SEEC FORM 30

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012



Electronic Filing

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Page 1 of 20

COVER PAGE

1.NAME OF COMMITTEE						2. TYP	E OF COMMITTEE		
Robles 2012							Candidate Committee Exploratory Committee		
3. TREASURER NAME							_		
First Justin			MI	Last Goicochea			Suffix		
4. TREASURER ADDRESS									
Street Address		City			State	1	Zip Code		
130 Montowese St		Hartfo	ord		СТ		06114		
5. ELECTION DATE	6. OFFICE SOUGHT (Co.	mplete on	aly if Candidate	Committee)	•	7. DISTR	ICT NUMBER (if applicable		
11/06/2012	State Representativ	e				R006			
8. CANDIDATE NAME (Complete only if Complete only if Comp	Candidate or Exploratory Co	mmittee	e)						
First			MI	Last			Suffix		
Hector			L	Robles					
9. TYPE OF REPORT									
First Weekly Supplemental Filing F	Primary - Original								
10. PERIOD COVERED									
	Beginning Date			Ending Date					
	07/01/2012	thru	1	07/10/2012					
11. CERTIFICATION									
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.									
Electronic Filing	Justin Goicochea			-	.1/2012 10):18:11PM	4		
SIGNATURE	PRINT NAME OF THE	SIGNE	ER.	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 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT				
Robles 2012	First Weekly Supplemental Filing Primary -	Original			
	COLUMN A	COLUMN B			
	This Period	Aggregate			
12. Balance on hand from day Committee was formed		\$0.00			
13. Balance on hand at the beginning of Reporting Period	\$930.08				
14. Contributions received from Individuals (Section A and B)	\$920.00	\$1,825.00			
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00			
16. Other Monetary Receipts (Section D through I)	\$0.00	\$25.08			
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00			
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$920.00	\$1,850.08			
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$1,850.08	\$1,850.08			
20. Expenses Paid by Committee (Section N)	\$200.00	\$200.00			
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$1,650.08	\$1,650.08			
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) OPTIONAL	\$0.00	\$0.00			
26. Beginning Loan Balance	\$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				
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)	\$0.00				
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00				

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I, MONETARY RECEIPT	S (Sc	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TY	TYPE OF REPORT			
Robles 2012			First We	eekly Supplemental Fili	ing Primary -	Original	
A. Total Contributions from Small Contributors-Received this Perio	od O	NLY		For Nonpartic	ipating Cand	idates ONLY	
				\$0.00			
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First				MI	Contribution ID #	
Hughes		Caroll			J	0042	
Residential Street Address	City				State	Zip Code	
88 Sheffield St .	<u> </u>	Old Saybrook			СТ	06475	
Principal Occupation		Name of Employe	r				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo		se, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of	<u></u>	dependent child of	f a lobbyist?	_			
government the contract is with: Executive Legislative				No			
Is this contribution associated with a Society 112 Yes Method of contribution:	Date	Received	Aggregate	Contributions			
Tundraising event listed in Section 31?							
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	07/0	08/2012		\$100.00		\$100.00	
In you, and a real and	<u> </u>						
Last Name	e First				MI	Contribution ID #	
Pintoff		Linda				0043	
Residential Street Address	City				State	Zip Code	
27 Micheal Dr	<u> </u>	Farmington			СТ	06032	
Principal Occupation		Name of Employe	r				
Pharmacist		Omnic	are				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo		se, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of		dependent child or	a lobbyist?				
government the contract is with: Executive Legislative				x No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate	Contributions			
rundraising event listed in Section J1?							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/0	08/2012	\$10.00			\$10.00	
Last Name	First				MI	Contribution ID #	
Simpson	<u> </u>	Jill				0044	
Residential Street Address	City				State	Zip Code	
80 Burton St .	Щ,	Watertown			СТ	06795	
Principal Occupation		Name of Employe					
Pharmacy Tech			d Corp.				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child of		se, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of		dependent child of	a loodyist:				
government the contract is with: Executive Legislative	لــــ			X No			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Yes	Date	Received	Aggregate	Contributions			
If yes, list Event # Cash Personal Check No Cash Personal Check Money Order Credit/Debit Card	07/0	08/2012		\$10.00		\$10.00	

