## **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

Page 1 of 105

## **SUMMARY PAGE**

1.NAME OF COMMITTEE							2. TYPI	E OF COMMITTEE	
Friends Of Gerry Garcia	a						x	Candidate Committee Exploratory Committee	
3. TREASURER NAME									
Title	First Ronald			MI <b>M.</b>	Last Petronella			Suffix	
4. TREASURER ADDRESS									
Street Address 868 Monroe Tpke			City <b>Monro</b>	oe .		State CT		Zip Code 06468	
5. ELECTION DATE		•	6. O	FFICE SOUG	HT ( if applicable )		7. DISTRI	CT CODE (if applicable)	
11/02/2010		Secretary of the Sta	ite						
8. CANDIDATE NAME	•					·			
Title			Suffix						
9. TYPE OF REPORT									
July 10 Filing - Origina	ı								
10. PERIOD COVERED									
		Beginning Date			Ending Date				
		04/01/2010	thru	ı	06/30/2010				
			11 CED	TIEICATION					
			II. CER	TIFICATION					
	ed Campaig	•		•	of the information set forth period covered is true,				
Electronic Filing		Justin Grimsley			07/1	2/2010			
SIGNATURE		PRINT NAME OF THE	E SIGNE	ER	DATE	CERTIFIED			
					LE BY FINE NOT TO EXCEED IAN ONE YEAR, OR BOTH.				

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement Candidates for Statewide Offices and General Assembly CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Rev. 1/08

