/12/2010
		B. It	emized Contributi	ons from	ı Individu	ıals				
Last Name	First Name			MI		contribution:		Contributio	n ID#	Amount of
mcguinness	sean				X Cash Money	y Order Personal C		0171		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
21203 Town Walk Dr		Hamden			СТ	06518	0	2/24/2010	)	
Principal Occupation		Name of Er	nployer		•	Is this contribution associ fundraising event listed in If yes, list Event # 02			Yes No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis t child of a lob	byist?	Aggre	gate Contribu	tions \$5.00	\$5.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	
hilger	alec				X Cash Money	y Order Personal C		0173	ш 1D #	Amount of Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
162 Grafton St		New Hav	en		CT	06513		2/24/2010	)	
Principal Occupation		Name of Er	mployer			Is this contribution associ	ated with	a x	Yes	
marketing coordinator		verizon v	wireless			fundraising event listed in  If yes, list Event # 02		11?	No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	bbyist?	Aggre	egate Contribu \$1	tions .00.00	\$100.00
Last Name	First Name			MI		contribution:		Contributio	n ID#	Amount of
denz	paul				X Cash Money	y Order Personal C		0174		Contribution
Residential Street Address	-	City			State	Zip Code	D	ate Received		
175 Stoney Creek Rd		Branford			СТ	06405	0	2/24/2010	)	
Principal Occupation		Name of Er	mployer			Is this contribution associ		1^	Yes	
realtor		self				fundraising event listed in  If yes, list Event # 02			No	
Is contributor a principal of a state contractor of	or prospective	•	Yes X No		utor a lobbyis		Aggre	gate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Î	child of a lob	•		\$1	00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	n ID#	Amount of
Pilgrim	david				Cash Money	Personal C  y Order X Credit/De		0175		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
911 W Gunnison		Chicago			IL	60640	0	2/27/2010	)	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes	
sales		adobe				fundraising event listed in If yes, list Event #	n Section .	x	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of		E 2		dependent	child of a lob	-		\$1	00.00	\$100.00
government the contract is with:	ᆜ	Executive	Legislative	L Y	es 🔼	INO				

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Gerry Garcia							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals		•	
Last Name	First Name		MI		contribution:		oution ID #	Amount of
stewart	arthur		G	Cash Money	y Order Credit/Deb	0184		Contribution
Residential Street Address  18 Hotchkiss St		City New Haven		State CT	Zip Code 06511	Date Recei		
Principal Occupation		Name of Employer			Is this contribution associa		Yes	1
social worker		harbor health services	_		fundraising event listed in If yes, list Event #	Section J1?	x No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	tributions \$100.00	\$100.00
Last Name marchand	First Name Chris	,	MI	X Cash	contribution:  Personal Cl y Order Credit/Deb	neck 0186	oution ID#	Amount of Contribution
Residential Street Address 171 Hubbard Rd		City Hamden		State CT	Zip Code 06517	Date Recei		
Principal Occupation community div manager		Is this contribution ass fundraising event listed If yes, list Event #			X Yes			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$20.00	\$20.00
Last Name fredericks	First Name michele		MI	X Cash	contribution: Personal Cl y Order Credit/Deb	neck 0187	oution ID #	Amount of Contribution
Residential Street Address 36 Carol Dr		City Cheshire		State CT	Zip Code 06410	Date Recei		
Principal Occupation office manager		Name of Employer dr j vecchitto		<b>I</b>	Is this contribution associa fundraising event listed in If yes, list Event # 030	Section J1?	X Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	\$50.00	\$50.00
Last Name defabio	First Name andrea		MI	x Cash	contribution:  Personal Cl y Order Credit/Deb	neck 0188	oution ID#	Amount of Contribution
Residential Street Address 146 N Ivy St # 1		City Branford		State CT	Zip Code 06405	Date Recei		
Principal Occupation teller		Name of Employer citizens bank		•	Is this contribution associa fundraising event listed in If yes, list Event # 030	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggregate Con	tributions \$20.00	\$20.00

		I. M	ONETARY RE	CEIPTS	S (Section	n A-I)					
NAME OF COMMITTEE										FILING	G DUE DATE
Friends Of Gerry Garcia										Origin	al 04/12/2010
		B. Ite	mized Contributi	ons from	Individu	ıals					
Last Name	First Name			MI	_	contribution:			Contributi	on ID#	Amount of
latham	daniel				X Cash Money	y Order	Personal C Credit/Deb		0189		Contribution
Residential Street Address		City			State	Zip Code		D	ate Received	I	
90 Laurel Hill Rd		Branford			СТ	06405		0.	3/04/201	0	
Principal Occupation banker		Name of Emp	•			ı	tribution associa g event listed in Event# <u>030</u>		1? E	Yes No	
Is contributor a principal of a state contractor or state contractor? Is yes, indicate which branch or branches of government the contract is with:	prospective	Executive	Yes X No  Legislative		utor a lobbyis child of a lob res	byist?		Aggre	gate Contrib	utions \$20.00	\$20.00
	First Name anna			MI	x Cash	contribution: y Order	Personal C		Contributi	on ID#	Amount of Contribution
Residential Street Address		City			State	Zip Code		D	ate Received	I	
176 Angela Dr		East Have	n		СТ	06512		0.	3/04/201	0	•
Principal Occupation teller		Name of Emp	•			1	tribution associa g event listed in Event # 030		1? E	Yes No	
Is contributor a principal of a state contractor or state contractor? Is yes, indicate which branch or branches of government the contract is with:	prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob 'es	byist?		Aggre	gate Contrib	utions \$25.00	\$25.00
Last Name	First Name			MI		contribution:			Contributi	on ID#	Amount of
kuhr	gayle				X Cash Money	y Order	Personal C  Credit/Deb		0191		Contribution
Residential Street Address		City			State	Zip Code			ate Received		
85D E Broadway		Milford			СТ	06460			3/04/201		
Principal Occupation manager		Name of Emp	ployer			ı	tribution associa g event listed in Event # <u>030</u>		1?	Yes No	
Is contributor a principal of a state contractor or state contractor? Is yes, indicate which branch or branches of government the contract is with:	prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob	byist?		Aggre	gate Contrib	utions \$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:			Contributi	on ID#	Amount of
grove	michael				Cash Money	y Order	X Personal C Credit/Deb		0177		Contribution
Residential Street Address		City			State	Zip Code			ate Received		
868 Farmington Ave		Cheshire			СТ	06410		0	3/04/201	0	
Principal Occupation supervisor of technology		Name of Emp meidan po	ployer ublic schools			ı	tribution associa g event listed in Event # 030		1? E	Yes No	
Is contributor a principal of a state contractor or state contractor? Is yes, indicate which branch or branches of government the contract is with:	_	Executive	Yes X No  Legislative		utor a lobbyis child of a lob es	byist?		Aggre	gate Contrib	utions \$50.00	\$50.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)					
NAME OF COMMITTEE										FILING	G DUE DATE
Friends Of Gerry Garcia										Origin	al 04/12/2010
		B. Ito	emized Contribut	ions fron	ı Individu	uals					
Last Name	First Name			MI	Method of	contribution	_		Contributi	on ID#	Amount of
diglio	debra				Cash Money	y Order	Personal C Credit/Deb		0178		Contribution
Residential Street Address		City			State	Zip Code		D	ate Received	I	
76 Wheaton Rd		East Have	en		СТ	06512		0	3/04/201	0	_
Principal Occupation		Name of En	mployer			1	ntribution associa		1.	Yes	
teller manager		citizens l	bank			If yes, list		042010		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-		Aggre	gate Contrib	utions	Ī
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	dependent	child of a lob	-			:	\$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution			Contributi	on ID#	Amount of
sendroff	adam				Cash Money	y Order	Personal C Credit/Deb		0179		Contribution
Residential Street Address		City			State	Zip Code		D	ate Received	I	
45 Auger St		Hamden			СТ	06517		0	3/04/201	0	_
Principal Occupation		Name of En				1	ntribution associa		1.2	Yes	
publisher		taylor &	frances			I	-	042010		No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis	-		Aggre	gate Contrib	utions	Ī
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob	obyist? No			\$	100.00	\$100.00
government the contract is with:  Last Name	First Name	Executive	Eegistative	МІ		contribution			10.77	ID //	<u> </u>
bombara	michael			IVII	Cash	contribution	X Personal C	heck	Contributi 0181	on ID#	Amount of Contribution
					Mone	y Order	Credit/Deb	it Card	0101		
Residential Street Address		City			State	Zip Code		- 1	ate Received		
330 Six Rod Hwy		Hamden			СТ	06517			3/04/201		+
Principal Occupation		Name of En	nployer pharmacuticals			1	ntribution associa ng event listed in		J1?	Yes	
operations director		dicxion	marmacaticals			If yes, list	Event # 030	)42010	j L	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis			Aggre	gate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob	obyist? No			\$	100.00	\$100.00
government the contract is with:  Last Name	First Name	Executive	Legislative	I MI	1	contribution			1		<u> </u>
jackson	mandi			IVII	Cash	contribution	X Personal C	heck	Contributi 0182	on ID#	Amount of Contribution
_					Mone	y Order	Credit/Deb	it Card	0102		
Residential Street Address		City			State	Zip Code			ate Received		
467 Hartford Tpke		Hamden			СТ	06517		_	3/04/201		
Principal Occupation		Name of En unite her				1	ntribution associa ng event listed in			Yes	
researcher						If yes, list	Event # 030	042010	<sub>i</sub> L	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis			Aggre	gate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	dependent	child of a lob Yes X	-			:	\$35.00	\$35.00
government the contract is with:						*					L