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I, MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Robles 2012 First Weekly Supplemental F					Original
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Winiarski		Stephanie			0045
Residential Street Address	City			State	Zip Code
555 Goff Rd	L	Wethersfield		СТ	06109
Principal Occupation		Name of Employ			
Marketing Coordinator			:Network	A	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amot	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Sociated with a Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
Tundraising event listed in Section 31?					
X No Cash Personal Check If yes, list Event # Money Order Credit/Debit Card	07/	08/2012	\$5.00		\$5.00
I you, is a treat to the control of					
Last Name	First			MI	Contribution ID #
Cunningham	ļ	Melissa			0046
Residential Street Address	City			State	Zip Code
60 Nepaug St . Principal Occupation	<u> </u>	Hartford Name of Employ	on.	СТ	06106
NYCC Coordinator		VA Ho			
			11 14	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes X Cash Personal Check					
If yes, list Event # 07052012A	07/	08/2012	\$5.00		\$5.00
If you, list Divinit is Orto Debut Call	<u> </u>				
Last Name	First			MI	Contribution ID #
Romano		Adrienne			0047
Residential Street Address	City			State	Zip Code
30 Vicki Ln Principal Occupation	<u> </u>	Colchester Name of Employ	ou.	СТ	06415
Project Manager			:Network		
			obbyist snouse or	Amou	ant of Contribution
Yes 🔼 N	o	dependent child of			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Tunidialising event listed in Section 31:					
If yes, list Event # 07052012A No Season Credit/Debit Card	07/	08/2012	\$5.00		\$5.00
Lad Norma	Firmt				Contribution ID #
Last Name Waldron	First	Jenna		MI	Contribution ID # 0048
Residential Street Address	City	Jenna		State	Zip Code
196 Newberry Rd		South Winds	or	CT	06074
Principal Occupation		Name of Employ	er		
Administrative Assistant		Ticket	Network		
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	or a robbyist?		
government the contract is with: Executive Legislative	-		x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
No Cash Personal Check	07/	08/2012	\$10.00		\$5.00
If yes, list Event # 07052012A Money Order Credit/Debit Card	I "''	00,2012	\$10.00	I	43.00

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L MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Robles 2012	First Weekly Supplemental Fili	ng Primary -	Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name Colon	First	Olga		MI	Contribution ID #
Residential Street Address	City	0.94		State	Zip Code
101 Marion St .		Hartford		СТ	06106
Principal Occupation	•	Name of Employ	er		•
Executive Assistant		City o	f Hartford		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a X Voc Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? No No Personal Check	07/	08/2012	\$20.00		\$20.00
If yes, list Event # 07052012A	07/	00/2012	\$20.00		
Last Name	First			MI	Contribution ID #
Rosario		Laury			0050
Residential Street Address	City			State	Zip Code
32 Freeman St .	L	Hartford		СТ	06114
Principal Occupation		Name of Employ			
Self Employed		-	obbyist, spouse, or	1	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	Vac	Amot	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with a fundamining event listed in Section 112. X Yes	Date	Received	Aggregate Contributions		
Tundraising event risted in Section 31?					
If yes, list Event # 07052012A No S Cash Personal Check Money Order Credit/Debit Card	07/0	08/2012	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Apoute		Alexander			0051
Residential Street Address	City			State	Zip Code
69 Bloomfield Ave		Hartford		СТ	06105
Principal Occupation		Name of Employ	er		
Attorney		Self			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
Tunidialising event listed in Section 31:					
If yes, list Event # 07052012A No Money Order Credit/Debit Card	07/0	08/2012	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Hamilton		Nichelle			0052
Residential Street Address	City			State	Zip Code
138 C Hillcrest Ave	L	West Hartfor	d	СТ	06110
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	or a robbyist?		
government the contract is with: Legislative Legislative	Г.	D . 1	x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 07052012A	07/0	08/2012	\$5.00		\$5.00

