

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 50

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					
January 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
10/01/2009		thru		12/31/2009	
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		01/10/2010	
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

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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 01/11/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$4,619.74	
14. Contributions received from Individuals (Section A and B)	\$1,605.50	\$10,802.74
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-1)	\$0.00	\$7,525.00
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)	\$1,605.50	\$18,327.74
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$6,225.24	\$18,327.74
20. Expenses Paid by Committee (Section N)	\$4,907.21	\$17,009.71
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$1,318.03	\$1,318.03
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)	\$430.00	\$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)	\$1,105.02	
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 01/11/2010
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$106.00

B. Itemized Contributions from Individuals

Last Name Porras	First Name Monica	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 # 314	Amount of Contribution
Residential Street Address 12318 Meadow Gate Dr	City Stafford	State TX	Zip Code 77477	Date Received 10/02/2009	
Principal Occupation Training and Development	Name of Employer City of Houston	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"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions \$10.00
Last Name Robben	First Name Robert	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 282	Amount of Contribution
Residential Street Address 319 Sound Beach Ave	City Old Greenwich	State CT	Zip Code 06870	Date Received 10/13/2009	
Principal Occupation Sales	Name of Employer RobToy, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions \$100.00
Last Name Fini	First Name Rosa	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 # 281	Amount of Contribution
Residential Street Address 4 Dewart Rd	City Greenwich	State CT	Zip Code 06830	Date Received 10/13/2009	
Principal Occupation Mom, Housewife, Retired Pediatrician	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"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions \$50.00
Last Name Brathwaite	First Name Phoebe	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 # 313	Amount of Contribution
Residential Street Address 7820 Featherstone Dr	City Raleigh	State NC	Zip Code 27615	Date Received 10/15/2009	
Principal Occupation Recruiter	Name of Employer Headway Corporate Resources	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"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions \$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 01/11/2010

B. Itemized Contributions from Individuals

Last Name Kelly	First Name Ginna	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 283	Amount of Contribution
Residential Street Address 200 Stanwich Rd	City Greenwich	State CT	Zip Code 06830	Date Received 11/09/2009	
Principal Occupation Homemaker	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 Johnson	First Name Aaron	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 # 315	Amount of Contribution
Residential Street Address 57 Pratt St	City Hartford	State CT	Zip Code 06103	Date Received 11/17/2009	
Principal Occupation Finance	Name of Employer J capital advisors	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 Souza	First Name John	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 # 284	Amount of Contribution
Residential Street Address 21 Maiden Ln	City West Hartford	State CT	Zip Code 06117	Date Received 11/20/2009	
Principal Occupation Real Estate Management	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 \$40.00	\$40.00
Last Name Berry	First Name Brendon	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 # 316	Amount of Contribution
Residential Street Address 31 High St # 6203	City East Hartford	State CT	Zip Code 06118	Date Received 11/25/2009	
Principal Occupation Commodity Management	Name of Employer United Technologies Corporation	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 01/11/2010

B. Itemized Contributions from Individuals

Last Name elliston	First Name juanita	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 # 322	Amount of Contribution
Residential Street Address 6497 Snowbird Ln	City Douglasville	State GA	Zip Code 30134	Date Received 12/05/2009	
Principal Occupation Police Officer	Name of Employer Atlanta Police Department	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 Twilley	First Name Richard	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 # 285	Amount of Contribution
Residential Street Address 221 Trumbull St	City Hartford	State CT	Zip Code 06103	Date Received 12/15/2009	
Principal Occupation Attorney	Name of Employer McCormick, Paulding & Huber, 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 Knickerbocker	First Name Richard	MI E	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 # 311	Amount of Contribution
Residential Street Address 110 Capen St	City Windsor	State CT	Zip Code 06095	Date Received 12/15/2009	
Principal Occupation Receiver	Name of Employer Aramark	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>12152009A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name McGarry	First Name Michael	MI T	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 # 292	Amount of Contribution
Residential Street Address 176 Whitney St	City Hartford	State CT	Zip Code 06105	Date Received 12/15/2009	
Principal Occupation Publisher	Name of Employer Hartford Publications	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>12152009A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 01/11/2010

