

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 105

SUMMARY PAGE

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
Friends Of Gerry Garcia					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First Ronald	MI M.	Last Petronella	Suffix		
4. TREASURER ADDRESS						
Street Address 868 Monroe Tpke		City Monroe		State CT	Zip Code 06468	
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 Gerald	MI	Last Garcia	Suffix		
9. TYPE OF REPORT						
July 10 Filing - Original						
10. PERIOD COVERED						
Beginning Date Ending Date						
04/01/2010 thru 06/30/2010						
11. CERTIFICATION						
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.						
Electronic Filing		Justin Grimsley		07/12/2010		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

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Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Friends Of Gerry Garcia	Original 07/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$6,632.63	
14. Contributions received from Individuals (Section A and B)	\$18,925.00	\$30,819.00
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-I)	\$0.00	\$0.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$18,925.00	\$30,819.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$25,557.63	\$30,819.00
20. Expenses Paid by Committee (Section N)	\$12,452.92	\$17,714.29
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$13,104.71	\$13,104.71
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)	\$6,450.94	\$6,450.94
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)	\$2,839.63	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$9,911.06	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	Subtotal Section A \$0.00

B. Itemized Contributions from Individuals

Last Name Reyes	First Name Tomas	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 # 0295	Amount of Contribution
Residential Street Address 6 Autumn Ridge Rd	City Oxford	State CT	Zip Code 06478-1165	Date Received 04/01/2010	
Principal Occupation Amin.	Name of Employer Yale University	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	
\$25.00					
Last Name Romanow	First Name John	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 # 0283	Amount of Contribution
Residential Street Address 401 Whitney Ave Apt 2	City New Haven	State CT	Zip Code 06511	Date Received 04/01/2010	
Principal Occupation Aribtration	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 Pella	First Name Mary Jane	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 # 0284	Amount of Contribution
Residential Street Address 8714 Westwood Dr	City Vienna	State VA	Zip Code 22182	Date Received 04/02/2010	
Principal Occupation Analyst	Name of Employer US Department of State	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 Pella	First Name Mark	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 # 0285	Amount of Contribution
Residential Street Address 8714 Westwood Dr	City Vienna	State VA	Zip Code 22182	Date Received 04/02/2010	
Principal Occupation Analyst	Name of Employer US Department of State	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	
\$100.00					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Burgos Rodriguez	First Name Abner	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 # 0258	Amount of Contribution \$100.00
Residential Street Address 8 Corn Tassel Rd	City Danbury	State CT	Zip Code 06811	Date Received 04/02/2010		
Principal Occupation Marketing Manager	Name of Employer Standard Petroleum		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		
Last Name Buono	First Name William	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 # 0243	Amount of Contribution \$20.00
Residential Street Address 58 Lynn Dr	City Wallingford	State CT	Zip Code 06492	Date Received 04/02/2010		
Principal Occupation Meat Cutter	Name of Employer Stop & Shop		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 \$20.00		
Last Name Jurkowski	First Name Dennis	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 # 0244	Amount of Contribution \$20.00
Residential Street Address PO Box 104 33 Maplecrest Dr	City Belchertown	State MA	Zip Code 01007	Date Received 04/02/2010		
Principal Occupation Meat Cutter	Name of Employer Stop & Shop		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 \$20.00		
Last Name Bard	First Name Larry	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 # 0245	Amount of Contribution \$20.00
Residential Street Address 88 Overlook Ave	City Bristol	State CT	Zip Code 06010	Date Received 04/02/2010		
Principal Occupation Meat Cutter	Name of Employer Stop & Shop		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 \$20.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Sgueglia	First Name George	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 # 0247	Amount of Contribution
Residential Street Address 76 Ridge Dr	City Yonkers	State NY	Zip Code 10705-2539	Date Received 04/02/2010		
Principal Occupation Meat Cutter	Name of Employer Food Emporium		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Kean	First Name Michelle	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 # 0252	Amount of Contribution
Residential Street Address 700 1st St Apt 14J	City Hoboken	State NJ	Zip Code 07030	Date Received 04/02/2010		
Principal Occupation	Name of Employer AXA Equitable		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Padro	First Name Ricky	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 # 0256	Amount of Contribution
Residential Street Address 1760 Hartford Tpke	City North Haven	State CT	Zip Code 06473	Date Received 04/02/2010		
Principal Occupation Teacher	Name of Employer City of New Haven		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$60.00		
Last Name McCarthy	First Name Edmund	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 # 0246	Amount of Contribution
Residential Street Address 130 E Eaton St	City Bridgeport	State CT	Zip Code 06604-1918	Date Received 04/02/2010		
Principal Occupation Meat Cutter	Name of Employer Stop & Shop		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Reyes Jr.		First Name Tomas		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 # 0259	Amount of Contribution
Residential Street Address 6 Autumn Ridge Rd		City Oxford		State CT	Zip Code 06478		Date Received 04/02/2010	
Principal Occupation Administrator		Name of Employer Yale University School of Medicine			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$75.00	\$50.00

Last Name Schaefer		First Name Elisabeth		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 # 0254		Amount of Contribution	
Residential Street Address 333 E 53rd St Apt 4J-5J			City New York			State NY		Zip Code 10022		Date Received 04/02/2010	
Principal Occupation Advertising Sales			Name of Employer Conde Nast/Self Magazine				Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00		

Last Name Clark		First Name William		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 # 0280	Amount of Contribution \$100.00
Residential Street Address 337 Humphrey St		City New Haven		State CT	Zip Code 06511-3934		Date Received 04/04/2010	
Principal Occupation Coo		Name of Employer New Haven BOE			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name Friedler		First Name Jeffrey		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 # 0281	Amount of Contribution \$100.00
Residential Street Address 42 Sorrey Dr		City Cheshire		State CT	Zip Code 06410	Date Received 04/04/2010		
Principal Occupation Attorney		Name of Employer Friedler & Friedler, P.C.			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Greenberg		First Name Jonathan		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0289	Amount of Contribution
Residential Street Address 1675 York Ave # 30L			City New York		State NY	Zip Code 10128		Date Received 04/05/2010		
Principal Occupation Finance			Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with:					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
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative										

Last Name Castillo		First Name Yolanda		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 # 0261	Amount of Contribution
Residential Street Address 147 Hollister St			City Manchester		State CT	Zip Code 06042	Date Received 04/05/2010	
Principal Occupation Rehab Counselor			Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

Last Name Sullivan		First Name William		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 # 0262	Amount of Contribution
Residential Street Address 29 Locust St		City West Haven		State CT	Zip Code 06516		Date Received 04/05/2010	
Principal Occupation V18		Name of Employer CT All Phase Builders LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00