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I, MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT		
Robles 2012	First Weekly Supplemental Fili	ing Primary -	Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Hamilton		Paul			0053
Residential Street Address	City			State	Zip Code
10 Goshen St	L.,	Hartford		СТ	06016
Principal Occupation		Name of Employ			
Custodian		HBOE	11 1 ·	A	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amot	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1? X Yes X Cash Personal Check					
If yes, list Event # 07052012A No Cash Personal Check No Money Order Credit/Debit Card	07/0	08/2012	\$5.00		\$5.00
in yes, list Event # 07032012A Intolley Order Intelligence Cledit/Debit Cald					
Last Name	First			MI	Contribution ID #
Hamilton		Kenneth		С	0054
Residential Street Address	City			State	Zip Code
73 Gilman St .	<u>. </u>	Hartford		СТ	06114
Principal Occupation		Name of Employ			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac	Aimot	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the condact is with.	Date	Received	Aggregate Contributions	•	
Is this contribution associated with a fundraising event listed in Section J1?					
No Cash Personal Check	07/0	08/2012	\$5.00		\$5.00
If yes, list Event # 07052012A					
Last Name	First			MI	Contribution ID #
Moir		Matthew		W	0055
Residential Street Address	City			State	Zip Code
18 Roslyn St .	L.,	Hartford		СТ	06016
Principal Occupation		Name of Employ	er		
La catallata a minimal of a state and a st		I	obbyist spouse or	1	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	oody ist, spouse, or	Amot	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1? X Yes Method of contribution: X Cash Personal Check					
│	07/0	08/2012	\$5.00		\$5.00
If yes, list Event # 07052012A					
Last Name	First			MI	Contribution ID #
Santos-Moir		Marilyn			0056
Residential Street Address	City			State	Zip Code
18 Rosyln St .	L.,	Hartford		СТ	06106
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	v	dependent child of	or a roodyrst?		
government the contract is with: Executive Legislative			x _{No}]	
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions		
Tunidialising event listed in Section 31:					
If yes, list Event # 07052012A No Money Order Credit/Debit Card	07/0	08/2012	\$5.00		\$5.00

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L MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Robles 2012 First Weekly Supplemental F					Original
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Joth		Amanda		Α	0057
Residential Street Address	City			State	Zip Code
525 Knotter Driver	L	Cheshire		СТ	
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	*		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions		
Tunidialising event listed in Section 31:					
If yes, list Event # 07052012A No Money Order Credit/Debit Card	07/0	08/2012	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Feliciano	1 1150	Rafael		1411	0058
Residential Street Address	City			State	Zip Code
61 Yale St .		Hartford		СТ	06114
Principal Occupation		Name of Employ	er	-	•
Driver		,	f Hartford		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	07/0	08/2012	\$5.00		\$5.00
If yes, list Event # 07052012A			·		
Last Name	First			MI	Contribution ID #
Feliciano		Giselle			0059
Residential Street Address	City			State	Zip Code
61 Yale St .	<u> </u>	Hartford		СТ	06114
Principal Occupation Executive Assistant		Name of Employ	^{er} f Hartford		
			obbyist spouse or	Amou	ant of Contribution
Yes A No	0	dependent child of			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Tunidialising event listed in Section 31:					
If yes, list Event # 07052012A No No Money Order Credit/Debit Card	07/0	08/2012	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Holloway	1 1150	Georgina			0060
Residential Street Address	City			State	Zip Code
14 Fairmount St .		Hartford		СТ	06120
Principal Occupation		Name of Employ	er	-	
Admin			f Hartford		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			55 -5		
If yes, list Event # 07052012A No	07/0	08/2012	\$5.00		\$5.00