B. Itemized Contributions from Individuals

Last Name Airey-Wilson	First Name Veronica	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 # 302	Amount of Contribution
Residential Street Address 131 Ridgefield St	City Hartford	State CT	Zip Code 06112	Date Received 12/15/2009	
Principal Occupation Insurance Agent	Name of Employer Allstate	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Williams	First Name Aby	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 291	Amount of Contribution
Residential Street Address 811 Tower Ave	City Hartford	State CT	Zip Code 06112	Date Received 12/15/2009	
Principal Occupation Pharmacy	Name of Employer UConn Health Center	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00
Last Name Ike	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 # 301	Amount of Contribution
Residential Street Address 90 Darby St	City Bloomfield	State CT	Zip Code 06002	Date Received 12/15/2009	
Principal Occupation Supervisor	Name of Employer State of Connecticut DOT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Clark	First Name Gerald	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 296	Amount of Contribution
Residential Street Address 235 E River Dr	City East Hartford	State CT	Zip Code 06108	Date Received 12/15/2009	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 01/11/2010

B. Itemized Contributions from Individuals

Last Name Leone	First Name Melissa	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 # 286	Amount of Contribution
Residential Street Address 361 Old Jewett City Rd	City Preston	State CT	Zip Code 06365	Date Received 12/15/2009	
Principal Occupation Photographer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Dean	First Name Kirk	MI A	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 # 287	Amount of Contribution
Residential Street Address 2 Walker Ln	City Bloomfield	State CT	Zip Code 06002	Date Received 12/15/2009	
Principal Occupation Operations Manager	Name of Employer DTG	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$40.00	\$40.00
Last Name Tinker	First Name Terence	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 288	Amount of Contribution
Residential Street Address 31 Deerfield Ave	City Hartford	State CT	Zip Code 06112	Date Received 12/15/2009	
Principal Occupation Residential Instructor	Name of Employer CRI	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Wynns	First Name Julie	MI E	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 # 289	Amount of Contribution
Residential Street Address 113 S Quaker Ln	City West Hartford	State CT	Zip Code 06119	Date Received 12/15/2009	
Principal Occupation Attorney	Name of Employer Linda McMahon for Senate	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 01/11/2010

B. Itemized Contributions from Individuals

Last Name Airey	First Name Phyllis	MI E	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 # 290	Amount of Contribution
Residential Street Address 53 Thomaston St	City Hartford	State CT	Zip Code 06112	Date Received 12/15/2009	
Principal Occupation Insurance Agent	Name of Employer Airey Insurance Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name McCalmon	First Name Adie	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 # 293	Amount of Contribution
Residential Street Address 29 Fairview Ave	City Hamden	State CT	Zip Code 06514	Date Received 12/15/2009	
Principal Occupation President	Name of Employer Urban League of Young Prof's - New Haven Chapter	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Marrero	First Name Jessenia	MI S	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 # 294	Amount of Contribution
Residential Street Address 54 Whitman St	City New Britain	State CT	Zip Code 06051	Date Received 12/15/2009	
Principal Occupation Administrative Assistant	Name of Employer Aetna	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$30.00	\$30.00
Last Name Beverley	First Name Alex	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 295	Amount of Contribution
Residential Street Address 287 Conestoga St	City Windsor	State CT	Zip Code 06095	Date Received 12/15/2009	
Principal Occupation Case Manager	Name of Employer My People Clinical Services	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 01/11/2010

B. Itemized Contributions from Individuals

Last Name Folston	First Name Janee	MI L	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 # 297	Amount of Contribution
Residential Street Address 949 Pleasant Valley Rd	City South Windsor	State CT	Zip Code 06074	Date Received 12/15/2009	
Principal Occupation Social Work	Name of Employer Capital Region Education	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00
Last Name Gartrell	First Name Joseph	MI C	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 # 298	Amount of Contribution
Residential Street Address 974 Matianuck Ave	City Windsor	State CT	Zip Code 06095	Date Received 12/15/2009	
Principal Occupation Windsor Package LLC	Name of Employer Mr. Joseph Gartrell Sr.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00
Last Name Mason	First Name Mallory	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 # 299	Amount of Contribution
Residential Street Address 389 Main St	City Hartford	State CT	Zip Code 06106	Date Received 12/15/2009	
Principal Occupation Image Consultant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Williams	First Name David	MI D	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 # 300	Amount of Contribution
Residential Street Address 36 Purdue Ln	City East Hartford	State CT	Zip Code 06118	Date Received 12/15/2009	
Principal Occupation Word of Magazine	Name of Employer C.E.O.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 01/11/2010