Last Name Keyes		First Name John		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 # 0298	Amount of Contribution
Residential Street Address 63 Marrel Rd			City New Haven		State CT	Zip Code	Date Received 04/06/2010	
Principal Occupation Attorney			Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Paulson	First Name Alexander	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 # 0302	Amount of Contribution \$100.00
Residential Street Address 3836 Fulton St NW	City Washington	State DC	Zip Code 20007	Date Received 04/06/2010		
Principal Occupation Legislative Counsel	Name of Employer U.S. Congress		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Cordova	First Name Linda	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 # 0299	Amount of Contribution \$25.00
Residential Street Address 68 Hayward Rd	City Hamden	State CT	Zip Code 06514	Date Received 04/08/2010		
Principal Occupation	Name of Employer State of CT		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Straiton	First Name Sharon	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0257	Amount of Contribution \$100.00
Residential Street Address 7 Codfish Hill Rd	City Bethel	State CT	Zip Code 06801	Date Received 04/08/2010		
Principal Occupation	Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Petronella	First Name Brian	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0260	Amount of Contribution \$100.00
Residential Street Address 21 Linden St Unit 18	City Norwalk	State CT	Zip Code 06851	Date Received 04/09/2010		
Principal Occupation President	Name of Employer Local 371 UFCW		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Ferrucci		First Name Immaculata		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0297	Amount of Contribution
Residential Street Address 7 Sherman Ln		City Hamden		State CT	Zip Code 06514		Date Received 04/09/2010	
Principal Occupation Admin. Assistant		Name of Employer CMHC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		\$50.00

Last Name ADELMAN		First Name FRANK		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 # 0304	Amount of Contribution
Residential Street Address 3 Harriett Ln E			City Darien		State CT	Zip Code 06820	Date Received 04/09/2010	
Principal Occupation Financial Analyst			Name of Employer Thomson Reuters			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

Last Name Farman		First Name Edward		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 # 0290	Amount of Contribution
Residential Street Address 311-1 Ferry Rd		City Old Lyme		State CT	Zip Code 06371-1625		Date Received 04/09/2010	
Principal Occupation		Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	\$25.00

Last Name Woolley		First Name David		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0288	Amount of Contribution \$50.00
Residential Street Address 9 Belvaire Rd		City Old Lyme		State CT	Zip Code 06371	Date Received 04/09/2010		
Principal Occupation		Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Reale	First Name Matthew	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 # 0391	Amount of Contribution \$50.00
Residential Street Address 34 Brewster Pl	City Trumbull	State CT	Zip Code 06611	Date Received 04/12/2010		
Principal Occupation Atty	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Cordova	First Name Linda	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 # 0263	Amount of Contribution \$25.00
Residential Street Address 68 Hayward Rd	City Hamden	State CT	Zip Code 06514	Date Received 04/13/2010		
Principal Occupation	Name of Employer State of CT		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Mitchell	First Name William	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 # 0264	Amount of Contribution \$100.00
Residential Street Address 924-6 Quinipiac Ave	City New Haven	State CT	Zip Code 06511	Date Received 04/15/2010		
Principal Occupation Self Employed	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Adamczyk	First Name Aleksandra	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 # 0306	Amount of Contribution \$50.00
Residential Street Address 81 Ocean Ave	City Staten Island	State NY	Zip Code 10305	Date Received 04/16/2010		
Principal Occupation Banking	Name of Employer RBC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Padro	First Name Abel	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 # 0266	Amount of Contribution \$50.00
Residential Street Address 724 Savin Ave # A-8	City West Haven	State CT	Zip Code 06516	Date Received 04/17/2010		
Principal Occupation	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 04172010j <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Cordova	First Name Celestino	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 # 0269	Amount of Contribution \$25.00
Residential Street Address 25 Salstonstall Ave Apt 505	City New Haven	State CT	Zip Code 06513	Date Received 04/17/2010		
Principal Occupation Program Coordinator	Name of Employer South Central Agency on Aging		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name King	First Name Abolardo	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 # 0273	Amount of Contribution \$60.00
Residential Street Address 58 Marion St	City West Haven	State CT	Zip Code 06516	Date Received 04/17/2010		
Principal Occupation consultant	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 04172010j <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$60.00		
Last Name Garayua	First Name Wilda	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 # 0275	Amount of Contribution \$50.00
Residential Street Address 158 Grafton St	City New Haven	State CT	Zip Code 06513	Date Received 04/17/2010		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Gomez	First Name Victor	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 # 0271	Amount of Contribution \$35.00
Residential Street Address 15 Vera St	City East Haven	State CT	Zip Code 06512	Date Received 04/17/2010		
Principal Occupation reverend	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 04172010j <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$35.00		
Last Name Singh Lemar	First Name Anika	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 # 0267	Amount of Contribution \$50.00
Residential Street Address 6 Eld St	City New Haven	State CT	Zip Code 06511	Date Received 04/17/2010		
Principal Occupation Attorney	Name of Employer Wiggin & Dana LLP		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Brooks	First Name Darrell	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 # 0268	Amount of Contribution \$100.00
Residential Street Address 106 Kohary Dr	City New Haven	State CT	Zip Code 06515	Date Received 04/17/2010		
Principal Occupation	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 04172010j <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Rodriguez	First Name Joseph	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 # 0272	Amount of Contribution \$40.00
Residential Street Address 112 Peck St	City New Haven	State CT	Zip Code 06513	Date Received 04/17/2010		
Principal Occupation Aiderman	Name of Employer City of N.H.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$40.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Bruno	First Name Angel	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 # 0265	Amount of Contribution \$35.00
Residential Street Address 24 Alpine Dr	City East Haven	State CT	Zip Code 06512	Date Received 04/17/2010		
Principal Occupation Executive	Name of Employer UI	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$35.00		
Last Name Paca	First Name Marcus	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 # 0279	Amount of Contribution \$50.00
Residential Street Address 119 Maple St	City New Haven	State CT	Zip Code 06511	Date Received 04/17/2010		
Principal Occupation Manager	Name of Employer ABCP, Inc	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04172010i</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Harp	First Name Jarriel	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 # 0274	Amount of Contribution \$25.00
Residential Street Address 26 Lynwood Pl	City New Haven	State CT	Zip Code 06511	Date Received 04/17/2010		
Principal Occupation Medical Student	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Rodriguez	First Name Carmen Ana	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 # 0270	Amount of Contribution \$25.00
Residential Street Address 391 Woodland Ln	City Orange	State CT	Zip Code 06477	Date Received 04/18/2010		
Principal Occupation Administrator	Name of Employer NHPS	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04172010i</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Adamczyk		First Name Marcin		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 # 0307	Amount of Contribution
Residential Street Address 81 Ocean Ave			City Staten Island		State NY	Zip Code 10305		Date Received 04/19/2010
Principal Occupation construction			Name of Employer New Amsterdam			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	