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L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Robles 2012	First Weekly Supplemental Fili	ng Primary -	Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Holloway		Virginia			0061
Residential Street Address	City			State	Zip Code
14 Fairmount		Hartford		СТ	06120
Principal Occupation Team Leader		Name of Employ	^{er} Liebert		
				Amor	unt of Contribution
Yes X No	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions		
Tundraising event instead in Section 31:					
If yes, list Event # 07052012A No San Sensitive Cash No Cash Personal Check	07/	08/2012	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Holloway	FIISt	Lawrence		IVII	0062
Residential Street Address	City	Lawrence		State	Zip Code
14 Fairmount St		Hartford		СТ	06120
Principal Occupation	•	Name of Employ	er	!	1
Iron Worker		Local	15		
Is contributor a principal of a state contractor or prospective state contractor?	D		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with: Executive Legislative		n : 1	x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
No Rash Personal Check	07/	08/2012	\$5.00		\$5.00
If yes, list Event # 07052012A	077	00,2012	43.00		
Last Name	First			MI	Contribution ID #
Heslop		Fitzgerald			0063
Residential Street Address	City			State	Zip Code
221 Trumbull St .		Hartford		СТ	06103
Principal Occupation		Name of Employ			
Consultant Is contributed a principal of a state contractor or promoching state contractor?		AETN.	obbyist, spouse, or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	dependent child of		Amot	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions	1	
Tunidialising event listed in Section 31:					
If yes, list Event # 07052012A No No Money Order Credit/Debit Card	07/	08/2012	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Holloway	11130	Bryant		IVII	0064
Residential Street Address	City			State	Zip Code
14 Fairmount		Hartford		СТ	06120
Principal Occupation		Name of Employ	er		•
Machinest		Hamil	ton Con.		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?			<u> </u>		
If yes, list Event # 07052012A No	07/	08/2012	\$5.00		\$5.00

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I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Robles 2012 First Weekly Supplemental Filing Primary - Original							
B. Itemized Contributions from Individuals							
Last Name First MI Contri	bution ID #						
Waul Chairmaine 0065	i						
Residential Street Address City State Zip Co							
192 Oxford St . Hartford CT 0610	5						
Principal Occupation Name of Employer Trinity College							
	ntribution						
Yes No dependent child of a lobbyist?							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative							
Is this contribution associated with a Method of contribution: Date Received Aggregate Contributions							
Cash X Personal Check							
If yes, list Event # 07052012A	0						
Last Name First MI Contri	bution ID#						
Susca Nancy 0066							
Residential Street Address City State Zip Co							
49 Towne House Ln Wethersfield CT 0610	9						
Principal Occupation Name of Employer							
Insurance Agent Self							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or Amount of Contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or Amount of Contractor or prospective state contractor?	ntribution						
dependent child of a lobbyist?							
government the contract is with: Executive Legislative							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Aggregate Contributions							
No Cash X Personal Check 07/08/2012 \$20.00 \$20.0	Ω						
If yes, list Event # 07052012A							
Last Name First MI Contri	bution ID #						
Rodriguez Maria D 0067	'						
Residential Street Address City State Zip Co	ode						
142 Yale St . Hartford CT 0610	6						
Principal Occupation Name of Employer							
Pharmacy Tech Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Amount of Contributor a principal of a state contractor or prospective state contractor?	atribution						
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? Amount of Condeposition of Cond	itiloution						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative							
Is this contribution associated with a Series National Series Aggregate Contributions [In this contribution associated with a Yes [In this contribution associated							
Tallitations of Cook X Demonstration of Cook							
If yes, list Event # 07052012A	0						
Last Name First MI Contri	bution ID#						
Greenfield Jeff 0068							
Residential Street Address City State Zip Co							
111 Apple HI Newington CT 0611							
Principal Occupation Name of Employer							
Legislative Staff State of CT							
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? Amount of Condependent child of a lobbyist?	ntribution						
If yes, indicate which branch or branches of							
government the contract is with.							
IXI voc							
fundraising event listed in Section J1?							