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 04/12/2010
		B. It	emized Contributi	ions from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
moskowitz	sarah				Cash Money	y Order X Personal Credit/De		0183		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
231 Farm Meadow Ln		Cheshire			СТ	06410	0	3/04/2010	0	
Principal Occupation owner		Name of Er bagelicio	nployer ous bagels			Is this contribution associated fundraising event listed if yes, list Event # 03		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contribu	itions \$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:	_	Contributio	on ID #	Amount of
carmody	samuel			L	Cash Money	y Order X Personal Credit/De		0176	,	Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
210 High St		Wallingfo	rd		СТ	06492	0	3/04/2010	0	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ		1^	Yes	
reg of voters		town of	wallingford			fundraising event listed if yes, list Event # 03			No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	bbyist?	Aggre	egate Contribu	itions \$35.00	\$35.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
sendroff	barbara				Cash Money	y Order X Personal Credit/De		0180		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
92 School St		Hamden			СТ	06518	0	3/04/2010	)	
Principal Occupation		Name of Er retired	nployer			Is this contribution associated fundraising event listed in If yes, list Event # 03	n Section .	J1?	Yes No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I	child of a lob	•		\$	\$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
kurins	sharon				Cash Money	y Order X Personal Credit/De		0185		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
12 Sylvan Rd N		Westport			СТ	06880	0	3/05/2010	)	
Principal Occupation		Name of Er retired	nployer			Is this contribution associated fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		\$1	100.00	\$100.00
government the contract is with:	Ш	Executive	Legislative	Y	es x	No				

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE							FILING	G DUE DATE				
Friends Of Gerry Garcia							Origin	al 04/12/2010				
		B. Itemized Contribu	utions fron	ı Individu	ıals							
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID#	Amount of				
Graves	Arthur			Cash Money	y Order Personal C Credit/Deb	0209		Contribution				
Residential Street Address		City		State	Zip Code	Date Receive	d					
43 Douglas Dr		Enfield		СТ	06082	03/12/201	.0	1				
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No					
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative		outor a lobbyis t child of a lob Yes	byist?	Aggregate Contrib	sutions \$25.00	\$25.00				
Last Name Burke	First Name Jolene		MI	Cash	contribution:    X   Personal C y Order	0212	ion ID#	Amount of Contribution				
Residential Street Address	•	City	•	State	Zip Code	Date Receive	d	]				
138 Woodland St		Meriden		СТ	06451	03/12/201	.0	_				
Principal Occupation  Meat Wrapper		Name of Employer Shaws			Is this contribution association fundraising event listed in If yes, list Event #	Section J1?	Yes No					
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contrib	sutions \$10.00	\$10.00				
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID#	Amount of				
Mobiglia	Lorraine			Cash Money	y Order Personal C Credit/Deb	0208		Contribution				
Residential Street Address		City		State	Zip Code	Date Receive						
880 Shepard Ave		Hamden		СТ	06514	03/13/201		1				
Principal Occupation  Meat Wrapper		Name of Employer Shop Rite			Is this contribution associa fundraising event listed in If yes, list Event #	Section J17	Yes No					
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contrib	sutions \$25.00	\$25.00				
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID#	Amount of				
Altman	Ann		М	Cash Money	y Order Personal C Credit/Deb	0241		Contribution				
Residential Street Address		City		State	Zip Code	Date Receive						
71 Blake Rd		Hamden		СТ	06517	03/13/201	.0	1				
Principal Occupation writer		Name of Employer self			Is this contribution association fundraising event listed in If yes, list Event #	Section J1?	Yes No					
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No  Executive Legislative		outor a lobbyis t child of a lob Yes	byist?	Aggregate Contrib	sutions \$35.00	\$35.00				