## **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE	FILING DUE DATE					
Friends Of Gerry Garcia	Original 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. MC	ONETARY REC	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 07/12/2010
A. Total Contributions from	n Small (	Contributo	ors-Received th	is Perio	d ONLY	7				
(See instructions for definition of Small						total Section A	\$0.00			
		B. Iten	nized Contributio	ons from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Reyes	Tomas				Cash Money	=	al Check /Debit Card	0295		Contribution
Residential Street Address		City			State	Zip Code	Ι	Date Received		
6 Autumn Ridge Rd		Oxford			СТ	06478-1165	C	04/01/201	0	
Principal Occupation		Name of Empl	loyer			Is this contribution ass fundraising event liste		L	Yes	
Amin.		Yale Unive	ersity			If yes, list Event #	d iii section	)	No	
Is contributor a principal of a state contractor	or prospective	Γ	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Δαστ	egate Contrib	utions	İ
state contractor? Is yes, indicate which branch or branches of	_	-	_	dependent	child of a lob	byist?	1.55.	-	\$25.00	\$25.00
government the contract is with:		Executive	Legislative	<u></u> Ц Ү	es x	No				
Last Name	First Name			MI		contribution:	1.01	Contributi	on ID#	Amount of
Romanow	John				Cash Money	= =	al Check /Debit Card	0283		Contribution
Residential Street Address		City			State	Zip Code	Ι	Date Received		
401 Whitney Ave Apt 2		New Haven	1		CT	06511	C	04/01/201	0	
Principal Occupation		Name of Empl	loyer			Is this contribution ass	sociated with	а	Yes	
Aribitration		Self				fundraising event liste If yes, list Event #	d in Section	J1?	No	
		<u> </u>					_			
Is contributor a principal of a state contractor of state contractor?	or prospective	L	Yes X No	1	utor a lobbyis child of a lob	-	Aggre	egate Contrib		¢100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	□ Y	es x	No		<b>Þ</b> .	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contributi	on ID#	Amount of
Pella	Mary Jane	2			Cash	=	al Check	0284		Contribution
		Ī					Debit Card	<u> </u>		
Residential Street Address 8714 Westwood Dr		City Vienna			State VA	Zip Code 22182		Date Received 04/02/201		
					_ <u> </u>	Is this contribution ass			_	
Principal Occupation  Analyst		Name of Empl US Departi	ment of State			fundraising event liste		J1?	Yes	
		,				If yes, list Event #			No	
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No	1	utor a lobbyis	-	Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I ~	child of a lob	•		\$	100.00	\$100.00
Last Name	First Name			MI		contribution:		Contributi	on ID#	Amount of
Pella	Mark				Cash Money	=	al Check /Debit Card	0285		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
8714 Westwood Dr		Vienna			VA	22182		04/02/201		
Principal Occupation		Name of Empl	lover		<u> </u>	Is this contribution ass	sociated with	а Г	Yes	
Analyst		1	ment of State			fundraising event liste	d in Section	J19 ==	No	
		<u> </u>				If yes, list Event #				
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No	1	utor a lobbyis child of a lob	-	Aggre	egate Contrib		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		es x	-		\$	100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Gerry Garcia							Origin	nal 07/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Burgos Rodriguez	First Name Abner		MI	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck 02	ntribution ID #	Amount of Contribution
Residential Street Address 8 Corn Tassel Rd		City Danbury		State CT	Zip Code 06811	Date Re	eceived 2/2010	
Principal Occupation  Marketing Manager		Name of Employer Standard Petroleum		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name Buono	First Name William		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 02	ntribution ID#	Amount of Contribution
Residential Street Address 58 Lynn Dr		City Wallingford		State CT	Zip Code 06492	Date Re 04/02	eceived 2/2010	
Principal Occupation  Meat Cutter		Name of Employer Stop & Shop			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	Contributions \$20.00	\$20.00
Last Name Jurkowski	First Name Dennis		MI	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck 02	ntribution ID #	Amount of Contribution
Residential Street Address PO Box 104 33 Maplecrest Dr		City Belchertown		State MA	Zip Code 01007	Date Re 04/02	eceived 2/2010	
Principal Occupation  Meat Cutter		Name of Employer Stop & Shop			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	Contributions \$20.00	\$20.00
Last Name Bard	First Name Larry		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 02	ntribution ID#	Amount of Contribution
Residential Street Address 88 Overlook Ave		City Bristol		State CT	Zip Code 06010	Date Re	eceived 2/2010	
Principal Occupation  Meat Cutter		Name of Employer Stop & Shop			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$20.00	\$20.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	NG DUE DATE
Friends Of Gerry Garcia							Origi	nal 07/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals			
Last Name Sgueglia	First Name George		MI	Cash	contribution:	neck	ntribution ID #	Amount of Contribution
Residential Street Address		City		Money State	y Order Credit/Debi			_
76 Ridge Dr		Yonkers		NY	10705-2539	04/02	2/2010	
Principal Occupation  Meat Cutter		Name of Employer Food Emporium			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (	Contributions \$100.00	\$100.00
Last Name Kean	First Name Michelle		MI	Cash	contribution:  X Personal Characteristics  y Order Credit/Debi	neck 02	ntribution ID#	Amount of Contribution
Residential Street Address 700 1st St Apt 14J		City Hoboken		State NJ	Zip Code 07030	Date Re 04/02	eceived 2/2010	
Principal Occupation		Name of Employer AXA Equitable			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (	Contributions \$100.00	\$100.00
Last Name Padro	First Name Ricky		MI	Cash	contribution:  X Personal Ch y Order Credit/Debi	eck 02	entribution ID #	Amount of Contribution
Residential Street Address 1760 Hartford Tpke		City North Haven		State CT	Zip Code 06473	Date Re 04/02	eceived 2/2010	
Principal Occupation Teacher		Name of Employer City of New Haven			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (	Contributions \$60.00	\$60.00
Last Name McCarthy	First Name Edmund		MI	Cash	contribution:    X   Personal Character   Credit/Debi	eck 02	ntribution ID #	Amount of Contribution
Residential Street Address 130 E Eaton St		City Bridgeport		State CT	Zip Code 06604-1918	Date Re 04/02	eceived 2/2010	
Principal Occupation  Meat Cutter		Name of Employer Stop & Shop			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (	Contributions \$10.00	\$10.00