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I, MONETARY RECEIPT	S (Se	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Robles 2012 First Weekly Supplemental F					Original		
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Grady		Susan			0069		
Residential Street Address 25 Westlook Rd .	City	Wethersfield		State CT	Zip Code 06109		
Principal Occupation		Name of Employ	er	Ci	00109		
		1 2					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of		dependent child of	or a robbyrst?				
government the contract is with:	Date	Received	Aggregate Contributions	ł			
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
No Cash X Personal Check	07/0	08/2012	\$20.00		\$20.00		
If yes, list Event # 07052012A							
Last Name	First			MI	Contribution ID #		
Steinmetz		Shirley		_	0070		
Residential Street Address 375 Brimfield Rd	City	Wethersfield		State CT	Zip Code 06109		
Principal Occupation	_	Name of Employ	er	CI	00109		
The stopping of the stopping o		retire					
Is contributor a principal of a state contractor or prospective state contractor?	^		obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of	o l	dependent child of	of a lobbyist?				
government the contract is with:			x No	ļ			
Is this contribution associated with a fundraising event listed in Section J1? X Yes	Date	Received	Aggregate Contributions				
No Cash X Personal Check	07/	08/2012	\$35.00		\$35.00		
If yes, list Event # 07052012A	0.7	00, 2012	φ33.00	<u> </u>			
Last Name	First			MI	Contribution ID #		
Ginnfrido Hamilton		Marie			0071		
Residential Street Address	City			State	Zip Code		
73 Gilman St . Principal Occupation	L	Hartford		СТ	06114		
гисіра Оссираної		Name of Employ	ei				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution		
If yes, indicate which branch or branches of	0	dependent child of	-				
government the contract is with:			x _{No}				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions				
No Cash X Personal Check	07/	08/2012	\$25.00		\$25.00		
If yes, list Event # 07052012A	07/1	00/2012	\$23.00				
Last Name	First			MI	Contribution ID #		
Hamilton		Kenneth		W	0072		
Residential Street Address	City			State	Zip Code		
73 Gilman St .	L .	Hartford		СТ	06114		
Principal Occupation		Name of Employ	er				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of	v	dependent child of	or a robbyist?				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a fundraising event listed in Section J1? X Yes	Date	Received	Aggregate Contributions	1			
No Cash X Personal Check	07/0	08/2012	\$25.00		\$25.00		
If yes, list Event # 07052012A	I	,	7-5.00	1			

I, MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`		TYPE OF REPORT		
Robles 2012 First Weekly Supplemental Fil					Original
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Rodriguez		Alejandro			0073
Residential Street Address	City			State	Zip Code
81 Cromwell St		Hartford		СТ	06114
Principal Occupation		Name of Employ	er		
State Employee		State	of CT		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna c	x No		
T 41	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # 07052012A	07/	08/2012	\$50.00		\$50.00
T. AV	г			MI	G (1) B "
Last Name Mantilla	First			IVII	Contribution ID # 0074
Residential Street Address	City	Evelyn		State	Zip Code
25 Hamlin Dr	City	West Hartfor	d	CT	06117
Principal Occupation		Name of Employ		<u> </u>	00117
Project Leader			of Hartford		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundamining quant listed in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
Tuildraising event listed in Section 31?					
If yes, list Event # 07052012A No Money Order Credit/Debit Card	07/	08/2012	\$40.00		\$40.00
Last Name	First			MI	Contribution ID #
Clark		Robert		D	0075
Residential Street Address	City			State	Zip Code
40 Goff Brook Ln		Rocky Hill		СТ	06067
Principal Occupation		Name of Employ	er	-	-
Funeral Director		Deleo	n Funeral Home		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent cinia c	x No		
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	ъ.	Received			
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	07/	08/2012	\$100.00		\$100.00
If yes, list Event # 07052012A	077	00,2012	Ψ100.00		
Last Name	First			MI	Contribution ID #
Morotta		Alphonse			0076
Residential Street Address	City			State	Zip Code
28 Eaton St		Hartford		СТ	06114
Principal Occupation		Name of Employ Retire			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		ary and only control	x No		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?			30 0		
If yes, list Event # 07052012A	07/	08/2012	\$50.00		\$50.00

