

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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Page 1 of 37

SUMMARY PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE			
Corey For Connecticut				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
Title	First	MI	Last	Suffix			
	Richard		Twilley				
4. TREASURER ADDRESS							
Street Address			City	State	Zip Code		
221 Trumbull St			Hartford	CT	06105		
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)				7. DISTRICT CODE (if applicable)	
11/02/2010		Secretary of the State					
8. CANDIDATE NAME							
Title	First	MI	Last	Suffix			
	Corey	J	Brinson				
9. TYPE OF REPORT							
April 10 Filing - Original							
10. PERIOD COVERED							
Beginning Date		thru		Ending Date			
01/01/2010				03/31/2010			
11. CERTIFICATION							
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.							
Electronic Filing		Richard Twilley		04/12/2010			
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED			
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.							

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	
Corey For Connecticut	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	\$1,318.03	
14. Contributions received from Individuals (Section A and B)	\$1,880.00	\$12,682.74
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-1)	\$700.00	\$8,225.00
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)	\$2,580.00	\$20,907.74
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$3,898.03	\$20,907.74
20. Expenses Paid by Committee (Section N)	\$2,787.00	\$19,796.71
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$1,111.03	\$1,111.03
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	\$1,427.89
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$1,687.23	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 04/12/2010
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$0.00