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE							FILING	G DUE DATE				
Friends Of Gerry Garcia							Origin	al 04/12/2010				
		B. Itemized Contr	ibutions fro	m Individu	ıals							
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID#	Amount of				
Angelastro	Mary			Cash Money	y Order X Personal C Credit/Deb	0211		Contribution				
Residential Street Address		City		State	Zip Code	Date Receive	d					
5 Nuthatch Way		Avon		СТ	06001	03/14/201	.0					
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes					
Meat Wrapper		Stop & Shop			If yes, list Event #		x No					
Is contributor a principal of a state contractor	or prospective	Yes X	No Is contr	ibutor a lobbyis	t, spouse, or	Aggregate Contrib	outions	†				
state contractor? Is yes, indicate which branch or branches of	П	Executive Legislative		ent child of a lob	-		\$20.00	\$20.00				
government the contract is with:  Last Name	First Name	Executive Legislative	MI		contribution:	<u> </u>	"					
D'Agostino	Dominic		IVII	Cash	Personal C	heck Contribut	ion ID#	Amount of Contribution				
		<del></del>		x Money	y Order Credit/Deb	it Card						
Residential Street Address		City		State	Zip Code	Date Receive						
126 Woodland St		Meriden		СТ	06450	03/15/201		<del> </del>				
Principal Occupation  Meat Cutter		Name of Employer Food Mart A&P			Is this contribution associa fundraising event listed in	Section J1?	Yes					
Fiede Cutter					If yes, list Event #	L	x No					
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X		ibutor a lobbyis	-	Aggregate Contrib	outions					
Is yes, indicate which branch or branches of government the contract is with:	П	Executive Legislative	depende	ent child of a lob	-		\$10.00	\$10.00				
Last Name	First Name		MI		contribution:	Contribut	ion ID#					
Ryan	Daniel			Cash	X Personal C		1011 112 #	Amount of Contribution				
		1		Money	y Order Credit/Deb	it Card						
Residential Street Address 184 Georgetown Dr		City Glastonbury		State	Zip Code 06033	Date Receive 03/15/201						
		· 		Ci	Is this contribution associa			+				
Principal Occupation  Driver		Name of Employer Stop & Shop			fundraising event listed in	Section J17	Yes No					
					If yes, list Event #	L	No No					
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X		ributor a lobbyis ent child of a lob	-	Aggregate Contrib						
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		Yes X	-		\$25.00	\$25.00				
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID#	Amount of				
Sgueglia	Gerard			Cash	X Personal C	heck 0206		Contribution				
		T		+	y Order Credit/Deb			-				
Residential Street Address  18 Calmet Pl		City Yonkers		State NY	Zip Code 10704	Date Receive 03/15/201						
Principal Occupation		Name of Employer		<u> </u>	Is this contribution associa		Yes	†				
Meat Cutter		A & P			fundraising event listed in	Section J1?	x No					
			-		If yes, list Event #	<u> </u>						
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X		ributor a lobbyis ent child of a lob		Aggregate Contrib		125.22				
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	l —	Yes	-		\$25.00	\$25.00				

Filing Due Date
B. Itemized Contributions from Individuals    Last Name
Last Name Nardi  First Name David  MI Method of contribution: Cash Money Order Credit/Debit Card  Contribution ID # O213  Amount of Contribution Contribution  Contribution  Amount of Contribution  Contribution  Amount of Contribution  Contribution  Contribution  First Name David  Contribution  Contribution  Amount of Contribution  Contribution  Is this contribution associated with a fundraising event listed in Section J1?  First Name David  Amount of Contribution  Contribution  Contribution ID # O213  Amount of Contribution  Contribution  Is this contribution associated with a fundraising event listed in Section J1?
Nardi  David  David  Cash X Personal Check Contribution  Contribution  Amount of Contribution  Contribution  Amount of Contribution  Contribution  Contribution  Contribution  Amount of Contribution  Contribution  Contribution  Contribution  Amount of Contribution  Con
Residential Street Address  City  State  Zip Code  Date Received  03/15/2010  Principal Occupation  Produce Clerk  Stop & Shop  Date Received  15 is this contribution associated with a fundraising event listed in Section J1?
156 Swimming Hole Rd Harwinton CT 06791 03/15/2010  Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Tell Name of Employer Stop & Shop
Principal Occupation  Name of Employer  Produce Clerk  Stop & Shop  Is this contribution associated with a fundraising event listed in Section J1?
Produce Clerk  Stop & Shop  fundraising event listed in Section J1?
Produce Clerk   Stop & Shop   The state of
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:  Executive Legislative dependent child of a lobbyist?  Yes X No \$25.00
Last Name First Name MI Method of contribution: Contribution ID # Amount of
Barth Jr Gerald Cash X Personal Check Ontribution Contribution Contribution
Residential Street Address City State Zip Code Date Received
239 Notting HI Gate         Torrington         CT         06790         03/16/2010
Principal Occupation Name of Employer Is this contribution associated with a Yes
Meat Cutter  Stop & Shop  fundraising event listed in Section J1?  If yes, list Event #  No
Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or Aggregate Contributions
state contractor? Is yes, indicate which branch or branches of sexecutive Legislative Legislative Legislative \$\square{\text{L}} \text{Yes} \square{\text{X}} \text{No} \$
Lost Nomes First Nomes MI Method of contribution
Hurta William   Milliam   Cash   X   Personal Check   Contribution   Money Order   Credit/Debit Card   Contribution   Contribution   Contribution   Contribution   Milliam   Milliam   Milliam   Cash   X   Personal Check   Contribution   Contributi
Residential Street Address City State Zip Code Date Received
81-13 Top Gallant Rd Stamford CT 06902 03/16/2010
Principal Occupation  Name of Employer  Is this contribution associated with a fundraising event listed in Section J1?
Meat Cutter  Stop & Shop  If yes, list Event #  No
Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or Aggregate Contributions
state contractor? Is yes, indicate which branch or branches of experiment the contract is with:  Executive Legislative dependent child of a lobbyist?  \$10.00 \$10.00
Lost Nomes First Nomes MI Method of contribution
Reed First Name MI Method of contribution: Contribution ID # Amount of Contribution O220 Contribution
Money Order X Credit/Debit Card
Residential Street Address City State Zip Code Date Received
700 1st St # 14J Hoboken NJ 07931 03/16/2010
Principal Occupation  Name of Employer  Commercial Realtor  Name of Employer  KW Commercial MTD Realty Group  Is this contribution associated with a fundraising event listed in Section J1?
Commercial Realtor RW Commercial MTD Realty Group  If yes, list Event # X No
Is contributor a principal of a state contractor or prospective  State contractor?  Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Aggregate Contributions
Is yes, indicate which branch or branches of government the contract is with:  Executive Legislative Legislative Story No \$100.00