		I. MONETARY	RECE	ZIPTS	(Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 07/12/2010
		B. Itemized Conti	ributions	from	Individu	ials				
Last Name	First Name		M	II	Method of	contribution:		Contributio	on ID#	Amount of
Reyes Jr.	Tomas				Cash Money	V Order X Personal C		0259		Contribution
Residential Street Address		City	•		State	Zip Code	D	ate Received		
6 Autumn Ridge Rd		Oxford			СТ	06478	0	4/02/2010	)	
Principal Occupation		Name of Employer	of Modicin	20		Is this contribution associa fundraising event listed in		11?		
Administrator		Yale University School	or Medicin	ie		If yes, list Event #		<u>x</u>	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes			tor a lobbyist		Aggre	gate Contribu	itions	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	dej	Y	_			\$	75.00	\$50.00
Last Name	First Name		M	П	Method of	contribution:		Contributio	on ID #	Amount of
Schaefer	Elisabeth				Cash Money	V Order X Personal C		0254		Contribution
Residential Street Address		City	•		State	Zip Code	D	ate Received		
333 E 53rd St Apt 4J-5J		New York			NY	10022	0	4/02/2010	)	
Principal Occupation		Name of Employer	ino			Is this contribution associa fundraising event listed in		I1?	_	
Advertising Sales		Conde Nast/Self Magaz	ille			If yes, list Event #		<u>x</u>	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X			itor a lobbyist	-	Aggre	gate Contribu	itions	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	dej	Ye	child of a lob	•		\$1	100.00	\$100.00
Last Name	First Name		M	п		contribution:		Contributio	on ID #	Amount of
Clark	William				Cash	X Personal C		0280	on 1D "	Contribution
Residential Street Address		City			Money	Zip Code Credit/Deb		ate Received		
337 Humphrey St		New Haven			CT	06511-3934		4/04/2010	0	
Principal Occupation		Name of Employer				Is this contribution associa	ated with	a [	Yes	•
Coo		New Haven BOE				fundraising event listed in If yes, list Event #	Section J	11? <b>x</b>	No	
Is contributor a principal of a state contractor	or prospective	Yes X	No Is	contribu	itor a lobbyist	snouse or	Agara	gate Contribu	utions.	
state contractor?  Is yes, indicate which branch or branches of	, ,	les in			child of a lob	byist?	Aggre	-	100.00	\$100.00
government the contract is with:		Executive Legislative		Y	es X	No				
Last Name Friedler	First Name Jeffrey		M	П	Method of Cash	contribution:	'heck	Contribution	on ID #	Amount of Contribution
Thediei	Jenney				Money	=		0281		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
42 Sorrey Dr		Cheshire			СТ	06410		4/04/2010	) 	•
Principal Occupation		Name of Employer Friedler & Friedler, P.C.				Is this contribution association fundraising event listed in		I1?	_	
Attorney		Tribule: a friedici, frie				If yes, list Event #		<u>[x</u>	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes			tor a lobbyist		Aggre	gate Contribu		
Is yes, indicate which branch or branches of		Executive Legislative	de	Y				\$1	100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Gerry Garcia							Origin	al 07/12/2010
		B. Itemized Contribut	ions from	ı Individu	ıals		•	
Last Name Friedler	First Name Joseph		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 028	atribution ID #	Amount of Contribution
Residential Street Address 96 Tuintor Dr		City Fairfield		State CT	Zip Code 06890	Date Re-		
Principal Occupation Attorney		Name of Employer Friedler & Friedler			Is this contribution associate fundraising event listed in the street If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	ontributions \$100.00	\$100.00
Last Name Smith	First Name Courtney		MI	Cash	contribution:  Personal Cl y Order  X Credit/Debi	neck 030	ntribution ID #	Amount of Contribution
Residential Street Address 30 W 10th St # 4		City New York		State NY	Zip Code 10011	Date Re-		
Principal Occupation		Name of Employer None		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	ontributions \$100.00	\$100.00
Last Name Armstrong	First Name Naja		MI	Cash	contribution:  Personal Ch y Order X Credit/Debi	neck 030	atribution ID #	Amount of Contribution
Residential Street Address 607 W End Ave		City New York		State NY	Zip Code 10024	Date Re-		
Principal Occupation  Lawyer		Name of Employer Morrison & Foerster LLP			Is this contribution associate fundraising event listed in the second of the second second in the second sec		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate C	ontributions \$100.00	\$100.00
Last Name Greenberg	First Name Allison		MI	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck 029	ntribution ID#	Amount of Contribution
Residential Street Address 1675 York Ave		City New York		State NY	Zip Code 10128	Date Re-		
Principal Occupation		Name of Employer		•	Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes  X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis t child of a lob	byist?	Aggregate C	ontributions \$100.00	\$100.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 07/12/2010
		B. Ito	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Greenberg	Jonathan				Cash Money	y Order X Personal C		0289		Contribution
Residential Street Address		City		•	State	Zip Code	D	ate Received		
1675 York Ave # 30L		New York	3		NY	10128	0	4/05/2010	)	
Principal Occupation Finance		Name of En	nployer			Is this contribution associated in the second secon		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu \$1	itions	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Castillo	Yolanda				Cash Money	y Order X Personal Credit/De		0261		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
147 Hollister St		Manchest	er		СТ	06042	0	4/05/2010	)	
Principal Occupation		Name of En	nployer		•	Is this contribution associ			Yes	
Rehab Counselor						fundraising event listed in If yes, list Event #	Section .	J1?	No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	bbyist?	Aggre	egate Contribu \$	itions \$50.00	\$50.00
Last Name	First Name			MI		contribution:		Contributio	on ID #	Amount of
Sullivan	William				X Cash Money	y Order Personal Credit/De		0262		Contribution
Residential Street Address		City			State	Zip Code	D	Date Received		
29 Locust St		West Hav	ren		СТ	06516	0	4/05/2010	)	
Principal Occupation		Name of En	nployer			Is this contribution associ			Yes	
V18		CT All Ph	ase Builders LLC	-		fundraising event listed in If yes, list Event #	i section .	x	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob	-		\$	50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Keyes	John				Cash Money	y Order Personal C		0298		Contribution
Residential Street Address		City			State	Zip Code	D	Date Received		
63 Marrel Rd		New Have	en		СТ		0	14/06/2010	)	
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in			Yes	
Attorney		Self				If yes, list Event #	. Decubii .	x	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	child of a lob	-		\$	25.00	\$25.00
government the contract is with:	ш	Executive	Legisiative	Т Г ,		INO	1			