I. MONETARY RECEIPT	S (Sect	ion A-I)	I TYPE OF	EDEDODE		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Robles 2012 First Weekly Supplemental Filit						y - Original
	7 11 1		-			-
B. Itemized Contributions from		iduals				
Last Name	First				MI	Contribution ID #
MacDonald		avid			M	0077
Residential Street Address	City				State	Zip Code
266 Grandview Ter Principal Occupation		artford ame of Employer			СТ	06114
Clerk	IN.	1 ,	neral Assembly			
	Is		obyist, spouse, or		An	nount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes N	T	ependent child of		Yes		lount of Commount
If yes, indicate which branch or branches of government the contract is with: Executive Legislative				x No		
Is this contribution associated with a Method of contribution:	Date Rec	eived	Aggregate Contribu	utions		
Tulidialising event instead in Section 31:						
If yes, list Event # 07052012A No Cash Personal Check No Order Credit/Debit Card	07/08/	2012	9	\$50.00		\$50.00
If yes, list Event # O7032012A Invoice Order Invoice Circulabeon Cana						
Last Name	First				MI	Contribution ID #
Johnson	R	onald			S	0078
Residential Street Address	City				State	Zip Code
173 Highwood Dr		lastonbury			СТ	06105
Principal Occupation	N	ame of Employer				
Is contributor a principal of a state contractor or prospective state contractor?	Is	contributor a lol	obyist, spouse, or	Yes	An	nount of Contribution
	lo de	ependent child of	a lobbyist?			
If yes, indicate which branch or branches of government the contract is with:				x No		
Is this contribution associated with a Superscript Section 112 We Method of contribution: Date Received Aggregate Contributions						
tundraising event instead in Section 31?	tundraising event insted in Section 11?					
If yes, list Event # 07052012A No Cash Personal Check No Money Order Credit/Debit Card	07/08/	07/08/2012 \$100.00				\$100.00
in yes, list areas of the interest of the inte	<u> </u>					
				Total of S	Section B	\$920.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section 2)	ions A + l	B) (Tota	ıl on Line 14 of Sı	ummary Page)		\$920.00
I. MONETARY RECEIPT	ΓS (Sect	tion A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE	OF REI	PORT
						ntal Filing Primary -
Robles 2012				Original	Suppleme	iliai Filing Filinary -
C1. Contributions from Other Co	ommitte	es				
Name of Committee	N	ame of Treasurer				
Name of Committee		anic or ricasurer				
Address						
Is th		on associated wit		Yes	No	Amount of Contribution
l ma	_	ent listed in Secti	on J1?			
		yes, list Event #	1.			
City State Zip Code	Date Receiv	ved	Aggregate Contr	ıbutions		
			7	Total of Section	on C1	

	I. MONETA	ARY RECE	EIPTS (S	Section A	A-I)						
NAME OF COMMITTEE						Т	YPE OF REPOR	Т			
Robles 2012 First Weekly Supplemental Filing Prim								ng Primary - Original			
C2. Reimbursements, Payments, or Surplus Distributions from other Committees											
Name of Committee Name of Treasurer											
Address	Address Date Received										
City		State	Zip Code		Reimbursement for	shared expense					
					Payment for goods a	and services					
			•			Tot	tal of Section C2				
I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE						ТҮРЕ (TYPE OF REPORT				
Robles 2012 First Weekly Supplemental Filing Primary - Original								g Primary - Original			
	D. Loa	ns Received	this Peri	od							
Name of Lender				Source of	Loan:			Date of Receipt			
Street Address			City	Bank	Candidate	Individua State	Other Zip Code	Is there a cosigner or			
							•	Guarantor of this loan? Yes No			
Name of Cosigner/Guarantor (if applicable)			<u> </u>			<u> </u>	I	Amount Received			
Street Address			1								
Sirect Address			City			State	Zip Code				
						•	Total of Section	D			
I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE TYPE OF REPORT								PRT			
Robles 2012	Robles 2012 First Weekly Supplemental Filing Primary - Original										
E. Personal Fu	nds of the Candidate Re	eceived this	Period (C	Candidat	e Committees ON	LY)					
Date of Receipt	Method of Payment Cash	Per	sonal Check		Credit/Debit Card			Amount			
						Total of	Section E				