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE									FILING	G DUE DATE		
Friends Of Gerry Garcia									Origin	al 04/12/2010		
		B. It	emized Contributi	ons fron	ı Individu	ıals						
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of		
Vernali	Anthony				Cash Money	y Order X Personal C		0214		Contribution		
Residential Street Address		City			State	Zip Code	D	ate Received				
21 Jurovaty		Andover			СТ	06232	0	3/16/2010	)			
Principal Occupation Deli Mgr		Name of Er			•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No			
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis	t, spouse, or	Aggre	egate Contribu	itions			
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 <sup>-</sup>	res x	•		\$	10.00	\$10.00		
Last Name	First Name			MI		contribution:		Contributio	on ID #			
Glick	Steven				Cash	Personal Q y Order X Credit/De		0221	лг н⊅ #	Amount of Contribution		
Residential Street Address	•	City			State	Zip Code	D	ate Received				
76-35 113th St # 1G		Forest Hi	lls		NY	11375	0	3/18/2010	)			
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes			
Certified Financial Planner		SEG Wea	alth Advisory Corp	_		fundraising event listed in If yes, list Event #	1 Section .	x	No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	bbyist?	Aggre	egate Contribu \$1	tions	\$100.00		
Last Name	First Name			MI	Method of	contribution:	•	Contributio	on ID #	Amount of		
Bayne	David				Cash Money	y Order X Personal C		0238		Contribution		
Residential Street Address		City			State	Zip Code	D	ate Received				
5 Windsor Rd		Darien			СТ	06820	0	3/22/2010	)			
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in			Yes			
attorney		Kavanau	gh Maloney Osnato			If yes, list Event #		х	No			
Is contributor a principal of a state contractor	or prospective	·	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	itions	İ		
state contractor? Is yes, indicate which branch or branches of				1 <sup>-</sup>	child of a lob	•		-	100.00	\$100.00		
government the contract is with:	<u>_</u>	Executive	Legislative	<del>                                     </del>	res X			1				
Last Name Cameron	First Name Jim			MI	Method of Cash	contribution:	Check	Contributio	on ID #	Amount of Contribution		
Cameron	31111					y Order X Credit/De		0222		Contribution		
Residential Street Address		City			State	Zip Code	D	ate Received				
55 Dubois St		Darien			СТ	06820	0	3/22/2010	)	ļ		
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in			Yes			
Media consultant		Cameror	n Communications In	C		If yes, list Event #	i beenon .	x	No			
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	itions	†		
state contractor? Is yes, indicate which branch or branches of				I -	child of a lob	•		-	25.00	\$25.00		
government the contract is with:	니	Executive	Legislative	<u>Г</u> П ,	res x	No	1					

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)					
NAME OF COMMITTEE										FILING	G DUE DATE
Friends Of Gerry Garcia										Origin	al 04/12/2010
		B. It	emized Contributi	ons fron	ı Individu	ıals					
Last Name	First Name			MI	Method of	contribution:			Contributi	on ID#	Amount of
Karnes	Nathan				Cash Money	y Order	Personal C  X Credit/Deb		0223		Contribution
Residential Street Address		City			State	Zip Code		D	ate Received	l	
4 Juniper Rd		Windsor			СТ	06095		0	3/23/201	0	1
Principal Occupation		Name of Er				1	tribution associa			Yes	
Financial Proj Manager		State of	Connecticut	_		If yes, list	-	Section 3	<u>'</u>	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-		Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	dependent	child of a lob				:	\$20.00	\$20.00
Last Name	First Name			MI	Method of	contribution:			Contributi	on ID#	Amount of
Wareck	John				Cash Money	y Order	X Personal C		0199		Contribution
Residential Street Address		City			State	Zip Code		D	ate Received	I	
112 Huntington St		New Hav	en		СТ	06511		0	3/24/201	0	<u> </u>
Principal Occupation		Name of Er	mployer			1	tribution associa		1.2	Yes	
Realtor		Wareck	Real Estate			1	g event listed in Event # 032	242010		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-		Aggre	egate Contrib	utions	ĺ
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		t child of a lob	No			:	\$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		•	Contributi	on ID#	Amount of
Gettinger	Ben				X Cash Money	y Order	Personal C		0192		Contribution
Residential Street Address		City			State	Zip Code		D	ate Received	l	
2 Lincoln St		New Hav	en		СТ	06510		0	3/24/201	0	1
Principal Occupation		Name of Er				1	tribution associa g event listed in		a [2	Yes	
Attorney		Attorney	,			If yes, list		242010		No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis			Aggre	egate Contrib	utions	Î
state contractor? Is yes, indicate which branch or branches of			Legislative		child of a lob	obyist? No			:	\$50.00	\$50.00
government the contract is with:	<u></u>	Executive	Legislative	+-	1				1		1
Last Name Gompel	First Name Juan			MI	Method of Cash	contribution:	Personal C	heck	Contributi	on ID#	Amount of Contribution
Compe	Juan				_	y Order	Credit/Deb	it Card	0196		Contribution
Residential Street Address		City			State	Zip Code		D	ate Received	I	
2 N Taylor Ave # 2F		Norwalk			СТ	06854		0	3/24/201	0	_
Principal Occupation		Name of Er	mployer			1	tribution associa		1.	Yes	
Paralegal		Law Offic	ces of Edwin Camach	10		I	g event listed in Event # 032			No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis			Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of		Francisco d'	□ <b></b>	dependent	child of a lob Yes X				:	\$30.00	\$30.00
government the contract is with:	Ц	Executive	Legislative	Т ¬ ,	es ^	NO					

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE							FILIN	G DUE DATE				
Friends Of Gerry Garcia							Origin	nal 04/12/2010				
		B. Itemized Contribu	tions fron	ı Individu	ıals		•					
Last Name Lee Gold	First Name Lindy		MI	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 019	ntribution ID #	Amount of Contribution				
Residential Street Address 360 Fountain St Unit B		City New Haven		State CT	Zip Code 06515	Date Re-		]				
Principal Occupation  Economic Development		Name of Employer State of CT			Is this contribution associa fundraising event listed in If yes, list Event # 032		X Yes No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$50.00	\$50.00				
Last Name Valencia	First Name Nabil		MI	x Cash	contribution:  Personal Cl y Order Credit/Deb	heck 019	ntribution ID#	Amount of Contribution				
Residential Street Address 208 Flax Hill Rd # 27		City Norwalk		State CT	Zip Code 06854	Date Re-						
Principal Occupation Office Assistant		Name of Employer Stamford Probate Court		•	Is this contribution associa fundraising event listed in If yes, list Event # 032		X Yes No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$30.00	\$30.00				
Last Name Gleason	First Name Jeremy		MI	x Cash	contribution: Personal Cl y Order Credit/Deb	heck 020	ntribution ID #	Amount of Contribution				
Residential Street Address 627 Chapel St Unit 5A		City New Haven		State CT	Zip Code 06511	Date Re-						
Principal Occupation Student		Name of Employer SCSU			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes No					
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$30.00	\$30.00				
Last Name Hawke	First Name Alex		MI	x Cash	contribution:  Personal Cl y Order Credit/Deb	heck 020	ntribution ID#	Amount of Contribution				
Residential Street Address 627 Chapel St # 5A		City New Haven		State CT	Zip Code 06511	Date Re-						
Principal Occupation Student		Name of Employer Yale University		•	Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes No					
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$40.00	\$40.00				