Last Name Hanczor		First Name Robert		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 # 0308	Amount of Contribution
Residential Street Address 1652 Neale St		City San Diego		State CA	Zip Code 92103		Date Received 04/22/2010	
Principal Occupation Manager		Name of Employer CP			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$1.00	\$1.00

Last Name Bertaccini		First Name Blair		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0286	Amount of Contribution
Residential Street Address 104 Fiske St		City Waterbury		State CT	Zip Code 06710		Date Received 04/24/2010	
Principal Occupation Wage Enforcement Agent		Name of Employer CT Dept of Labor			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00

Last Name Clark	First Name Amanda	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 # 0309	Amount of Contribution
Residential Street Address 118 Oak Hill Dr	City Portland	State TN	Zip Code 37148	Date Received 04/28/2010	
Principal Occupation student	Name of Employer Yale University	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Arroyo		First Name Ramon		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0287	Amount of Contribution
Residential Street Address 97 Amity St		City Hartford		State CT	Zip Code 06106-1001	Date Received 05/08/2010		
Principal Occupation		Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Murphy		First Name Kelly		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 # 0392	Amount of Contribution
Residential Street Address 80 Edwards St # 2		City New Haven		State CT	Zip Code 06511	Date Received 05/11/2010		
Principal Occupation Economic Development Dir		Name of Employer City of New Haven			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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00		\$25.00

Last Name Lambert		First Name Ruth		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 # 0313	Amount of Contribution \$100.00
Residential Street Address 315 Whitney Ave , Carriage House		City New Haven		State CT	Zip Code 06511	Date Received 05/12/2010		
Principal Occupation Online Magazine Editor		Name of Employer Naffa Inc			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name Cheskis		First Name Harvey		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 # 0314	Amount of Contribution \$25.00
Residential Street Address 4 Country Way		City North Haven		State CT	Zip Code 06473	Date Received 05/12/2010		
Principal Occupation		Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Eder		First Name Andrew		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 # 0312	Amount of Contribution
Residential Street Address 167 Uncas Point Rd		City Guilford		State CT	Zip Code 06437		Date Received 05/12/2010	
Principal Occupation Executive		Name of Employer Eder Bros., Inc.			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

Last Name Avallone		First Name Vincent		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 # 0394	Amount of Contribution \$100.00
Residential Street Address 1 Ashford Ct		City Wallingford		State CT	Zip Code 06492	Date Received 05/12/2010		
Principal Occupation Attorney		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <div style="float: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>			
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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Last Name Wareck		First Name Anne		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 # 0315	Amount of Contribution
Residential Street Address 55 Huntington St .			City New Haven		State CT	Zip Code 06511	Date Received 05/13/2010	
Principal Occupation real estate			Name of Employer Chapel Investment, LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

Last Name Alvarado		First Name Anthony		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 # 0324	Amount of Contribution \$100.00
Residential Street Address 10 Townsend Ave		City New Haven		State CT	Zip Code 06512	Date Received 05/15/2010		
Principal Occupation		Name of Employer none		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Rosner		First Name Joseph		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 # 0331	Amount of Contribution
Residential Street Address 225 5th Ave Apt 10C		City New York		State NY	Zip Code 10010		Date Received 05/16/2010	
Principal Occupation Bond trader		Name of Employer Credit Suisse			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Dimenstein		First Name Michael		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 # 0316	Amount of Contribution
Residential Street Address 50 Dogwood Cir		City Woodbridge		State CT	Zip Code 06525		Date Received 05/16/2010	
Principal Occupation Human Resources Administrator		Name of Employer Yale New Haven Health System			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Musser		First Name Matthew		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 # 0332	Amount of Contribution
Residential Street Address 208 E 32nd			City New York		State NY	Zip Code 10016	Date Received 05/17/2010	
Principal Occupation Finance			Name of Employer Credit Suisse			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

Last Name Beirne		First Name Thomas		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 # 0334	Amount of Contribution
Residential Street Address 15 East Ave		City Milford		State CT	Zip Code 06460		Date Received 05/18/2010	
Principal Occupation Investment Manager		Name of Employer Halsey Associates			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Festa		First Name Wayne		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0328		Amount of Contribution	
Residential Street Address 229 Branford Rd # U219			City North Branford			State CT	Zip Code 06471		Date Received 05/19/2010			
Principal Occupation custodian			Name of Employer NHBOE				Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00		\$100.00		

Last Name Festa		First Name Iris		MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0329	Amount of Contribution
Residential Street Address 229 Branford Rd			City North Branford		State CT	Zip Code 06471		Date Received 05/19/2010
Principal Occupation Guidance counselor			Name of Employer NHBOE			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	

Last Name Hernandez		First Name Abraham		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 # 0341	Amount of Contribution
Residential Street Address 218 Atwater St		City New Haven		State CT	Zip Code 06513		Date Received 05/20/2010	
Principal Occupation Manager		Name of Employer Radio Amor Inc			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name White		First Name Thomas		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 # 0343	Amount of Contribution
Residential Street Address 978 W Lake Ave			City Guilford		State CT	Zip Code 06437	Date Received 05/20/2010	
Principal Occupation			Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Kalla		First Name Joshua		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0358	Amount of Contribution
Residential Street Address 31 Rosemont Ln			City Pittsburgh		State PA	Zip Code 15217		Date Received 05/26/2010
Principal Occupation Student			Name of Employer Yale University			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	

Last Name Mason	First Name Joleen	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 # 0336	Amount of Contribution
Residential Street Address 57 Terrace St	City New Haven	State CT	Zip Code 06512	Date Received 05/28/2010	
Principal Occupation Maintainer	Name of Employer CMHC	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		Aggregate Contributions \$100.00	\$100.00

Last Name Curtis		First Name Abigail		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 # 0344	Amount of Contribution
Residential Street Address 91 Pine Ln			City Windsor		State CT	Zip Code 06095	Date Received 06/01/2010	
Principal Occupation Sales			Name of Employer La Voz Hispana			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
								\$100.00