												
I. Monetary Receipts (Section A-I)												
NAME OF COMMITTEE TYPE OF REPORT												
Robles 2012 First Weekly Supplemental Filin												
G. Interest from Deposits in Authorized Accounts												
Name of Institution		Date	Received	Amount								
	T			_								
Street Address	City	State	Zip Code									
			Total of Section G									
I. MONE	TARY RECEIPTS (Section A-K)											
NAME OF COMMITTEE			TYPE OF REPOR	Т								
Robles 2012 First Weekly Supplemental Fili												
H. Public Grant Funds Received from the Citizen's Election Fund												
Purpose of Grant: Gra	Purpose of Grant: Grant Cycle:											
Initial Grant Adjustment	Primary General Election S	Special Electi	ion									
Supplemental/Post Election Deficit												
			Total of Section H									
I. MO	NETARY RECEIPTS (Section A-K))										
NAME OF COMMITTEE			TYPE OF REPO	RT								
Robles 2012 First Weekly Supplemental Filin												
I. Miscellaneous M	Ionetary Receipts not Considered Contr	ibutions										
Name			Date of Transaction	Amount Received								
Street Address	City	State	Zip Code									
Description		•										
			Total of Sectio	n I								

	II. FUNDRAISIN	NG EVENT A	ACTIVIT	ΓY (S	ections	s J1 - J	3)					
NAME OF COMMITTEE								TYPE OF I	REPO	ORT		
Robles 2012 First Weekly Supplemental Filing Primary - Original									imary -			
	J1. Fund	raising Event l	Informati	ion								
Fundraising Event # Date of Fundraiser Letter 07/05/2012 A	Description Dinner Event											
Location: Street Address 494 Franklin Ave							City Hartford			State CT	Zip Code 06114	
Was this fundraising event hosted at a personal residence? Yes if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for puchases made by host(s) for food, beverage and invitations.									and			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.												
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? Yes (If yes, enter Total Receipts here.) X No							\$0.00					
							Т	otal of Section J1			\$0.00	
	II. FUNDRAISI	NG EVENT A	ACTIVI	TY (S	Section	s J1 - J	[3)					
NAME OF COMMITTEE (Provide	Complete Name as Reg	istered with Com	nmission)					TYPE OF REF				
Robles 2012							F	irst Weekly Supplementa	ai Filin	g Primar	y - Originai	
	J3. In-Kind Donat	ions Not Consi	idered Co	ntrib	utions		•					
Name of the Donor												
Street Address					City					State	Zip Code	
Donation Given by:	Description of Donation			_	_	_					rket Value of	
Individual										De	onation	
Business Entity	Date Received	Event #				Ag	ggregate value	e for this event				
Sole Proprietorship												
								Total of Section J3				

III. NONMON	ET A	ARY RE	CEIPTS (Section	ns K - M)						
NAME OF COMMITTEE					TY	PE OF REP	PORT			
Robles 2012 First Weekly Supplemental Filing Primary - Original										
K. In-Kii	ıd C	ontributi	ons							
Name										
Street Address				City			State	Zip Code		
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# No		Description	of In-Kind Contribution				•			
	ractor	; indicate whi	l of a state contractor or prosp ch branch or branches of ntract is with:		cutive	Yes No Legislative		arket Value of this Contribution		
ype of Contributor: Date Received Aggregate contributions										
Individual Committee Sole P	ropriet	orship								
					Total of	Section K				
III. Non Mon	etar	rv Recei	pts (Sections K - N	M)						
NAME OF COMMITTEE (Provide Complete Name as Registered	with	Commiss	ion)		TYP	E OF REPO	RT			
Robles 2012					First Weekly S	upplemental F	Filing Prim	ary - Original		
L. Refundable Deposit	το Τε	elephone	Company		•					
Last Name of Individual		First Nan	ne		MI	Date Depo	osit Made			
Residential Street Address	(City		State	Zip Code			nount of Deposit		
Name of Telephone company					-					
Street Address	Cit	у		State	Zip Code					
					Total of S	ection L				

	III. NONMONETARY	RECEI	PTS (S	ections K	K - M)						
NAME OF COMMITTEE						TYPE C	F REPORT	,			
Robles 2012	pplemental Fi	ling Primary - Original									
	n-Monetary Receipts of Organization Extive Caucus, and Party Committee - Of					adership,					
Name of Committee (Legislative Leadersh	nip, Legislative Caucus, and Party Committees ONLY)			Name of Tre	easurer						
Street Address						Date Notice I	Received	Fair Market Value of Donation			
City	City State Zip Code										
Description of Donation	cription of Donation Purpose of Expenditure A B C D E										
Total of Section M											
	IV. EXPENDITU	RES (Se	ctions I	N - S)							
NAME OF COMMITTEE (Prov	ide Complete Name as Registered with Comn	nission)				ТҮРЕ	OF REPOR	Т			
Robles 2012						First Weekly S Original	upplemental F	Filing Primary -			
	N. Expenses Paid B	y Commit	tee								
Name of Payee Azucar					Date of Pay 07/08/2			rayment Check # 1001 Debit Card			
Street Address 494 Franklin Ave			City Hartford	d			State CT	Zip Code 06114			
Purpose of Expend FNDR *	Description Food Payment							Amount			
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # Event # (if applicable) \$2							\$200.00				
11 yes, assign an expenditure # and ec	mprece remization in Addendum				07052		f Section N	\$200.00			