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE									FILING	G DUE DATE		
Friends Of Gerry Garcia									Origin	al 04/12/2010		
		B. It	emized Contribut	ions fron	ı Individu	ıals						
Last Name	First Name			MI		contribution:		Contributio	on ID #	Amount of		
Mednick		X Cash Money	y Order Personal Credit/E	Check bebit Card	0203		Contribution					
Residential Street Address	•	City		•	State	Zip Code	Ι	Date Received				
912 Prospect St		Hamden			СТ	06517	c	3/24/2010	0			
Principal Occupation Student		Name of Er	nployer		•	Is this contribution asso fundraising event listed If yes, list Event # 0		J1?	Yes No			
				1			1		_			
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggro	egate Contribu	tions \$20.00	\$20.00		
Last Name	First Name			Тмі	Method of	contribution:		Contributio	on ID #			
Mezzo	Robert				Cash	X Personal	Check bebit Card	0198	JII ID#	Amount of Contribution		
Residential Street Address	•	City		•	State	Zip Code	I	Date Received				
63 Beacon Manor Cir		Naugatuo	ck		СТ	06770	c	3/24/2010	0			
Principal Occupation		Name of En	mployer		•	Is this contribution asso		1^	Yes			
Mayor		Town of	Naugatuck			fundraising event listed  If yes, list Event # 0			No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu \$1	itions	\$100.00		
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of		
Carmody	Samuel				Cash Money	y Order	Check ebit Card	0194		Contribution		
Residential Street Address		City		-	State	Zip Code	Ι	Date Received				
210 High St		Wallingfo	rd		СТ	06492	C	03/24/2010	0			
Principal Occupation		Name of En				Is this contribution asso		1^	Yes			
Reg of Voters		Town of	Wallingford			fundraising event listed  If yes, list Event # 0			No			
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	itions			
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I -	child of a lob	•		\$	\$50.00	\$50.00		
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of		
Capone Almon	April				Cash Money	y Order Personal Credit/E	Check ebit Card	0193		Contribution		
Residential Street Address		City			State	Zip Code		Date Received				
279 Barberry Rd		East Have	en		СТ	06473	(	)3/24/2010	)			
Principal Occupation  Mayor		Name of En	<sub>nployer</sub> East Haven			Is this contribution asso fundraising event listed If yes, list Event # 0	in Section	J1?	Yes No			
T (7)				1.			1			ł		
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob	-	Aggre	egate Contribu		\$35.00		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res X	No			\$35.00	\$33.00		

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE									FILING	G DUE DATE		
Friends Of Gerry Garcia									Origin	al 04/12/2010		
		B. It	emized Contributi	ons fron	ı Individu	uals						
Last Name	First Name			MI		contribution:		Contributio	on ID #	Amount of		
Lane	Patrick				X Cash	y Order Personal C		0200		Contribution		
Residential Street Address	<u> </u>	City			State	Zip Code		ate Received		•		
14 Pearl Hill St		Milford			CT	06460	1	3/24/2010	)			
Principal Occupation		Name of Er	mployer		-	Is this contribution associa	ated with	a x	Yes	İ		
Doctoral Student		Yale Uni	versity			fundraising event listed in If yes, list Event # 032	Section 3 242010	11?	No			
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	gate Contribu	itions	†		
state contractor? Is yes, indicate which branch or branches of		P			child of a lob	-		\$	10.00	\$10.00		
government the contract is with:	<u></u>	Executive	Legislative	+ =			<u> </u>	1				
Last Name Larrieu	First Name Yvette			MI	Cash	contribution:  Personal C	Check	Contributio	on ID #	Amount of Contribution		
					Money	y Order X Credit/Del	oit Card	0224				
Residential Street Address		City			State	Zip Code	1	ate Received				
199 Pawson Rd		Branford			СТ	06405		3/24/2010	) 	1		
Principal Occupation		Name of Er	mployer			Is this contribution association fundraising event listed in			Yes			
Accountant		Jeii				If yes, list Event # 032	242010	<sub>j</sub> L	No			
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	gate Contribu	itions	İ		
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	I —	child of a lob	-		\$	50.00	\$50.00		
government the contract is with:  Last Name	First Name	Executive	Legislative	I MI	1	contribution:	<u> </u>	1	"	<u> </u>		
Cobb	J Michael			IVII	Cash	Personal C	Check	Contribution 0225	on ID #	Amount of Contribution		
					Money	y Order X Credit/Deb	oit Card	0223				
Residential Street Address		City			State	Zip Code	1	ate Received				
20 Westwood Dr		Danbury			СТ	06811		3/26/2010	) 			
Principal Occupation		Name of Er	mployer			Is this contribution association fundraising event listed in		<sub>11?</sub>	_			
freelance		NDSC				If yes, list Event #		x	No			
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	itions			
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob	•		\$	10.00	\$10.00		
government the contract is with:  Last Name	First Name	LACCULIVE	Legislative	МІ	I	contribution:	<u> </u>		ID.//	<u> </u>		
Anderson	Bryan			IVII	Cash	x Personal C	Check	Contribution 0215	on ID#	Amount of Contribution		
					Money	y Order Credit/Deb	oit Card	0213				
Residential Street Address		City			State	Zip Code	1	ate Received	,			
167 Cherry St		Milford			СТ	06460		3/26/2010		<del> </del>		
Principal Occupation  Teacher		Name of Er				Is this contribution association fundraising event listed in		<sub>11?</sub>				
reaction						If yes, list Event #		<u>Lx</u>	No			
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	itions			
Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	-		\$1	100.00	\$100.00		
government the contract is with:										L		

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE									FILING	G DUE DATE		
Friends Of Gerry Garcia									Origin	al 04/12/2010		
		B. It	emized Contributi	ons fron	ı Individu	uals						
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of		
Alteri	Frank				Cash Money	y Order X Personal Credit/De		0237		Contribution		
Residential Street Address		City			State	Zip Code	D	ate Received	l			
54 Edinburgh Ln		Madison			СТ	06443	0	3/26/201	0			
Principal Occupation		Name of E	mployer			Is this contribution assoc fundraising event listed in			Yes			
financial consultant		self				If yes, list Event #	. Section .	<u> </u>	No			
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	st, spouse, or	Aggre	gate Contrib	utions	†		
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	dependent	child of a lob	-		\$	100.00	\$100.00		
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of		
Molisky	Harold				X Cash Mone	y Order Personal Credit/De		0216		Contribution		
Residential Street Address	•	City		•	State	Zip Code	D	ate Received				
112 Canton Rd		Granby			СТ	06035	0	3/28/201	0			
Principal Occupation		Name of E	mployer		•	Is this contribution assoc			Yes			
Landscaper		Self				fundraising event listed in If yes, list Event #	ii Section J	· · · <u> ·</u>	No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	utor a lobbyis	-	Aggre	gate Contrib	utions 100.00	\$100.00		
government the contract is with:	<u></u>	Executive	Legislative	+-			<u> </u>	1		<u> </u>		
Last Name McAfee	First Name Pamela			MI	x Cash	y Order Personal Credit/De		Contributi 0219	on ID#	Amount of Contribution		
Residential Street Address		City			State	Zip Code	D	ate Received		]		
112 Canton Rd		Granby			СТ	06035	0	3/28/201	0			
Principal Occupation		Name of Er				Is this contribution assoc fundraising event listed in		a [	Yes			
Software Developer		Vertafor	e Inc			If yes, list Event #	i section s	··· <u></u>	No			
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contrib	utions	<u> </u>		
state contractor? Is yes, indicate which branch or branches of		<b>.</b>	Legislative		child of a lob	obyist? No		:	\$20.00	\$20.00		
government the contract is with:		Executive	Legislative	+ -	1		<u> </u>	1		<u> </u>		
Last Name Gilhurly	First Name Brian			MI	Method of X Cash	contribution:	Check	Contributi	on ID#	Amount of Contribution		
					_	y Order Credit/De	bit Card	0217		Commodition		
Residential Street Address		City			State	Zip Code		ate Received				
207 Morgan Ave		East Hav	en		СТ	06517	0	3/28/201	0			
Principal Occupation  Bartender		Name of Er Diesel Lo				Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No			
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	gate Contrib	utions \$50.00	\$50.00		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res X	No			Ψ50.00	\$50.00		