Last Name Cortis		First Name Damian		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 # 0345	Amount of Contribution \$100.00
Residential Street Address 91 Pine Ln		City Windsor		State CT	Zip Code 06095	Date Received 06/01/2010		
Principal Occupation Music Instructor		Name of Employer Simbury Music Center			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Fuentes	First Name Jorge	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 # 0346	Amount of Contribution \$100.00
Residential Street Address 140 Brewster Rd	City Windsor	State CT	Zip Code 06095	Date Received 06/01/2010		
Principal Occupation Maintenance	Name of Employer Asylum Hill Congregational Church		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		
Last Name Cardona	First Name Dalila	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 # 0347	Amount of Contribution \$100.00
Residential Street Address 140 Brewster Rd	City Windsor	State CT	Zip Code 06095	Date Received 06/01/2010		
Principal Occupation Customer Service	Name of Employer Dicks Sporting Goods		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		
Last Name Fuentes	First Name Elizabeth	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 # 0349	Amount of Contribution \$100.00
Residential Street Address 140 Brewster Rd	City Windsor	State CT	Zip Code 06095	Date Received 06/01/2010		
Principal Occupation	Name of Employer Retired from AT&T		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		
Last Name Cardona	First Name Iliana	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 # 0353	Amount of Contribution \$100.00
Residential Street Address 140 Brewster Rd	City Windsor	State CT	Zip Code 06095	Date Received 06/01/2010		
Principal Occupation Medical Assistant	Name of Employer Dr Kellerman		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		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Lopez	First Name John	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 # 0350	Amount of Contribution \$100.00
Residential Street Address 40 Lenox Ave	City Stamford	State CT	Zip Code 06902	Date Received 06/01/2010		
Principal Occupation Designer	Name of Employer Self Employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Curtis III	First Name Theodore	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 # 0352	Amount of Contribution \$100.00
Residential Street Address 97 Pine Ln	City Windsor	State CT	Zip Code 06095	Date Received 06/01/2010		
Principal Occupation Programer	Name of Employer SS&C Technologies		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Reyes	First Name Andre	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 # 0354	Amount of Contribution \$100.00
Residential Street Address 81 Victoria Ct	City Hamden	State CT	Zip Code 06514	Date Received 06/01/2010		
Principal Occupation System Support Analyst	Name of Employer Ingenix Global Technology		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Reyes	First Name Keona	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 # 0355	Amount of Contribution \$100.00
Residential Street Address 81 Victoria Ct	City Hamden	State CT	Zip Code 06514	Date Received 06/01/2010		
Principal Occupation Occupational Therapist	Name of Employer Masonicare Health Center		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Mazanagos	First Name Roberto	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 # 0426	Amount of Contribution \$5.00
Residential Street Address 1 Leonard St Apt A8	City Norwalk	State CT	Zip Code 06850	Date Received 06/05/2010		
Principal Occupation	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$5.00		
Last Name Young	First Name Charles	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 # 0512	Amount of Contribution \$100.00
Residential Street Address 1938 Nichols Ave	City Stratford	State CT	Zip Code 06614	Date Received 06/07/2010		
Principal Occupation	Name of Employer City of West Have		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		
Last Name eyzaguirre	First Name carlos	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 # 0368	Amount of Contribution \$80.00
Residential Street Address 33 Lyon St # 3	City New Haven	State CT	Zip Code 06511	Date Received 06/10/2010		
Principal Occupation business development director	Name of Employer economic development 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 \$80.00		
Last Name Looney	First Name Martin	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 # 0365	Amount of Contribution \$100.00
Residential Street Address 132 Fort Hale Rd	City New Haven	State CT	Zip Code 06512	Date Received 06/12/2010		
Principal Occupation State Senator/Attorney/Adjunct Facu	Name of Employer State of CT/Keyes & Looney/Quinnipiac Univers		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		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Garcia	First Name Gilberto	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 # 0360	Amount of Contribution
Residential Street Address 90 Main St Apt 32	City Broad Brook	State CT	Zip Code 06016	Date Received 06/15/2010		
Principal Occupation Rep Support	Name of Employer Mass Mutual	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		
Last Name Berger	First Name Jason	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 # 0371	Amount of Contribution
Residential Street Address 242 Ridgeway Ave	City Oakland	State CA	Zip Code 94611	Date Received 06/16/2010		
Principal Occupation Sales	Name of Employer Radio Systems Corp.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Barash	First Name Shari	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 # 0393	Amount of Contribution
Residential Street Address 607 Warfield Dr	City Rockville	State MD	Zip Code 20850	Date Received 06/16/2010		
Principal Occupation Chemical Engineer	Name of Employer US Environmental Protection Agency	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Matteson	First Name Sean	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 # 0372	Amount of Contribution
Residential Street Address 318 Front St	City New Haven	State CT	Zip Code 06513	Date Received 06/17/2010		
Principal Occupation Chief of Staff	Name of Employer City of New Haven	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Paradis	First Name Eric	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 # 0376	Amount of Contribution \$30.00
Residential Street Address 85 Riverside Rd	City Sandy Hook	State CT	Zip Code 06482	Date Received 06/22/2010		
Principal Occupation Teacher	Name of Employer Trumbull BOE		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$30.00		
Last Name Kaye	First Name Joel	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 # 0375	Amount of Contribution \$50.00
Residential Street Address 87 Hillcrest Park Rd	City Old Greenwich	State CT	Zip Code 06870	Date Received 06/22/2010		
Principal Occupation Lawyer	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Mills	First Name Gwendolyn	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 # 0377	Amount of Contribution \$100.00
Residential Street Address 49 Livingston St # 2	City New Haven	State CT	Zip Code 06511	Date Received 06/23/2010		
Principal Occupation Political Field Director	Name of Employer UNITE HERE IU		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Jawien	First Name Agnes	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 # 0381	Amount of Contribution \$99.00
Residential Street Address 69 Woodlawn Ave	City Staten Island	State NY	Zip Code 10305	Date Received 06/24/2010		
Principal Occupation Marketing Manager	Name of Employer Warren-Tricomi		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$99.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Bara	First Name Julia	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 # 0431	Amount of Contribution \$100.00
Residential Street Address 35 Taylor Rd	City Bethel	State CT	Zip Code 06801	Date Received 06/25/2010		
Principal Occupation direct support	Name of Employer ability beyond disability		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Bara	First Name Carolina	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 # 0433	Amount of Contribution \$100.00
Residential Street Address 35 Taylor Rd	City Bethel	State CT	Zip Code 06801	Date Received 06/25/2010		
Principal Occupation server	Name of Employer cadiz rest		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Bara	First Name Dumitru	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0432	Amount of Contribution \$100.00
Residential Street Address 35 Taylor Ave	City Bethel	State CT	Zip Code 06801	Date Received 06/25/2010		
Principal Occupation painter	Name of Employer bara home improv		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Young	First Name Marcie	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 # 0511	Amount of Contribution \$100.00
Residential Street Address 52 Narragansett Trl	City Shelton	State CT	Zip Code 06484	Date Received 06/25/2010		
Principal Occupation Consultant	Name of Employer Bayer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Pawlak	First Name Zofia	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 # 0593	Amount of Contribution \$100.00
Residential Street Address 161 Broad St Apt 3B	City New Britain	State CT	Zip Code 06053	Date Received 06/25/2010		
Principal Occupation	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Boduch	First Name Ceylia	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 # 0594	Amount of Contribution \$100.00
Residential Street Address 2066 68th St	City Brooklyn	State NY	Zip Code 11204	Date Received 06/26/2010		
Principal Occupation	Name of Employer none		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		
Last Name Mills	First Name Ronald	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 # 0383	Amount of Contribution \$100.00
Residential Street Address 1108 2nd St .	City Florence	State OR	Zip Code 97439	Date Received 06/26/2010		
Principal Occupation Software developer	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Bartlett	First Name Jason	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 # 0434	Amount of Contribution \$100.00
Residential Street Address 14 Highview Ter	City Bethel	State CT	Zip Code 06801	Date Received 06/26/2010		
Principal Occupation legistator	Name of Employer state of ct		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		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
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B. Itemized Contributions from Individuals