B. Itemized Contributions from Individuals

Last Name Snell	First Name Kisha	MI R	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 # 303	Amount of Contribution
Residential Street Address 200 Nutmeg Ln	City East Hartford	State CT	Zip Code 06118	Date Received 12/15/2009	
Principal Occupation Student	Name of Employer Manchester Community College	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Gamble	First Name Andrea	MI P	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 # 304	Amount of Contribution
Residential Street Address 674 Stone Rd	City Windsor	State CT	Zip Code 06095	Date Received 12/15/2009	
Principal Occupation Capitol Region	Name of Employer Capitol Region	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Villarouel	First Name Coryse	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 # 305	Amount of Contribution
Residential Street Address 123 Trotters Way	City Torrington	State CT	Zip Code 06790	Date Received 12/15/2009	
Principal Occupation Small Business Owner	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Aponte	First Name Alexander	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 306	Amount of Contribution
Residential Street Address 69 Bloomfield Ave	City Hartford	State CT	Zip Code 06051	Date Received 12/15/2009	
Principal Occupation Attorney	Name of Employer Law Office of Alexander Aponte	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 01/11/2010

B. Itemized Contributions from Individuals

Last Name Campbell	First Name Michelle	MI S	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 # 307	Amount of Contribution
Residential Street Address 66 Westbourne Pkwy	City Hartford	State CT	Zip Code 06112	Date Received 12/15/2009	
Principal Occupation Executive Assistant	Name of Employer Hartford Board of Education	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00
Last Name Gamm	First Name John	MI R	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 # 308	Amount of Contribution
Residential Street Address 32 Dutton Place Way	City Glastonbury	State CT	Zip Code 06033	Date Received 12/15/2009	
Principal Occupation Attorney/Arbitrator	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Baez	First Name Kerry	MI A	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 # 309	Amount of Contribution
Residential Street Address 550 Franklin Ave	City Hartford	State CT	Zip Code 06114	Date Received 12/15/2009	
Principal Occupation Bartender	Name of Employer The Gra	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Thompson	First Name Fred	MI E	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 # 310	Amount of Contribution
Residential Street Address 233 Sheffield Ave	City New Haven	State CT	Zip Code 06511	Date Received 12/15/2009	
Principal Occupation Engineer	Name of Employer AT&T	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 01/11/2010

B. Itemized Contributions from Individuals

Last Name Ramaglia	First Name John	MI V	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID # 312	Amount of Contribution
Residential Street Address 296 Hackmatack St	City Manchester	State CT	Zip Code 06040	Date Received 12/15/2009		
Principal Occupation Insurance Agent	Name of Employer John Ramm LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions \$25.00	\$25.00
Last Name Sawyer	First Name Edsel	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 317	Amount of Contribution
Residential Street Address 2A Thistle Ln	City Enfield	State CT	Zip Code 06082	Date Received 12/15/2009		
Principal Occupation Executive Recruiter	Name of Employer Sawyer and Associates Executive Search	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions \$10.00	\$10.00
Last Name Johnson	First Name Phyllis	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 318	Amount of Contribution
Residential Street Address 134 Old Chester Rd	City Haddam	State CT	Zip Code 06438	Date Received 12/15/2009		
Principal Occupation Homemaker	Name of Employer home	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions \$90.00	\$90.00
Last Name Redmond	First Name Sean	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 319	Amount of Contribution
Residential Street Address 352 6th Ave	City Brooklyn	State NY	Zip Code	Date Received 12/15/2009		
Principal Occupation Wholesaler	Name of Employer New York Life Insurance Company	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 01/11/2010