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE									FILING	G DUE DATE		
Friends Of Gerry Garcia									Origin	al 04/12/2010		
		B. Ite	emized Contributi	ions from	ı Individu	ıals						
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of		
Lemar	Anika				Cash Money	y Order X Credit/De		0226		Contribution		
Residential Street Address	•	City			State	Zip Code	Е	ate Received				
6 Eld St		New Have	en		СТ	06511	0	3/30/2010	)			
Principal Occupation attorney		Name of En Wiggin 8	nployer L Dana LLP		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	tions 25.00	\$25.00		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of		
Scanlon	Sally				Cash Money	Personal C  y Order  X  Credit/De		0231		Contribution		
Residential Street Address		City			State	Zip Code	Е	ate Received				
371 Walden Green Rd		Branford			СТ	06405	0	3/31/2010	)			
Principal Occupation		Name of En	nployer		-	Is this contribution associ			Yes			
Editor		The Intre	epid Traveler			fundraising event listed in If yes, list Event #	1 Section .	J1?	No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribu	tions 25.00	\$25.00		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of		
Dickey	Debra				Cash Money	y Order X Credit/De		0232		Contribution		
Residential Street Address		City			State	Zip Code	Е	ate Received				
10 Belval St		Norwich			СТ	06360	0	3/31/2010	)			
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No			
Is contributor a principal of a state contractor	or prospective	-	Yes X No		utor a lobbyis		Aggre	egate Contribu	tions			
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I	child of a lob	•		\$	10.00	\$10.00		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of		
Powell	Susan				Cash Money	y Order X Credit/De		0227		Contribution		
Residential Street Address		City			State	Zip Code	Б	ate Received				
96 Sachem Dr		Glastonb	ury		СТ	06033	0	3/31/2010	)			
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	•	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	tions	\$100.00		
government the contract is with:		Executive	Legislative	Y	res x	No						

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE							F	FILING	DUE DATE			
Friends Of Gerry Garcia							(	Origina	ıl 04/12/2010			
		B. Itemized Contributi	ions from	Individu	ıals							
Last Name	First Name		MI		contribution:		Contribution I	ID#	Amount of			
Pillsbury	Charles			Cash Money	y Order X Credit/Debi		0228		Contribution			
Residential Street Address 247 Saint Ronan St .		City New Haven		State CT	Zip Code 06511		e Received					
Principal Occupation		Name of Employer		<u> </u>	Is this contribution associate			Yes				
Executive Director		Mediators Beyond Borders			fundraising event listed in the state of the	Section J1?						
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contribution \$100		\$100.00			
Last Name Gillman	First Name Arthur		MI	Cash	contribution:  Personal Ch y Order  X Credit/Debi	neck	Contribution I	ID#	Amount of Contribution			
Residential Street Address 242 Prospect Park W # 2R		City Brooklyn	•	State NY	Zip Code 11215		e Received /31/2010					
Principal Occupation Research Assistant		Name of Employer Columbia University			Is this contribution associate fundraising event listed in the second of the second second in the second se		?	Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggrega	ate Contribution		\$100.00			
Last Name Melchiori	First Name Edward		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck	Contribution I	ID#	Amount of Contribution			
Residential Street Address 53 Quagnut Dr	•	City Wakefield	•	State RI	Zip Code 02879		e Received /31/2010					
Principal Occupation consulting engineer		Name of Employer self employed		<b>!</b>	Is this contribution associate fundraising event listed in the state of the state o			Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggrega	ate Contribution \$100		\$100.00			
Last Name Nathan	First Name Arthur		MI	Cash	contribution:  Personal Ch y Order X Credit/Debi	neck	Contribution I	ID#	Amount of Contribution			
Residential Street Address 333 E 66th St # 4E		City New York		State NY	Zip Code 10065		e Received /31/2010					
Principal Occupation Insurance Specialist		Name of Employer American Business			Is this contribution associate fundraising event listed in the second of the second second in the second se		?	Yes No				
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)											
	NAME OF COMMITTEE									FILING	G DUE DATE
	Friends Of Gerry Garcia									Origin	al 04/12/2010
			B. It	emized Contributi	ons from	Individ	uals				
	Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
	bialecki	anthony				Cash Mone	Personal C x Credit/De		0234		Contribution
	Residential Street Address		City			State	Zip Code	1	ate Received		
	keview terrace		New Hav	ren		СТ	06515	0.	3/31/2010	0	
	Principal Occupation		Name of E				Is this contribution associ fundraising event listed in			Yes	
	deputy director		city of n	ew haven			If yes, list Event #	i Section s	x	No	
	Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	utions	
	state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 <sup>^</sup>	child of a lot	No		\$1	100.00	\$100.00
	Last Name	First Name			MI	Method of	`contribution:		Contributio	on ID#	Amount of
	Gordon	Amanda				Cash Mone	Personal C x Credit/De		0235		Contribution
	Residential Street Address		City			State	Zip Code	D	ate Received		
	65 Summer Island Rd .		Branford			СТ	06405	0	3/31/2010	0	
	Principal Occupation		Name of E				Is this contribution associ fundraising event listed in			Yes	
	Writer		Amanda	Gordon			If yes, list Event #	ii Section J	x	No	
	Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	utions	
	Is yes, indicate which branch or branches of		Executive	Legislative	1 <sup>-</sup>	child of a lot	No		\$	\$25.00	\$25.00
	government the contract is with:  Last Name	First Name			I — I MI		contribution:		Contributio	on ID #	
	Masto	Donna				Cash	y Order Registration Registrati		0236	OII ID#	Amount of Contribution
	Residential Street Address	ı	City			State	Zip Code	D	ate Received		
	85 Viscount Dr Unit 11E		Milford			СТ	06460	0	3/31/2010	0	
	Principal Occupation		Name of E	mployer			Is this contribution associ			Yes	
	nurse		oray He	althcare			fundraising event listed in If yes, list Event #	n Section J	1? <b>x</b>	No	
	Is contributor a principal of a state contractor of	or prospective		Yes X No	Is contrib	utor a lobbyis	et enquee or	Τ.			l I
	state contractor?  Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	child of a lot	bbyist?	Aggre	gate Contribu \$1	100.00	\$100.00
	government the contract is with:		Executive	Legislative	Y	res X	No				, , , , , ,
	Last Name	First Name			MI		contribution:		Contribution	on ID#	Amount of
	Aiello	Marion				Cash Mone	y Order Personal C		0239		Contribution
	Residential Street Address		City			State	Zip Code	D	ate Received		
	169 PA Highway Cmm		Milford			СТ	06460	0.	3/31/2010	0	
	Principal Occupation		Name of E retired	mployer			Is this contribution associ		1? <b>_</b>	Yes No	
							If yes, list Event #				
	Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	gate Contribu		#100.00
	Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res x	No		\$1	100.00	\$100.00
	· · · · · · · · · · · · · · · · · · ·										