B. Itemized Contributions from Individuals

Last Name Stevens	First Name Alisha	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0344	Amount of Contribution
Residential Street Address PO Box 331171	City West Hartford	State CT	Zip Code 06133	Date Received 01/04/2010	
Principal Occupation Special Assistant	Name of Employer Corey for Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$15.00	\$10.00
Last Name Barry	First Name Barbara	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0323	Amount of Contribution
Residential Street Address 307 Silver St	City Coventry	State CT	Zip Code 06238	Date Received 01/05/2010	
Principal Occupation Mailer	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Healis	First Name Tonya	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0324	Amount of Contribution
Residential Street Address 11 Ashley Rd	City Windsor	State CT	Zip Code 06095	Date Received 01/05/2010	
Principal Occupation Financial Advisor	Name of Employer Charter Oak Insurance	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name MacGuffie	First Name Robert	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0325	Amount of Contribution
Residential Street Address 144 Mayweed Rd	City Fairfield	State CT	Zip Code 06824	Date Received 01/10/2010	
Principal Occupation Insurance Agent	Name of Employer Business Insurance Distributions	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Kriskey	First Name Jack	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0340	Amount of Contribution
Residential Street Address 19 The Avenue	City Greenwich	State CT	Zip Code 06831	Date Received 01/15/2010	
Principal Occupation Contractor	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Martin	First Name Bonita	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0341	Amount of Contribution
Residential Street Address 128 Maple Ave	City Hartford	State CT	Zip Code 06114	Date Received 01/19/2010	
Principal Occupation Case Manager	Name of Employer Hewitt	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Rochlin	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0342	Amount of Contribution
Residential Street Address 297 South Rd	City Farmington	State CT	Zip Code 06032	Date Received 01/19/2010	
Principal Occupation Attorney	Name of Employer Sigman & Rochlin, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Griffin	First Name Deborah	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0326	Amount of Contribution
Residential Street Address 118 Cleveland Ave	City Hartford	State CT	Zip Code 06120	Date Received 01/26/2010	
Principal Occupation Team Lead	Name of Employer Aetna	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Brown	First Name Katheryn	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0343	Amount of Contribution
Residential Street Address 14 Fatima Dr	City Bethany	State CT	Zip Code 06524	Date Received 01/26/2010	
Principal Occupation System Service Representative	Name of Employer IBM	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Berman	First Name Robert	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0328	Amount of Contribution
Residential Street Address 8 Hiram Ln	City Bloomfield	State CT	Zip Code 06002	Date Received 01/27/2010	
Principal Occupation Retired	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Bridgeforth	First Name Melinda	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0327	Amount of Contribution
Residential Street Address 120 Cleveland Ave	City Hartford	State CT	Zip Code 06120	Date Received 01/27/2010	
Principal Occupation N/A	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Pelletier	First Name Steven	MI K	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0331	Amount of Contribution
Residential Street Address 348 Westminster Rd	City Canterbury	State CT	Zip Code 06331	Date Received 01/28/2010	
Principal Occupation N/A	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Salka	First Name Robert	MI Y	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0329	Amount of Contribution
Residential Street Address 35 Nicolo Way	City Southington	State CT	Zip Code 06489	Date Received 01/28/2010	
Principal Occupation Retired	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$15.00	\$15.00
Last Name Cote	First Name George	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0330	Amount of Contribution
Residential Street Address 131 Charter Rd	City Wethersfield	State CT	Zip Code 06109	Date Received 01/28/2010	
Principal Occupation Retired - Part Time	Name of Employer Insurance Agent for Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00
Last Name Russo	First Name Evelyn	MI V	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0332	Amount of Contribution
Residential Street Address 108 High St	City Middletown	State CT	Zip Code 06457	Date Received 01/29/2010	
Principal Occupation Retired	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Jasinski	First Name Mathew	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0333	Amount of Contribution
Residential Street Address 206 Beacon St	City Hartford	State CT	Zip Code 06105	Date Received 01/30/2010	
Principal Occupation Attorney	Name of Employer Motley Rice LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Ackerman	First Name Wystan	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0334	Amount of Contribution
Residential Street Address 44 Whitney Ln	City Berlin	State CT	Zip Code 06037	Date Received 01/31/2010	
Principal Occupation Lawyer	Name of Employer Robinson & Cole	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Brice	First Name Ulrick	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0347	Amount of Contribution
Residential Street Address 17 Jonathan Pl	City Bloomfield	State CT	Zip Code 06002	Date Received 02/09/2010	
Principal Occupation Senior Financial Analyst	Name of Employer The Hartford Insurance Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Bernier	First Name Justin	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0335	Amount of Contribution
Residential Street Address 20 Northampton Ln	City Plainville	State CT	Zip Code 06062	Date Received 02/11/2010	
Principal Occupation Candidate for Congress	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Pinkney	First Name Penda	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0345	Amount of Contribution
Residential Street Address 1010A Trout Brook Dr	City West Hartford	State CT	Zip Code 06119	Date Received 02/14/2010	
Principal Occupation Consulting	Name of Employer Mission Longevity LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Van Allen	First Name Kameyia	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0346	Amount of Contribution	
Residential Street Address 300 Branford St	City Hartford	State CT	Zip Code 06112	Date Received 02/23/2010		
Principal Occupation Program Manager	Name of Employer HYSF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name Knighton	First Name Mike	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0348	Amount of Contribution	
Residential Street Address 227 Ash St	City Willimantic	State CT	Zip Code 06226	Date Received 03/11/2010		
Principal Occupation Information Technology	Name of Employer Self Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	\$25.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name Simmons	First Name Robert	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0336	Amount of Contribution	
Residential Street Address 268 N Main St	City Stonington	State CT	Zip Code 06378	Date Received 03/15/2010		
Principal Occupation Retired	Name of Employer None Listed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name Meek	First Name Christopher	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0349	Amount of Contribution	
Residential Street Address 20 Middle Ridge Rd	City Stamford	State CT	Zip Code 06903	Date Received 03/18/2010		
Principal Occupation Trader	Name of Employer Goldman Sachs	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Meek	First Name Christine	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0350	Amount of Contribution
Residential Street Address 20 Middle Ridge Rd	City Stamford	State CT	Zip Code 06903	Date Received 03/18/2010	
Principal Occupation Local Coordinator	Name of Employer InterExchange	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Garber	First Name Ross	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0351	Amount of Contribution
Residential Street Address 38 Red Hill Dr .	City Glastonbury	State CT	Zip Code 06033	Date Received 03/19/2010	
Principal Occupation Lawyer	Name of Employer Shipman & Goodwin LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Carroll	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0352	Amount of Contribution
Residential Street Address 100 Fieldcrest Dr	City Ridgefield	State CT	Zip Code 06877	Date Received 03/19/2010	
Principal Occupation VP Sales	Name of Employer Stratus Telecommunications	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Sargent	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0353	Amount of Contribution
Residential Street Address 996 Flanders Rd	City Southington	State CT	Zip Code 06489	Date Received 03/24/2010	
Principal Occupation Student/Intern	Name of Employer Southington Schools	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Katz	First Name Sheldon	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0354	Amount of Contribution
Residential Street Address 37 Brodwood Dr .	City Stamford	State CT	Zip Code 06902	Date Received 03/28/2010	
Principal Occupation Accountant	Name of Employer Ascendum	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00
Last Name Dube-Sullivan	First Name Lorraine	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0337	Amount of Contribution
Residential Street Address 51 Thrall Rd	City Vernon	State CT	Zip Code 06066	Date Received 03/30/2010	
Principal Occupation Retired	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Harry	First Name Kenston	MI K	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0339	Amount of Contribution
Residential Street Address 327 Park Ave	City Bloomfield	State CT	Zip Code 06002	Date Received 03/30/2010	
Principal Occupation Electrical Engineer	Name of Employer Sound Motion Audio	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Summa	First Name William	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0338	Amount of Contribution
Residential Street Address 83 Forest Brook Rd	City Guilford	State CT	Zip Code 06437	Date Received 03/30/2010	
Principal Occupation N/A	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Howell	First Name Andre	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0355	Amount of Contribution
Residential Street Address 15 Farm Pond Rd	City North Stonington	State CT	Zip Code 06359	Date Received 03/30/2010	
Principal Occupation Marketing	Name of Employer Self employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00
Last Name Pocock	First Name Erika	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0356	Amount of Contribution
Residential Street Address 1252 East St	City Southington	State CT	Zip Code 06489	Date Received 03/31/2010	
Principal Occupation Retirement Planner	Name of Employer Professional Advisor Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00
Total of Section B					\$1,880.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>					\$1,880.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 04/12/2010