Total of Section P

	IV	. EXPENDI	TURES (Section	ons N - S)								
NAME OF COMMITTE	E (Provide Complete Name as R	egistered with C	Commission)					TYPI	E OF	REPORT		
								First Weekly So Original	uppler	mental Filing	g Primary -	
	O. Expe	enses Paid By	Candidate									
Name of Payee (Name of vendor who candidate paid directly) Date of Paymen								ıt	Is Rei	Reimbursement Claimed? Yes No		
Street Address		City			State	Zip (Code			A	mount	
Purpose of Expenditure (by code)	Description					Event #						
								Total	of Sec	etion O		
	IV. EXP	ENDITURE	ES (Sections N -	S)								
NAME OF COMMITTE	E (Provide Complete Name as R	egistered with	Commission)					TYPE	OF R	EPORT		
Robles 2012								rst Weekly Sup riginal	pleme	ental Filing F	Primary -	
	P. Expense	s Incurred on	n Committee Cre	dit Card								
Name of Issuing Institution				Type of C Vis	sa	Card: Mast	ter C	ard Di	iscover	r	American Ex	press
Name of Vendor										Date of Trai	nsaction	
Street Address				City						State	Zip C	ode
Purpose of Expenditure (by code)	Description										Amount	
which reimbursement is sou			Yes No	Expenditure (if applicable		Ev	ent ‡					
II yes, assign an Expenditure	e # and complete Itemization in Adde	ndum										

IV. EXPENDITURES (Sections N - S)												
NAME OF COMMITTE	EE (Provide C	Complete Na	ame as Registered with Comm	nission)					ТҮРЕ (OF REPORT		
Robles 2012 First Weekly Sup Original									olemental Filin	g Primary -		
	Q. E	Expenses I	ncurred By Committee bu	ut Not Pa	aid Du	ring this Pe	eriod					
Name of Creditor										Date Incur	red	
Street Address				City	у					State	Zip Code	
Purpose of Expenditure (by code)	Description			·							ount Incurred mate or Actual)	
Is this expenditure coordinated reimbursement is sought? If yes, assign an Expenditure #			No			penditure # applicable)		Event #				
Total of Section Q												
										•		
			IV. EXPENDITURES	(Section	ns N -	· S)						
NAME OF COMMITTE	EE (Provide (Complete N	ame as Registered with Comr	nission)					TYPE OF REI	PORT		
Robles 2012								First We	eekly Supplementa	al Filing Prima	ry - Original	
	R.]	Itemizatio	on of Reimbursements to	Committ	tee Wo	orkers and C	Consu	ltants				
Last Name of Worker/Consulta	nnt		First			MI	Dat	te of Paym	ent	Method of Payment		
											eck # Debit Card	
Secondary Payee							<u> </u>				Beoff Card	
Street Address				City						State	Zip Code	
Purpose of Expenditure (by code)		Description	on								Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes Expenditure # (if applicable) Event #												
If yes, assign an Expenditure	e # and completes	Itemization in	Addendum R									
								Total o	of Section R			

IV. EXPENDITURES (Sectuibs N - S)									
NAME OF COMMITTEE (Provide Complete Name as Registere		TYPE OF REPORT							
Robles 2012	First We	ekly Supplemental Filing F	rimary - Original						
S. Surplus Distribution of Equipment and Furniture									
Name of Recipient									
Street Address	City	State	Zip Code	Original Purchase Amount of Item					
Description of Item									
			Total of Section S						