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILING	G DUE DATE
Friends Of Gerry Garcia							Origin	al 04/12/2010
B. Itemized Contributions from Individuals								
Last Name Lyne	First Name Abigail		MI	Cash	contribution:    X   Personal C	Check 0240	ution ID#	Amount of Contribution
Residential Street Address 170 E 83rd St		City New York		State NY	Zip Code 10028	Date Receiv 03/31/20		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyist child of a lob	byist?	Aggregate Contr	ributions \$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		
C1. Contributions from Other Committees								
Name of Committee					Name of Treasurer			
Address  Is this contribution associated wi fundraising event listed in Section					Yes If yes, list Event	t #	Amount of Contribution	
City	State	Zip	Code	Date R	eceived	Aggregate Contributions		
Total of Section C1								

I. MONETA							
NAME OF COMMITTEE				FILIN	G DUE DATE		
Friends Of Gerry Garcia Origin							
C2. Reimbursements or Payments from other Committees							
Name of Committee Name of Treasurer							
Address			Date Received		Amount of Receipt		
City	State Zip Code		Reimbursement for shared expense				
			Payment for goods and services				
Total of Section C2							

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE					FILING	DUE DATE				
Friends Of Gerry Garcia	Origina	Original 04/12/2010								
	D. Loans Received this Period									
Name of Lender				Source of Louis.	Is there a cosigner or Guarantor of	Amount Received				
Street Address	City	State	Zip Code	Candidate Individual	this loan?					
Name of Cosigner/Guarantor	Other Committee	No								
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							
	E. Personal Funds of the Candidate Received this Period							
Date Received	Amount	Method of Paymen	nt Cash	Personal Check	Credit/Debit Card			
	Total of Section E							

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTE	FILING DUE DATE								
Friends Of Gerry Gard	Original 04/12/2010								
	F. Anonymous Contributions								
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount				

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

I. MONETARY RECEIPTS (Section A-K)								
NAME OF COMMITTEE	NAME OF COMMITTEE							
Friends Of Gerry Garcia		Original 04/12/2010						
H. Public Grant Funds Received from the Citizen's Election Fund								
Purpose of Grant:  Initial  Primary General or Special Election	Supplemental/Independer Primary	nt Expenditure General or Special Election	Date Received	Amount				
Supplemental/Post Election Deficit  General or Special Election	Supplemental/Excess Exp Primary	penditure  General or Special Election						
			Total of Section	н				

I. MONETARY RECEIPTS (Section A-K)								
NAME OF COMMITTEE				FILI	NG DUE DATE			
Friends Of Gerry Garcia	Origi	Original 04/12/2010						
I. Miscellaneous Monetary Receipts not Considered Contributions								
Name			saction		Amount Received			
Street Address	City	State	Zip Code					
Description								
Total of Section I								

	II. FUNDRAISING	G EVENT ACTIVITY				
NAME OF					FILING DUE	DATE
COMMITTEE Friends Of Gerry G	arcia				Original 04/12	/2010
	J1. Fundra	ising Event Information				
Fundraising Event #	Description	Location: Street Address		City	State	Zip Code
Date of Fundraiser Letter 02/17/2010 j	Party Event	144 Temple St		New Haven	СТ	
Was this fundraising event ho	osted at a personal residence?		Yes	X No		
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	auction, or other sale of donated items?		Yes	X No		
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City	State	Zip Code
02/24/2010 j	Cocktail Event	860 State St		New Haven	СТ	06511
Was this fundraising event ho	osted at a personal residence?		Yes	X No		
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	auction, or other sale of donated items?		Yes	X No		
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City	State	Zip Code
03/04/2010 j	Meet and Greet Event	Main Street		Cheshire	СТ	06410
Was this fundraising event ho	osted at a personal residence?		Yes	X No		
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	auction, or other sale of donated items?		Yes	X No		
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City	State	Zip Code
03/24/2010 j	Cocktail Event	944 State St		New Haven	СТ	06511
Was this fundraising event hosted at a personal residence?			Yes	X No		
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	auction, or other sale of donated items?		Yes	X No		

II. FUNDRAISING EVENT ACTIVITY								
NAME OF COMMITTEE						FILIN	G DUE DATE	
Friends Of Gerry Garcia Original							nal 04/12/2010	
J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items								
Name of the Purchaser Last Name (Individuals ONLY)	First Name	MI	Method of payment:  Cash Per	Aggregate Amount of Purchases				
Residential Street Address	City	State	e Zip Code Date Received Even		Event #			
Items Purchased		•	•		'			
Total of Section J2								

II. FUNDRAISING EVENT ACTIVITY									
NAME OF COMMITTEE							FILING	G DUE DATE	
Friends Of Gerry Garcia							Origin	al 04/12/2010	
J3. In-Kind Donations Not Considered Contributions									
Name of the Donor					Donation G		ess Entity	Fair Market Value of Donation	
Street Address	City	State Zip C				Code Aggregate value for this event			
Description of Donation		Date	Receive	ed .	Event#				
Total of Section J3									

	III. N	ON	MO	NETARY RECEIPTS					
NAME OF COMMITTEE								FILING	DUE DATE
Friends Of Gerry Garcia								Origina	04/12/2010
	K. Iı	n-Ki	ind (	Contributions					
Name							Date Receiv	red	Fair Market Value of this Contribution
Street Address		Ci	ity		State	Zip Code			
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?		Yes No	Is contributor a principal of a state contractor?  If yes, indicate which branch or branches government the contract is with:		ospective state  Execu	itive	Yes No Legislative	
Is this contribution associated with a fundi listed in Section J1? If yes, list Event#	raising event Y	es Io	Des	cription of In-Kind Contribution			Aggregate cont	ributions	
							Total o	f Section K	

III. Non Monetary Receipts									
NAME OF COMMITTEE								LING DUE DATE	
Friends Of Gerry Garcia							Or	iginal 04/12/2010	
L. Refundable Deposit to Telephone Company									
Last Name ( Individuals Only )	First Name	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						F	ILING DUE DATE			
Friends Of Gerry Garcia						О	riginal 04/12/2010			
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee										
Name of Committee		Name of Treas	surer							
Street Address				Date Notice Received			Fair Market Value of Donation			
City	State	Zip Code		Aggreg	ate Donation	ıs				
Description of Donation Purpose of Expenditure A B						Е				
				То	tal of Secti	on M				