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer
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Address	Is this contribution associated with a fundraising event listed in Section J1?	Yes No	If yes, list Event # Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions
Total of Section C1				

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Corey For Connecticut				Original 04/12/2010
C2. Reimbursements or Payments from other Committees				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
Total of Section C2				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 04/12/2010

D. Loans Received this Period

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

Total of Section D

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 04/12/2010

E. Personal Funds of the Candidate Received this Period

Date Received 03/30/2010	Amount \$700.00	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card
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Total of Section E	\$700.00
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I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE	FILING DUE DATE				
Corey For Connecticut	Original 04/12/2010				
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					

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

I. MONETARY RECEIPTS (Section A-K)			
NAME OF COMMITTEE			FILING DUE DATE
Corey For Connecticut			Original 04/12/2010
H. Public Grant Funds Received from the Citizen's Election Fund			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial	Primary General or Special Election		
Primary	Primary General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary General or Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE				FILING DUE DATE	
Corey For Connecticut				Original 04/12/2010	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Total of Section I					

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Corey For Connecticut	FILING DUE DATE Original 04/12/2010
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J1. Fundraising Event Information

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

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 04/12/2010

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

Name of the Purchaser <i>(Individuals ONLY)</i>	Last Name	First Name	MI	Method of payment:			Aggregate Amount of Purchases
				Cash	Personal Check	Credit/Debit Card	
Residential Street Address		City	State	Zip Code	Date Received	Event #	
Items Purchased							

Total of Section J2

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 04/12/2010

J3. In-Kind Donations Not Considered Contributions

Name of the Donor				Donation Given by:		Fair Market Value of Donation
				Individual	Business Entity	
Street Address	City	State	Zip Code	Aggregate value for this event		
Description of Donation			Date Received	Event #		

Total of Section J3						
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III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 04/12/2010

K. In-Kind Contributions

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative				
Is this contribution associated with a fundraising event listed in Section 11? If yes, list Event#		Yes No	Description of In-Kind Contribution		Aggregate contributions	

Total of Section K

III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 04/12/2010

L. Refundable Deposit to Telephone Company

Last Name (Individuals Only)	First Name	MI	Date Received	Amount of Deposit
Street Address	City	State	Zip Code	
Name of Telephone company				
Street Address	City	State	Zip Code	
Total of Section L				

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 04/12/2010

**M. Non-Monetary Receipts of Organization Expenditures Made By
Legislative Leadership, Legislative Caucus, and Party Committee**

Name of Committee		Name of Treasurer				
Street Address			Date Notice Received	Fair Market Value of Donation		
City	State	Zip Code	Aggregate Donations			
Description of Donation		Purpose of Expenditure				
		A	B	C	D	E

Total of Section M

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Paychex, Inc., EIB	01/04/2010	<input type="checkbox"/> Check #		
Street Address 55 Capital Blvd # 302	City Rocky Hill	State CT		Zip Code 06067
Purpose of Expenditure WAGE				<input checked="" type="checkbox"/> Debit Card
Description Payroll Processing Services				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$57.93	
Alisha S. Stevens	01/05/2010	<input checked="" type="checkbox"/> Check #		
Street Address 69 Mansfield St	City Hartford	State CT		Zip Code 06112
Purpose of Expenditure WAGE				<input type="checkbox"/> Debit Card
Description Check to Employee				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$127.44	
TransFirst	01/05/2010	<input type="checkbox"/> Check #		
Street Address 12120 Shamrock Plz	City Omaha	State NE		Zip Code 68154
Purpose of Expenditure BNK				<input checked="" type="checkbox"/> Debit Card
Description Credit Card Payment Services Fees				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$45.90	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
All Mail Direct	01/07/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State		Zip Code
55 John Downey Dr	New Britain	CT		06051
Purpose of Expenditure				1039
Description			Event #	
Postage for Campaign Mailer				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$178.05				
All Mail Direct	01/13/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State		Zip Code
55 John Downey Dr	New Britain	CT		06051
Purpose of Expenditure				1040
Description			Event #	
Postage for Campaign Mailer				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$454.18				
All Mail Direct	01/22/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State		Zip Code
55 John Downey Dr	New Britain	CT		06051
Purpose of Expenditure				1041
Description			Event #	
Postage for Campaign Mailer				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$867.15				