B. Itemized Contributions from Individuals

Last Name Petteway	First Name Garrett	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 # 320	Amount of Contribution
Residential Street Address 256 Hackmatack St	City Manchester	State CT	Zip Code 06040	Date Received 12/15/2009	
Principal Occupation Wholesaler	Name of Employer Lincoln Financial	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
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 # 321	Amount of Contribution
Residential Street Address PO Box 331171	City West Hartford	State CT	Zip Code 06133	Date Received 12/30/2009	
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 \$5.00	\$5.00
Total of Section B					\$1,500.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>					\$1,606.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 01/11/2010

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 01/11/2010
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 01/11/2010	
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		
Name of Cosigner/Guarantor				Candidate	Yes	
				Individual	No	
				Other Committee		
Street Address		City	State	Zip Code	Date Received	
Total of Section D						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 01/11/2010

E. Personal Funds of the Candidate Received this Period

Date Received	Amount	Method of Payment
		Cash Personal Check Credit/Debit Card

Total of Section E

I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE
Corey For Connecticut					Original 01/11/2010
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 01/11/2010
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 01/11/2010	
H. Public Grant Funds Received from the Citizen's Election Fund				
Purpose of Grant:	Supplemental/Independent Expenditure		Date Received	Amount
Initial				
Primary General or Special Election	Primary	General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure			
General or Special Election	Primary	General or Special Election		
Total of Section H				

I. MONETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE				FILING DUE DATE	
Corey For Connecticut				Original 01/11/2010	
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 01/11/2010
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J1. Fundraising Event Information

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 12/15/2009	Letter A Cocktail Event	100 E River Dr	East Hartford	CT	06108

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 01/11/2010

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 01/11/2010

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 01/11/2010

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? If yes, indicate which branch or branches of government the contract is with:		Yes No Executive Legislative	
Is this contribution associated with a fundraising event listed in Section 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 01/11/2010

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 01/11/2010	
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 01/11/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
TransFirst	10/02/2009	<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
			\$57.28
Steven Levy	10/06/2009	<input checked="" type="checkbox"/> Check #	
Street Address 59 Pecksland Rd	City Greenwich	State CT	Zip Code 06831
Purpose of Expenditure REF		<u>1026</u> <input type="checkbox"/> Debit Card	
Description Refund of Contribution in Excess of State CEP Limits		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
			\$100.00
James Hollins	10/06/2009	<input checked="" type="checkbox"/> Check #	
Street Address 136C Maple Ave	City Hartford	State CT	Zip Code 06114
Purpose of Expenditure A-WEB		<u>1025</u> <input type="checkbox"/> Debit Card	
Description Promotional 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
			\$100.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 01/11/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Star Capital LLC	10/16/2009	<input checked="" type="checkbox"/> Check #	
Street Address 39 Barry Cir	City Bloomfield	State CT	Zip Code 06002
Purpose of Expenditure CNSLT		<u>1028</u> <input type="checkbox"/> Debit Card	
Description Administrative Services Provided to Committee and Candidate		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
			\$120.00
Corey Brinson	10/23/2009	<input checked="" type="checkbox"/> Check #	
Street Address 8E Westview Dr	City Bloomfield	State CT	Zip Code 06002
Purpose of Expenditure RCW		<u>1029</u> <input type="checkbox"/> Debit Card	
Description Reimbursement for Postage Stamps for General Committee Mailings		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$44.00
Corey Brinson	10/23/2009	<input checked="" type="checkbox"/> Check #	
Street Address 8E Westview Dr	City Bloomfield	State CT	Zip Code 06002
Purpose of Expenditure RCW		<u>1030</u> <input type="checkbox"/> Debit Card	
Description Reimbursement for Food and Snacks for 09/18/2009 Fundraiser, plus tax		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
			\$55.90

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 01/11/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Corey Brinson	10/23/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code
8E Westview Dr	Bloomfield	CT	06002
Purpose of Expenditure			1031
RCW			<input type="checkbox"/> Debit Card
Description			Event #
Reimbursement for Printing of Color Handouts and Contribution Forms			
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			
			\$77.91