Last Name Feliciano	First Name Carmen	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 # 0418	Amount of Contribution
Residential Street Address 62 Plymouth St	City New Haven	State CT	Zip Code 06519	Date Received 06/27/2010		
Principal Occupation	Name of Employer homemaker		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Miranda	First Name Vidal	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 # 0413	Amount of Contribution
Residential Street Address 15 Woolsey St	City New Haven	State CT	Zip Code 06511	Date Received 06/27/2010		
Principal Occupation	Name of Employer disabled		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						
Last Name Miranda	First Name Leonida	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 # 0414	Amount of Contribution
Residential Street Address 15 Woolsey St	City New Haven	State CT	Zip Code 06513	Date Received 06/27/2010		
Principal Occupation	Name of Employer disabled		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						
Last Name Alicea	First Name Luis	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 # 0415	Amount of Contribution
Residential Street Address 141 Bradley St	City New Haven	State CT	Zip Code 06513	Date Received 06/27/2010		
Principal Occupation bus driver	Name of Employer metro healthcare		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Levey		First Name Gregory		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 # 0439	Amount of Contribution
Residential Street Address 95 Elm St			City West Haven		State CT	Zip Code 06516	Date Received 06/28/2010	
Principal Occupation manager			Name of Employer Donghia Inc			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Gaytan		First Name Marco		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 # 0440	Amount of Contribution
Residential Street Address 43 Soundview Ave			City Norwalk		State CT	Zip Code 06854		Date Received 06/28/2010
Principal Occupation hairstylist			Name of Employer Maria Livesay salon			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	

Last Name Stokes		First Name Reggie		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0441		Amount of Contribution	
Residential Street Address 45 Ely Ave Apt 6			City Norwalk			State CT	Zip Code 06854		Date Received 06/28/2010			
Principal Occupation teacher			Name of Employer city of norwalk				Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00		\$100.00		

Last Name Wilson		First Name Rebecca		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 # 0442	Amount of Contribution
Residential Street Address 17 Renwick St Unit B		City Stamford		State CT	Zip Code 06902		Date Received 06/28/2010	
Principal Occupation counselor		Name of Employer stamford Public Schools			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Martin	First Name Rachel	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 # 0386	Amount of Contribution \$25.00
Residential Street Address 133 Hoyt St	City Darien	State CT	Zip Code 06820	Date Received 06/28/2010	
Principal Occupation Marketing Director	Name of Employer Gartner	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	
Last Name sgueglia	First Name george	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 # 0388	Amount of Contribution \$100.00
Residential Street Address 23 Manors Dr	City Jericho	State NY	Zip Code 11753	Date Received 06/28/2010	
Principal Occupation butcher	Name of Employer food emporium	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	
Last Name McGrath	First Name Brian	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 # 0387	Amount of Contribution \$30.00
Residential Street Address 105 Woodside Ter	City New Haven	State CT	Zip Code 06515	Date Received 06/28/2010	
Principal Occupation City Planner	Name of Employer self employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$30.00	
Last Name Rosado	First Name Carmen	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 # 0417	Amount of Contribution \$100.00
Residential Street Address 41 Beaver St	City New Britain	State CT	Zip Code 06051	Date Received 06/28/2010	
Principal Occupation	Name of Employer none	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	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Zwolska		First Name Halina		MI	Method of contribution: <input checked="checked" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0452	Amount of Contribution
Residential Street Address 284 Rudyard St			City Staten Island		State NY	Zip Code 10306	Date Received 06/29/2010	
Principal Occupation service clerk			Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

Last Name Blaszcyk		First Name Slawomir		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 # 0453	Amount of Contribution
Residential Street Address 84 Chestnut Ave		City Staten Island		State NY	Zip Code 10305	Date Received 06/29/2010		
Principal Occupation carpenter		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Blaszczyk		First Name Alina		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 # 0462	Amount of Contribution
Residential Street Address 84 Chestnut Ave			City Staten Island		State NY	Zip Code 10305		Date Received 06/29/2010
Principal Occupation Room Attendant			Name of Employer Buckingham Hotel			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

Last Name Kalinowski		First Name Katarzyna		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 # 0454	Amount of Contribution
Residential Street Address 260 Rudyard Sta			City Staten Island		State NY	Zip Code 10306		Date Received 06/29/2010
Principal Occupation housekeeping			Name of Employer self employed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Leffell	First Name Cindy	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 # 0400	Amount of Contribution \$100.00
Residential Street Address 460 Saint Ronan St	City New Haven	State CT	Zip Code 06511	Date Received 06/30/2010		
Principal Occupation appraiser	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		
Last Name Greenberg	First Name Lynda	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 # 0401	Amount of Contribution \$10.00
Residential Street Address 23 Rolling Ridge Rd	City Hamden	State CT	Zip Code 06518	Date Received 06/30/2010		
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		
Last Name Solomon	First Name Reginald	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 # 0405	Amount of Contribution \$100.00
Residential Street Address 74 Lyon St Fl 2	City New Haven	State CT	Zip Code 06511	Date Received 06/30/2010		
Principal Occupation Administrator	Name of Employer yale university	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		
Last Name kayne	First Name david	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0406	Amount of Contribution \$100.00
Residential Street Address 51 Old Sawmill Rd	City Trumbull	State CT	Zip Code 06611	Date Received 06/30/2010		
Principal Occupation insurance agent	Name of Employer Darton & Co, Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Moscato	First Name Anna	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0411	Amount of Contribution \$100.00
Residential Street Address 32 Fairview Ln	City West Haven	State CT	Zip Code 06516	Date Received 06/30/2010		
Principal Occupation	Name of Employer homemaker		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Feliciano	First Name Israel	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 # 0412	Amount of Contribution \$100.00
Residential Street Address 62 Plymouth St	City New Haven	State CT	Zip Code 06519	Date Received 06/30/2010		
Principal Occupation	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Ayala	First Name Alberto	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 # 0583	Amount of Contribution \$100.00
Residential Street Address 773 Kossuth St	City Bridgeport	State CT	Zip Code 06608	Date Received 06/30/2010		
Principal Occupation	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Ford	First Name Ralph	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 # 0584	Amount of Contribution \$100.00
Residential Street Address 1057 Broad St	City Bridgeport	State CT	Zip Code 06604	Date Received 06/30/2010		
Principal Occupation psychologist	Name of Employer Licensed Clinical Psychologist		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Bartlett	First Name Patricia	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 # 0587	Amount of Contribution \$100.00
Residential Street Address 21-42 Hudson St	City Bethel	State CT	Zip Code 06801	Date Received 06/30/2010		
Principal Occupation front end assoc.	Name of Employer home depot		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Ingaran	First Name Jamie	MI K	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0588	Amount of Contribution \$100.00
Residential Street Address 21-42 Hudson St	City Bethel	State CT	Zip Code 06801	Date Received 06/30/2010		
Principal Occupation	Name of Employer homemaker		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Martinez	First Name Antonio	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 # 0505	Amount of Contribution \$25.00
Residential Street Address 24 Natalie St	City Hartford	State CT	Zip Code 06106	Date Received 06/30/2010		
Principal Occupation Night Crew	Name of Employer Price Rite		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Maldonado	First Name Nelky	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 # 0504	Amount of Contribution \$25.00
Residential Street Address 24 Natalie St	City Hartford	State CT	Zip Code 06106	Date Received 06/30/2010		
Principal Occupation Aide	Name of Employer City of Hartford		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name McCarthy		First Name Thomas		MI C	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0582		Amount of Contribution	
Residential Street Address 135 Harlem Ave			City Bridgeport		State CT	Zip Code 06606		Date Received 06/30/2010				
Principal Occupation			Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with:					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	
Executive		Legislative										