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Friends Of Gerry Garcia						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee  Applied Merchant Services				Date of Payment 01/01/2010	Method of Paye	ment	Amount
Street Address 737 N MI Highway 32020	City Chicago	State IL	Zip Code 60611	Purpose of Expenditure WEB	X Debit Car	<sup>r</sup> d	
Description transaction fees for web credit card donati	ons				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$37.11
Name of Payee				Date of Payment 01/04/2010	Method of Pay	ment	Amount
payplanner	City	G	7. 0.1		Check #		
Street Address 3170 Fourth Ave	San Diego	State CA	Zip Code 92103	Purpose of Expenditure WEB	X Debit Car	·d	
Description transaction fee for credit card payment on	-	l	1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$13.12
Name of Payee  J Michael Cobb				Date of Payment 01/12/2010	Method of Paye	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1004		
20 Westwood Dr	Danbury	СТ	06811	CNSLT	Debit Car	d	
Description  web consultant					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?  Yes  No.	r Other Candidate(s) N	ame		Office Sought			\$987.50

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Gerry Garcia						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Matthew Cohen	<u></u>			01/13/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1005		
353 N Greeley Ave	Chappaqua	NY	10514	CNSLT	Debit Car	rd	
Description					Event #		
setting up web site links							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$683.93
Name of Payee				Date of Payment	Method of Pays	ment	Amount
USPS				01/14/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u></u>		
Trolley Square Station	East Haven	СТ	06512	POST	X Debit Car	d	
Description					Event #		
stamps							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$8.80
Name of Payee				Date of Payment	Method of Pay	ment	Amount
payplanner	T	Π		01/22/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	.4	
3170 Fourth Ave	San Diego	CA	92103	WEB		u	
Description monthly maint fee for credit card pay on t	he web				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought	•		\$29.00
x   No							l ' * * * *

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Gerry Garcia						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ittee					
Name of Payee Trish Haldin Photography				Date of Payment 01/25/2010	Method of Paye	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1006</u>		
19 Candlewood Spgs	New Milford	СТ	06776	Misc *	Debit Car	<sup>-</sup> d	
Description professional photos of cadidate for websit	e and literature				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes							
X No							\$400.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
payplanner	Т	1	1	02/03/2010	Check #		
Street Address 3170 Fourth Ave	City	State CA	Zip Code 92103	Purpose of Expenditure WEB	X Debit Car	·d	
Description	San Diego	<u>CA</u>	32103	IMED	Event #		
transaction fee for credit card payment or	the web				Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Name		Office Sought			
Yes X No							\$3.89
Name of Payee				Date of Payment	Method of Pays	ment	Amount
payplanner				02/25/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
3170 Fourth Ave	San Diego	CA	92103	WEB	X Debit Car	d	
Description monthly maint fee for credit card pay on t	he web				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Name		Office Sought			
Yes X No							\$29.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Gerry Garcia						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ittee				•	
Name of Payee  Applied Merchant Services				Date of Payment 02/28/2010	Method of Pays	ment	Amount
Street Address 737 N MI Highway 32020	City Chicago	State IL	Zip Code 60611	Purpose of Expenditure WEB	X Debit Car	rd	
Description transaction fees for donations on the web					Event #		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?  Yes  No						\$19.74	
Name of Payee payplanner				Date of Payment 03/03/2010	Method of Pay	ment	Amount
Street Address 3170 Fourth Ave	City San Diego	State CA	Zip Code 92103	Purpose of Expenditure WEB	X Debit Car	rd	
Description transaction fee for credit card payment on			1	1	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Name		Office Sought			\$6.50
Name of Payee Fenway Enterprises				Date of Payment 03/04/2010	Method of Paye	ment	Amount
Street Address 27 Garfield St	City Newington	State CT	Zip Code	Purpose of Expenditure FNDR	1008 Debit Car	rd	
Description cost of food and beverage		•	•		Event # 03042010j		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Name		Office Sought			\$75.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Gerry Garcia						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Diesel Cafe				Date of Payment 03/24/2010	Method of Paye	ment	Amount
Street Address 944 State St	City New Haven	State CT	Zip Code 06511	Purpose of Expenditure	X Debit Car	·d	
Description cost of holding event at establishment			•		Event # 03242010j		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$275.00
Name of Payee  Jason Bartlett				Date of Payment 03/31/2010	Method of Paye	ment	Amount
Street Address  14 Highview Ter	City	State CT	Zip Code 06801	Purpose of Expenditure	1010 Debit Car	rd	
Description staff wages, campaign manager	Bethel	<u>C1</u>	00001	WAGL	Event #	-	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	ame		Office Sought			\$1,200.00
Name of Payee Christopher Martins				Date of Payment 03/31/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1009 Debit Car	vd.	
860 State St  Description fundraising event	New Haven	СТ	06511	FNDR	Event # 02242010j		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes							
X No							\$325.00
					Total of Sec	ction N	\$4,093.59

	IV.	EXPENDITURES						
NAME OF COMMITTE	EE						FILING	DUE DATE
Friends Of Gerry Garcia Original 04.								1 04/12/2010
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee				Date of Payme		Is Reimbur Claimed?	rsement	Amount
Street Address		City	State	Zip Code		Ye No		
Purpose of Expenditure	Description				Event #	ŧ		
						Total of	Section O	

IV. EXPENDITURES									
NAME OF COMMITTEE						FII	LING DUE DATE		
Friends Of Gerry Garcia	Original 04/12/2010								
P. Expenses Incurred on Committee Credit Card									
Name of Issuing Institution			Type of Credit C	ard:					
Visa Master Card						Ameri	ican		
Other									
Name of Vendor					Date of Transaction		Amount		
Street Address		City	State	Zip Code					
Purpose of Expenditure	Description		<u> </u>		Event #				
					Total of Section	ı P			

IV. EXPENDITURES										
NAME OF CO	MMITTEE				FILIN	G DUE DATE				
Friends Of Gerry Garcia Original 04/12/20										
Q. Expenses Incurred By Committee but Not Paid During this Period										
Name of Creditor Jason Bartlett			Date Incurred 03/31/2010	Event #		Amount Incurred (Estimate or				
Street Address  14 Highview To	er	City Bethel		State CT	Zip Code 06801	Actual)				
Purpose of Expenditure WAGE	Description wages, campaign manager									
Is this expenditure which reimbursemed Yes No	coordinated with another candidate for Other Candida ont is sought?	te(s) Name	Office Sought			\$3,800.00				
				Total of	Section Q	\$3,800.00				

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Friends Of Gerry Garcia					Origin	nal 04/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Adam Chaira		Date of Pa 02/15/		Method of Paym	ent	Amount		
Secondary Payee CVS, Staples		Purpose o	f Expenditure	1007  Debit Card	i			
Street Address 250 Albany Ave	City West Hartford		State CT	Zip Code 06117				
Description envelopes, mailings				Event #				
which reimbursement is sought?  Yes	date(s) Name	Office	Sought					
X No						\$147.33		
				Total of Se	ection R	\$147.33		

IV. EXPENDITURES					
NAME OF COMMITTEE				FILING DUE DATE	
Friends Of Gerry Garcia				Original 04/12/2010	
S. Surplus Distribution of Equipment and Furniture					
Name of Recipient					Original Purchase Amount of Item
Street Address	City	State	Zip Code		
Description					
Total of Section S					