Name of Payee	Date of Payment	Method of Payment	Amount
Corey Brinson	10/23/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code
8E Westview Dr	Bloomfield	CT	06002
Purpose of Expenditure			1032
RCW			<input type="checkbox"/> Debit Card
Description			Event #
Reimbursement for Mileage to Events in Norwalk and Greenwich, 346 mi @ \$0.55/mi			
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			
			\$190.30

Name of Payee	Date of Payment	Method of Payment	Amount
Paychex, Inc., EIB	10/30/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code
55 Capital Blvd # 302	Rocky Hill	CT	06067
Purpose of Expenditure			WAGE
			<input checked="" type="checkbox"/> Debit Card
Description			Event #
Payroll Processing Services			
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			
			\$94.73

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 01/11/2010

N. Expenses Paid By Committee

Name of Payee Paychex, Inc., TPS					Date of Payment 10/30/2009	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 Committee Employee Tax and Other Deductions						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			\$2.87
Name of Payee People's Bank					Date of Payment 10/30/2009	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 850 Main St		City Bridgeport	State CT	Zip Code 06604	Purpose of Expenditure BNK	<input checked="" type="checkbox"/> Debit Card	
Description Banking 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			\$1.28
Name of Payee TransFirst					Date of Payment 11/03/2009	Method of Payment <input type="checkbox"/> Check #	Amount
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			\$39.14

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 01/11/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Paychex, Inc., EIB	11/06/2009	<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	\$50.97
Paychex, Inc., TPS	11/06/2009	<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 Committee Employee Tax and Other Deductions				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	\$42.99
Aisha S. Chalk	11/10/2009	<input checked="" type="checkbox"/> Check #		
Street Address 58 Hemlock St	City Manchester	State CT		Zip Code 06040
Purpose of Expenditure WAGE				<u>5001</u> <input type="checkbox"/> Debit Card
Description Disbursement 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	\$13.85

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 01/11/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Esther E. Davenport	11/12/2009	<input checked="" type="checkbox"/> Check #		
Street Address 55 Capital Blvd # 302	City Rocky Hill	State CT		Zip Code 06067
Purpose of Expenditure WAGE				5004
Description Disbursement 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	
			\$27.70	
Paychex, Inc., EIB	11/13/2009	<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	
			\$49.07	
Paychex, Inc., TPS	11/13/2009	<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 Committee Employee Tax and Other Deductions				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	
			\$31.53	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 01/11/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Alisha S. Stevens	11/16/2009	<input checked="" type="checkbox"/> Check #		
Street Address 69 Mansfield St	City Hartford	State CT		Zip Code 06112
Purpose of Expenditure WAGE				5002 <input type="checkbox"/> Debit Card
Description Disbursement 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	
			\$193.93	
Alisha S. Stevens	11/16/2009	<input checked="" type="checkbox"/> Check #		
Street Address 69 Mansfield St	City Hartford	State CT		Zip Code 06112
Purpose of Expenditure WAGE				5005 <input type="checkbox"/> Debit Card
Description Disbursement 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	
			\$110.82	
Aisha S. Chalk	11/16/2009	<input checked="" type="checkbox"/> Check #		
Street Address 58 Hemlock St	City Manchester	State CT		Zip Code 06040
Purpose of Expenditure WAGE				5003 <input type="checkbox"/> Debit Card
Description Disbursement 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	
			\$13.85	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 01/11/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Paychex, Inc., EIB	11/20/2009	<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
			\$39.91
Name of Payee	Date of Payment	Method of Payment	Amount
Paychex, Inc., TPS	11/20/2009	<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 Committee Employee Tax and Other Deductions		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
			\$29.23
Name of Payee	Date of Payment	Method of Payment	Amount
Alisha S. Stevens	11/24/2009	<input checked="" type="checkbox"/> Check #	
Street Address 69 Mansfield St	City Hartford	State CT	Zip Code 06112
Purpose of Expenditure WAGE		<u>5006</u> <input type="checkbox"/> Debit Card	
Description Disbursement 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
			\$141.29