Last Name Etkin		First Name Kathleen		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 # 0605	Amount of Contribution \$100.00
Residential Street Address 404 Yale Ave		City New Haven		State CT	Zip Code 06515	Date Received 06/30/2010		
Principal Occupation Director of Finance		Name of Employer Town of Hamden			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name Urban		First Name Richard		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 # 0448	Amount of Contribution \$100.00
Residential Street Address 215 White Plains Rd		City Trumbull		State CT	Zip Code 06611	Date Received 06/30/2010		
Principal Occupation retailer		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name Feen		First Name Carl		MI S	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 # 0589	Amount of Contribution \$100.00
Residential Street Address 791 Tummel Ln		City West Haven		State CT	Zip Code 06516	Date Received 06/30/2010		
Principal Occupation Financial Planner		Name of Employer Carl Feen Assoc			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Perez	First Name Jorge	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 # 0402	Amount of Contribution \$100.00
Residential Street Address 24 Cassius St	City New Haven	State CT	Zip Code 06519	Date Received 06/30/2010		
Principal Occupation Banker	Name of Employer The Bank of Southern Connecticut		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Perez	First Name Gloria	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 # 0404	Amount of Contribution \$100.00
Residential Street Address 24 Cassius St	City New Haven	State CT	Zip Code 06519	Date Received 06/30/2010		
Principal Occupation Legal Secretary	Name of Employer Wiggin & Dana Law Office		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Total of Section B						\$18,925.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 14 of Summary Page)						\$18,925.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE					FILING DUE DATE	
Friends Of Gerry Garcia					Original 07/12/2010	
C1. Contributions from Other Committees						
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section J1?		Yes If yes, list Event # No	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
Friends Of Gerry Garcia				Original 07/12/2010
C2. Reimbursements or Payments from other Committees				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
Total of Section C2				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE				FILING DUE DATE		
Friends Of Gerry Garcia				Original 07/12/2010		
D. Loans Received this Period						
Name of Lender				Source of Loan: Bank Candidate Individual Other Committee	Is there a cosigner or Guarantor of this loan? Yes No	Amount Received
Street Address	City	State	Zip Code			
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code	Date Received		
Total of Section D						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

E. Personal Funds of the Candidate Received this Period
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Date Received	Amount	<div style="display: flex; justify-content: space-between;"> <div>Method of Payment</div> <div> <div style="display: flex; justify-content: space-between; width: 100%;"> Cash Personal Check Credit/Debit Card </div> </div> </div>
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Total of Section E	
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I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

F. Anonymous Contributions

Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount

Total of Section F	
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I. Monetary Receipts (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Friends Of Gerry Garcia				Original 07/12/2010
G. Interest from Deposits in Authorized Accounts				
Name of Institution		Date Received		Total Amount Received
Street Address	City	State	Zip Code	
Total of Section G				

I. MONETARY RECEIPTS (Section A-K)			
NAME OF COMMITTEE			FILING DUE DATE
Friends Of Gerry Garcia			Original 07/12/2010
H. Public Grant Funds Received from the Citizen's Election Fund			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial			
Primary General or Special Election	Primary 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	
Friends Of Gerry Garcia			Original 07/12/2010	
I. Miscellaneous Monetary Receipts not Considered Contributions				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Total of Section I				

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser 04/17/2010	Letter j	Description Breakfast Event	Location: Street Address 116 Grand Ave	City New Haven	State CT	Zip Code
Was this fundraising event hosted at a personal residence?				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items?				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

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

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

Total of Section J2

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

J3. In-Kind Donations Not Considered Contributions

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

Total of Section J3

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

K. In-Kind Contributions

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

III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

L. Refundable Deposit to Telephone Company

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

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Friends Of Gerry Garcia				Original 07/12/2010	
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee					
Name of Committee			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation		Purpose of Expenditure A B C D E			
Total of Section M					

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Gerry Garcia						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Payplanner					04/02/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
3170 Fourth Ave	San Diego	CA		WEB			
Description					Event #		
monthly fee for online donations							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes					Office Sought		
<input checked="" type="checkbox"/> No							\$29.00
Name of Payee					Date of Payment	Method of Payment	Amount
Applied Merchant Seviles					04/05/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
737 N Mi Hwy	Chicago	IL	60611	WEB			
Description					Event #		
online transaction fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes					Office Sought		
<input checked="" type="checkbox"/> No							\$6.29
Name of Payee					Date of Payment	Method of Payment	Amount
LAZ Parking					04/14/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
330 Main St	Hartford	CT		Misc *			
Description					Event #		
parking for JB Event							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes					Office Sought		
<input checked="" type="checkbox"/> No							\$11.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Ideal printing					04/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1011</u>		
228 Food Terminal Plz	New Haven	CT	06531	PRNT	<input type="checkbox"/> Debit Card		
Description						Event #	
flyers							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$530.00

Name of Payee					Date of Payment	Method of Payment	Amount					
Bill Toth					04/20/2010	<input checked="" type="checkbox"/> Check #						
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1013</u>							
154 Yorkshire Dr	Morganville	NJ	07751	WAGE	<input type="checkbox"/> Debit Card							
Description						Event #						
w/b 4/12/10												
Is this expenditure coordinated with another candidate for which reimbursement is sought? <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Yes</td> <td style="width: 33%;">Other Candidate(s) Name</td> <td style="width: 33%;">Office Sought</td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td></td> <td></td> </tr> </table>							<input type="checkbox"/> Yes	Other Candidate(s) Name	Office Sought	<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes	Other Candidate(s) Name	Office Sought										
<input checked="" type="checkbox"/> No												
						\$200.00						