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
TransFirst	02/02/2010	<input type="checkbox"/> Check #	
Street Address 12120 Shamrock Plz	City Omaha	State NE	Zip Code 68154
Purpose of Expenditure BNK		<input checked="" type="checkbox"/> Debit Card	
Description Credit Card Payment Services Fees		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$47.96
Name of Payee Ethos, LLC	Date of Payment 02/08/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 55 Trumbull St # 201	City Hartford	State CT	Zip Code 06103
Purpose of Expenditure WEB		<u>1042</u> <input type="checkbox"/> Debit Card	
Description Web Services		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$553.50
Name of Payee Paychex, Inc., EIB	Date of Payment 02/10/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 55 Capital Blvd # 302	City Rocky Hill	State CT	Zip Code 06067
Purpose of Expenditure WAGE		<input checked="" type="checkbox"/> Debit Card	
Description Payroll Processing Services		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$88.08

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Corey For Connecticut						Original 04/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc., TPS					02/12/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
55 Capital Blvd # 302		Rocky Hill	CT	06067	WAGE		
Description						Event #	
Payroll Processing Services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$14.82
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc., EIB					02/12/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
55 Capital Blvd # 302		Rocky Hill	CT	06067	WAGE		
Description						Event #	
Payroll Processing Services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$57.93
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Alisha S. Stevens					02/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>5015</u> <input type="checkbox"/> Debit Card	
69 Mansfield St		Hartford	CT	06112	WAGE		
Description						Event #	
Check to Employee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$72.03
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Alisha S. Stevens	02/26/2010	<input checked="" type="checkbox"/> Check #		
Street Address 69 Mansfield St	City Hartford	State CT		Zip Code 06112
Purpose of Expenditure WAGE				5016
Description Check to Employee				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$25.82	
Paychex, Inc., TPS	02/26/2010	<input type="checkbox"/> Check #		
Street Address 55 Capital Blvd # 302	City Rocky Hill	State CT		Zip Code 06067
Purpose of Expenditure WAGE				<input checked="" type="checkbox"/> Debit Card
Description Payroll Processing Services				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$5.31	
Paychex, Inc., EIB	02/26/2010	<input type="checkbox"/> Check #		
Street Address 55 Capital Blvd # 302	City Rocky Hill	State CT		Zip Code 06067
Purpose of Expenditure WAGE				<input checked="" type="checkbox"/> Debit Card
Description Payroll Processing Services				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$52.88	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
TransFirst	03/02/2010	<input type="checkbox"/> Check #		
Street Address 12120 Shamrock Plz	City Omaha	State NE		Zip Code 68154
Purpose of Expenditure BNK				<input checked="" type="checkbox"/> Debit Card
Description Credit Card Payment Services Fees				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$40.01	
Paychex, Inc., EIB	03/12/2010	<input type="checkbox"/> Check #		
Street Address 55 Capital Blvd # 302	City Rocky Hill	State CT		Zip Code 06067
Purpose of Expenditure WAGE				<input checked="" type="checkbox"/> Debit Card
Description Payroll Processing Services				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$57.93	
Paychex, Inc., TPS	03/12/2010	<input type="checkbox"/> Check #		
Street Address 55 Capital Blvd # 302	City Rocky Hill	State CT		Zip Code 06067
Purpose of Expenditure WAGE				<input checked="" type="checkbox"/> Debit Card
Description Payroll Processing Services				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$6.83	

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
Corey For Connecticut						Original 04/12/2010		
N. Expenses Paid By Committee								
Name of Payee					Date of Payment	Method of Payment		Amount
Alisha S. Stevens					03/16/2010	<input checked="" type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	5017		
69 Mansfield St		Hartford	CT	06112	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #		
Check to Employee								
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes								
<input checked="" type="checkbox"/> No								
Total of Section N							\$33.25	
Total of Section N							\$2,787.00	

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

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Corey For Connecticut					Original 04/12/2010	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card:			
			Visa Master Card Discover American Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description			Event #		
Total of Section P						

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 04/12/2010

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor		Date Incurred	Event #		Amount Incurred (Estimate or Actual)
Street Address	City	State	Zip Code		
Purpose of Expenditure	Description				
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought			
Yes					
No					

Total of Section Q

IV. EXPENDITURES					
NAME OF COMMITTEE					FILING DUE DATE
Corev For Connecticut					Original 04/12/2010
R. Itemization of Reimbursements to Committee Workers and Consultants					
Name of Worker/Consultant			Date of Payment		Method of Payment
					Check #
Secondary Payee			Purpose of Expenditure		Debit Card
Street Address		City		State	Zip Code
Description					Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought	
Yes					
No					
Total of Section R					

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Corey For Connecticut				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				