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Corey For Connecticut						Original 01/11/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc., TPS					11/27/2009	<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 #	
Committee Employee Tax and Other Deductions							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$56.96
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc., EIB					11/27/2009	<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			\$45.53
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
All Mail Direct					12/01/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1033</u> <input type="checkbox"/> Debit Card	
55 John Downey Dr		New Britain	CT	06051	FNDR		
Description						Event #	
Mailing Costs for Invitation to 12/15/2009 Fundraiser						12152009A	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$232.09
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES								
NAME OF COMMITTEE							FILING DUE DATE	
Corey For Connecticut							Original 01/11/2010	
N. Expenses Paid By Committee								
Name of Payee					Date of Payment	Method of Payment		Amount
Alisha S. Stevens					12/01/2009	<input checked="" type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	5009		
69 Mansfield St		Hartford	CT	06112	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #		
Disbursement to Employee								
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought			\$123.01
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Name of Payee					Date of Payment	Method of Payment		Amount
Aisha S. Chalk					12/01/2009	<input checked="" type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	5007		
58 Hemlock St		Manchester	CT	06040	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #		
Disbursement to Employee								
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought			\$55.41
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Name of Payee					Date of Payment	Method of Payment		Amount
TransFirst					12/02/2009	<input type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	5007		
12120 Shamrock Plz		Omaha	NE	68154	BNK	<input checked="" type="checkbox"/> Debit Card		
Description						Event #		
Credit Card Payment Services Fees								
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought			\$37.17
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 01/11/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc., EIB					12/04/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
55 Capital Blvd # 302	Rocky Hill	CT	06067	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Payroll Processing Services							
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						\$44.96	
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc., EIB					12/04/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
55 Capital Blvd # 302	Rocky Hill	CT	06067	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Payroll Processing Services							
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						\$39.91	
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc., TPS					12/04/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
55 Capital Blvd # 302	Rocky Hill	CT	06067	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Committee Employee Tax and Other Deductions							
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						\$24.07	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Corey For Connecticut						Original 01/11/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc., TPS					12/04/2009	<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 #	
Committee Employee Tax and Other Deductions							
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							\$10.04
Name of Payee					Date of Payment	Method of Payment	Amount
Esther E. Davenport					12/04/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>5008</u>	
144 Flax Hill Rd		Norwalk	CT	06854	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Disbursement 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							\$96.97
Name of Payee					Date of Payment	Method of Payment	Amount
Alisha S. Stevens					12/08/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>5010</u>	
69 Mansfield St		Hartford	CT	06112	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Disbursement 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							\$116.36

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Corey For Connecticut						Original 01/11/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Aisha S. Chalk					12/09/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	5000	
58 Hemlock St		Manchester	CT	06040	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Disbursement to Employee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$13.85
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Sheraton Hartford Hotel					12/09/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1034	
100 E River Dr		East Hartford	CT	06108	FNDR	<input type="checkbox"/> Debit Card	
Description						Event #	
Deposit for 12/15/2009 Fundraiser						12152009A	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$200.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Esther E. Davenport					12/10/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	5011	
144 Flax Hill Rd		Norwalk	CT	06854	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Disbursement to Employee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$48.48
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Corey For Connecticut						Original 01/11/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Sheraton Hartford Hotel					12/15/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1035	
100 E River Dr		East Hartford	CT	06108	FNDR	<input type="checkbox"/> Debit Card	
Description					Event #		
Balance of Costs for 12/15/2009 Fundraiser					12152009A		
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$387.24
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc., EIB					12/18/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1035	
55 Capital Blvd # 302		Rocky Hill	CT	06067	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description					Event #		
Payroll Processing Services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$55.60
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc., TPS					12/18/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1035	
56 Capital Blvd # 302		Rocky Hill	CT	06067	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description					Event #		
Committee Employee Tax and Other Deductions							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$52.03
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Corey For Connecticut						Original 01/11/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Shaun Levy					12/21/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1036	
1021 Asylum Ave # 412		Hartford	CT	06105	FNDR	<input type="checkbox"/> Debit Card	
Description					Event #		
Photography Services at 12/15/2009 Fundraiser					12152009A		
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$50.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Alisha S. Stevens					12/22/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	5013	
69 Mansfield St		Hartford	CT	06112	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description					Event #		
Disbursement to Employee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$237.71
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Aisha S. Chalk					12/28/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	5012	
58 Hemlock St		Manchester	CT	06040	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description					Event #		
Disbursement to Employee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$13.85
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 01/11/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Timeless Weddings by Georgia, LLC					12/30/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1037		
13 Peachbrooke Dr	South Windsor	CT	06074	FNDR	<input type="checkbox"/> Debit Card		
Description					Event #		
Event Planning for 12/15/2009 Fundraiser and Future Events					12152009A		
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$247.52	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Timeless Weddings by Georgia, LLC					12/30/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1037		
13 Peachbrooke Dr	South Windsor	CT	06074	CNSLT	<input type="checkbox"/> Debit Card		
Description					Event #		
Planning and Consulting Services for Future Fundraising							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$247.52	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Technivision LLC					12/30/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1038		
112 New Rd	Tolland	CT	06084	WEB	<input type="checkbox"/> Debit Card		
Description					Event #		
Internet Services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$408.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Corey For Connecticut						Original 01/11/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Technivision LLC					12/30/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1038	
112 New Rd		Tolland	CT	06084	WEB	<input type="checkbox"/> Debit Card	
Description						Event #	
Amended Invoices 9-2592, 9-2623 for Web Services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$408.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
TransFirst					12/31/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1038	
12120 Shamrock Plz		Omaha	NE	68154	BNK	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Credit Card Payment Services Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$0.16	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc., TPS					12/31/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1038	
55 Capital Blvd # 302		Rocky Hill	CT	06067	BNK	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Committee Employee Tax and Other Deductions							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$26.22	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Total of Section N						\$4,907.21	