Name of Payee					Date of Payment	Method of Payment	Amount
Post Office					04/22/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
Trolley Square Station		East Haven	CT	06512	POST		
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$132.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Jason Bartlett				04/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1014</u>	
14 Highview Ter	Bethel	CT	06801	WAGE	<input type="checkbox"/> Debit Card	
Description					Event #	
wages						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$2,000.00

Name of Payee				Date of Payment	Method of Payment	Amount
Petty Cash				04/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1015</u>	
PO Box 8464	New Haven	CT		Misc *	<input type="checkbox"/> Debit Card	
Description					Event #	
petty cash fund						
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						
						\$250.00

Name of Payee						Date of Payment	Method of Payment	Amount
Applied Merchant Services						05/03/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure			
737 N MI Highway 32020		Chicago	IL	60611	WEB	<input checked="" type="checkbox"/> Debit Card		
Description transaction fees							Event #	
<div style="display: flex; justify-content: space-between;"> Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>								
\$10.97								

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee payplanner				Date of Payment 05/10/2010	Method of Payment <input type="checkbox"/> Check #	Amount \$29.00
Street Address 3170 Fourth Ave	City San Diego	State CA	Zip Code 92103	Purpose of Expenditure WEB	<input checked="" type="checkbox"/> Debit Card	
Description monthly fee					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	
Name of Payee USPS				Date of Payment 05/13/2010	Method of Payment <input type="checkbox"/> Check #	Amount \$22.00
Street Address Trolley Square Station	City East Haven	State CT	Zip Code 06512	Purpose of Expenditure POST	<input checked="" type="checkbox"/> Debit Card	
Description fee for post office box					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	
Name of Payee Bill Toth				Date of Payment 05/13/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$200.00
Street Address 154 Yorkshire Dr	City Morganville	State NJ	Zip Code 07751	Purpose of Expenditure WAGE	<u>1016</u> <input type="checkbox"/> Debit Card	
Description w/b 5/10/10					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Bill Toth					05/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1017</u>	
154 Yorkshire Dr		Morganville	NJ	07751	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
w/b 5/3/10							
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							
\$200.00							

Name of Payee					Date of Payment	Method of Payment	Amount
Bill Toth					05/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1018</u>	
154 Yorkshire Dr		Morganville	NJ	07751	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
w/b 4/19/10							
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							
\$200.00							

Name of Payee					Date of Payment	Method of Payment	Amount
Bill Toth					05/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1019</u>	
154 Yorkshire Dr		Morganville	NJ	07751	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
w/b 4/26/10							
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							
\$200.00							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Main Street Seafood				05/21/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
489 Main St	Hartford	CT	06103	Misc *		
Description					Event #	
Party Event after CT Democratic Convention						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$1,500.00

Name of Payee						Date of Payment	Method of Payment	Amount
Magnani Press						05/21/2010	<input checked="" type="checkbox"/> Check # <u>1022</u>	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
120 New Park Ave		Hartford	CT	06106	A-SIGN			
Description							Event #	
lawn signs								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div style="float: right;">Other Candidate(s) Name Office Sought</div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>								
							\$1,301.68	

Name of Payee					Date of Payment	Method of Payment	Amount
CT Expo Center					05/22/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
265 Reverend Moody Overpass	Hartford	CT	06144	FOOD			
Description						Event #	
catering for campaign staff at convention							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$120.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee On the Border					Date of Payment 05/23/2010	Method of Payment <input type="checkbox"/> Check #	Amount \$73.82
Street Address 1519 Silas Deane Hwy	City Rocky Hill	State CT	Zip Code	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card		
Description food for campaign staff after Hartford Library debate					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Bill Toth					Date of Payment 05/23/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$200.00
Street Address 154 Yorkshire Dr	City Morganville	State NJ	Zip Code 07751	Purpose of Expenditure WAGE	<u>1021</u> <input type="checkbox"/> Debit Card		
Description wages					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Utility Communications					Date of Payment 05/24/2010	Method of Payment <input type="checkbox"/> Check #	Amount \$318.00
Street Address 920 Sherman Ave	City Hamden	State CT	Zip Code	Purpose of Expenditure EFV *	<input checked="" type="checkbox"/> Debit Card		
Description radio communications for convention					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Citizens Bank					05/24/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
263 Hemingway Ave		East Haven	CT	06512	BNK		
Description						Event #	
stop payment fee for lost check #1020							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$25.00

Name of Payee						Date of Payment	Method of Payment	Amount
CT Expo Center						05/24/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure			
265 Reverend Moody Overpass		Hartford	CT	06144	FOOD	<input checked="" type="checkbox"/> Debit Card		
Description							Event #	
catering invoice for convention								
<div style="display: flex; justify-content: space-between;"> Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>								
\$1,324.26								

Name of Payee						Date of Payment	Method of Payment	Amount
Citizens Bank						06/01/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure			
263 Hemingway Ave		East Haven	CT	06512	BNK	<input checked="" type="checkbox"/> Debit Card		
Description							Event #	
deposited check returned fee								
<div style="display: flex; justify-content: space-between;"> Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>								
								\$10.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Applied Merchant Services				06/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
737 N MI Highway 32020	Chicago	IL	60611	WEB		
Description					Event #	
online transaction fees						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$9.63

Name of Payee					Date of Payment	Method of Payment	Amount					
Lauren Mednick					06/10/2010	<input checked="" type="checkbox"/> Check # <u>1027</u>						
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card							
912 Prospect St	Hamden	CT	06517	WAGE								
Description						Event #						
wages												
Is this expenditure coordinated with another candidate for which reimbursement is sought? <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Yes</td> <td style="width: 33%;">Other Candidate(s) Name</td> <td style="width: 33%;">Office Sought</td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td></td> <td></td> </tr> </table>							<input type="checkbox"/> Yes	Other Candidate(s) Name	Office Sought	<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes	Other Candidate(s) Name	Office Sought										
<input checked="" type="checkbox"/> No												
						\$600.00						

Name of Payee						Date of Payment	Method of Payment	Amount
Ideal Printing						06/10/2010	<input checked="" type="checkbox"/> Check # <u>1028</u>	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
228 Food Terminal Plz		New Haven	CT	06513	A-OTH			
Description banner, stickers, tickets, flyers							Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div style="float: right;">Other Candidate(s) Name Office Sought</div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>								
								\$1,351.50

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
USPS					06/15/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
Trolley Square Station	East Haven	CT	06512	POST			
Description						Event #	
postage							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$17.60

Name of Payee					Date of Payment	Method of Payment	Amount
walgreens					06/15/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
Hemingway Ave	East Haven	CT	06512	OFFICE			
Description						Event #	
envelopes							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
\$9.33							