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Corey For Connecticut					Original 01/11/2010	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card: <div style="display: flex; justify-content: space-around; font-size: small;"> Visa Master Card Discover American </div> 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 01/11/2010

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

Name of Creditor Julie Corrado	Date Incurred 11/19/2009	Event #	Amount Incurred (Estimate or Actual)
Street Address 22 Charter Oak Pl # 1N	City Hartford	State CT	Zip Code 06106
Purpose of Expenditure ATT *	Description Mileage for two round trips to Greenwich, 360 miles @ \$0.25/mi		
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
			\$90.00
Name of Creditor All Mail Direct	Date Incurred 12/10/2009	Event #	Amount Incurred (Estimate or Actual)
Street Address 55 John Downey Dr	City New Britain	State CT	Zip Code 06051
Purpose of Expenditure PRNT	Description Printing of Fundraising Mailings		
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
			\$1,015.02
Total of Section Q			\$1,105.02

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corev For Connecticut	Original 01/11/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Corey Brinson	Date of Payment 10/23/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1032	Amount
Secondary Payee Corey Brinson	Purpose of Expenditure ATT *	<input type="checkbox"/> Debit Card	
Street Address 8E Westview Dr	City Bloomfield	State CT	Zip Code 06002
Description Mileage to Events in Norwalk and Greenwich, 346 mi @ \$0.55/mi			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$190.30
Other Candidate(s) Name			Office Sought

Name of Worker/Consultant Corey Brinson	Date of Payment 10/23/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1030	Amount
Secondary Payee Stop & Shop	Purpose of Expenditure FNDR	<input type="checkbox"/> Debit Card	
Street Address 313 Cottage Grove Rd	City Bloomfield	State CT	Zip Code 06002
Description Food and Snacks for 09/18/2009 Fundraiser, plus tax			Event # 09182009A
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$55.90
Other Candidate(s) Name			Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corev For Connecticut	Original 01/11/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Corey Brinson	10/23/2009	<input checked="" type="checkbox"/> Check # 1029		
Secondary Payee United States Postal Service	Purpose of Expenditure POST	<input type="checkbox"/> Debit Card		
Street Address Blue Hills Post Office	City Hartford	State CT		Zip Code 06112
Description Postage Stamps for General Committee Mailings		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$44.00	
Corey Brinson	10/23/2009	<input checked="" type="checkbox"/> Check # 1031		
Secondary Payee FedEx Kinko's	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card		
Street Address 544 Farmington Ave	City Hartford	State CT		Zip Code 06105
Description Printing of Color Handouts and Contribution Forms		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	
			\$77.91	
Total of Section R			\$368.11	

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Corey For Connecticut				Original 01/11/2010
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				