Name of Payee					Date of Payment	Method of Payment	Amount
Main Street Seafood					06/15/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
489 Main St		Hartford	CT	06103	FOOD		
Description						Event #	
final payment for event after state convention							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$624.00

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Gerry Garcia						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Verizon Wireless					06/18/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
PO Box 15062	Albany	NY		Misc *			
Description					Event #		
phone use Jason bartlett							
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							\$293.82
Name of Payee					Date of Payment	Method of Payment	Amount
John Atashian Photography					06/29/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1031</u>		
41 Fenwood Rd	Southington	CT	06489	Misc *	<input type="checkbox"/> Debit Card		
Description					Event #		
photos of candidate and creation of cd							
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							\$654.02
Total of Section N						\$12,452.92	

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE
Friends Of Gerry Garcia						Original 07/12/2010
O. Campaign Expenses Paid By Candidate						
Name of Payee Colortone				Date of Payment 05/28/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$666.86
Street Address 226 NW 4th Ave		City Hallandale	State FL	Zip Code 33009		
Purpose of Expenditure Misc *	Description T-shirts			Event #		
Name of Payee Hilton Hartford				Date of Payment 05/28/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$325.68
Street Address 315 Trumbull St		City New Haven	State CT	Zip Code 06511		
Purpose of Expenditure TRVL	Description democratic state convention			Event #		
Name of Payee Demers				Date of Payment 05/28/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$1,208.40
Street Address 180 Johnson St		City Middletown	State CT	Zip Code 06457		
Purpose of Expenditure EFV *	Description tent, tables, and chairs for convention			Event #		
Name of Payee Salute				Date of Payment 05/28/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$250.00
Street Address 100 Trubull St		City Hartford	State CT	Zip Code		
Purpose of Expenditure Misc *	Description food for campaign staff after convention			Event #		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

O. Campaign Expenses Paid By Candidate

Name of Payee CT Dem State Central				Date of Payment 06/29/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount <
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IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Friends Of Gerry Garcia					Original 07/12/2010	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card: Visa Master Card Discover American Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description			Event #		
Total of Section P						

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

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

Name of Creditor Jason Bartlett		Date Incurred 05/28/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 14 Highview Ter		City Bethel	State CT	Zip Code 06801	
Purpose of Expenditure FOOD	Description Brazis				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Name of Creditor Jason Bartlett		Date Incurred 06/10/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 14 Highview Ter		City Bethel	State CT	Zip Code 06801	
Purpose of Expenditure FNDR	Description red rock				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

\$57.62

\$11.50

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

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

Name of Creditor Jason Bartlett		Date Incurred 06/10/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 14 Highview Ter		City Bethel	State CT	Zip Code 06801	
Purpose of Expenditure TRVL	Description pilot, gas				
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		\$34.31	

Name of Creditor Jason Bartlett		Date Incurred 06/11/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 14 Highview Ter		City Bethel	State CT	Zip Code 06801	
Purpose of Expenditure TRVL	Description Food Bag, gas				
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		\$36.25	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

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

Name of Creditor Jason Bartlett		Date Incurred 06/16/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 14 Highview Ter		City Bethel	State CT	Zip Code 06801	
Purpose of Expenditure FOOD	Description House of Yoshida				
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		\$34.45	

Name of Creditor Ideal printing		Date Incurred 06/18/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 228 Food Terminal Plz		City New Haven	State CT	Zip Code 06531	
Purpose of Expenditure A-DM	Description post cards with postage				
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		\$1,930.26	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

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

Name of Creditor Jason Bartlett		Date Incurred 06/19/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 14 Highview Ter		City Bethel	State CT	Zip Code 06801	
Purpose of Expenditure TRVL	Description Mobil Merrit Parkway, gas				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Name of Creditor Jason Bartlett		Date Incurred 06/21/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 14 Highview Ter		City Bethel	State CT	Zip Code 06801	
Purpose of Expenditure FOOD	Description Maggie Mcflys campaign meeting				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

\$10.00

\$41.56

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

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

Name of Creditor Jason Bartlett		Date Incurred 06/23/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 14 Highview Ter		City Bethel	State CT	Zip Code 06801	
Purpose of Expenditure OFFICE	Description Staples, office supplies				
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		\$17.81

Name of Creditor Jason Bartlett		Date Incurred 06/23/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 14 Highview Ter		City Bethel	State CT	Zip Code 06801	
Purpose of Expenditure OFFICE	Description staples, printer ink				
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		\$59.97

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Gerry Garcia	Original 07/12/2010

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

Name of Creditor Jason Bartlett		Date Incurred 06/23/2010	Event #		Amount Incurred (Estimate or Actual)	
Street Address 14 Highview Ter		City Bethel	State CT	Zip Code 06801		
Purpose of Expenditure EFV *	Description Radio Shack, phone					
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		\$49.80

Name of Creditor Jason Bartlett		Date Incurred 06/23/2010	Event #		Amount Incurred (Estimate or Actual)	
Street Address 14 Highview Ter		City Bethel	State CT	Zip Code 06801		
Purpose of Expenditure EFV *	Description Verizon Wireless					
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		\$427.06

IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE	
Friends Of Gerry Garcia				Original 07/12/2010	
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor Jason Bartlett			Date Incurred 06/27/2010		Event #
Street Address 14 Highview Ter		City Bethel		State CT	Zip Code 06801
Purpose of Expenditure TRVL	Description Courtyard Marriot parking				
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
					\$12.00
Total of Section Q					\$2,839.63

IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE	
Friends Of Gerrv Garcia				Original 07/12/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants					
Name of Worker/Consultant		Date of Payment		Method of Payment	
Frank Avalardo		04/17/2010		<input checked="" type="checkbox"/> Check # 1012	
Secondary Payee		Purpose of Expenditure		<input type="checkbox"/> Debit Card	
Restaurant Depot		FOOD			
Street Address		City		State	
181 Marsh Hill Rd		Orange		CT	
Description				Event #	
				04172010j	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
				\$275.74	
Name of Worker/Consultant		Date of Payment		Method of Payment	
Richard baltimore		05/21/2010		<input checked="" type="checkbox"/> Check # 1032	
Secondary Payee		Purpose of Expenditure		<input type="checkbox"/> Debit Card	
The perfect Party		Misc *			
Street Address		City		State	
2165 Dixwell Ave		Hamden		CT	
Description				Event #	
balloons for convention					
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					
				\$58.26	
Total of Section R					\$334.00

IV. EXPENDITURES

IV. EXPENDITURES				
NAME OF COMMITTEE			FILING DUE DATE	
Friends Of Gerry Garcia			Original 07/12/2010	
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient			Original Purchase Amount of Item	
Street Address	City	State		Zip Code
Description				
Total of Section S				