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Gerry Garcia							Origin	nal 07/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals			
Last Name Paulson	First Name Alexander	r	MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 0302	bution ID#	Amount of Contribution
Residential Street Address 3836 Fulton St NW		City Washington		State DC	Zip Code 20007	Date Recei		
Principal Occupation Legislative Counsel		Name of Employer U.S. Congress		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es X	byist?	Aggregate Con	tributions \$100.00	\$100.00
Last Name Cordova	First Name Linda		MI	Cash	contribution:  X Personal Characteristics  y Order Credit/Debi	neck 0299	bution ID#	Amount of Contribution
Residential Street Address 68 Hayward Rd		City Hamden		State CT	Zip Code 06514	Date Recei		
Principal Occupation		Name of Employer State of CT		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$25.00	\$25.00
Last Name Straiton	First Name Sharon		MI	Cash	contribution:    X   Personal Character   Credit/Debi	neck 0257	bution ID#	Amount of Contribution
Residential Street Address 7 Codfish Hill Rd		City Bethel		State CT	Zip Code 06801	Date Recei		
Principal Occupation		Name of Employer Retired			Is this contribution associate fundraising event listed in State If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Con	\$100.00	\$100.00
Last Name Petronella	First Name Brian		MI	Cash	contribution: Personal Cl y Order Credit/Debi	neck 0260	bution ID#	Amount of Contribution
Residential Street Address 21 Linden St Unit 18		City Norwalk		State CT	Zip Code 06851	Date Recei		
Principal Occupation President		Name of Employer Local 371 UFCW			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Con	tributions \$100.00	\$100.00

		I. MONETA	RY RECE	EIPTS	(Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 07/12/2010
		B. Itemized Co	ntribution	s from	Individu	ials				
Last Name	First Name		N	MI	Method of	contribution:		Contributio	on ID #	Amount of
Ferrucci	Immacula	ita			Cash Money	V Order X Personal C		0297		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
7 Sherman Ln		Hamden			СТ	06514	0	4/09/2010	)	
Principal Occupation		Name of Employer				Is this contribution associa fundraising event listed in		1?		
Admin. Assistant		CMHC				If yes, list Event #		x	No	
Is contributor a principal of a state contractor of	or prospective	Yes			itor a lobbyist		Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislati		lependent o	child of a lob	-		\$	50.00	\$50.00
Last Name	First Name		<u> </u>	MI		contribution:		Contributio	on ID #	Amount of
ADELMAN	FRANK				Cash Money	Personal C  Order X Credit/Deb		0304	,	Contribution
Residential Street Address		City	•		State	Zip Code	D	ate Received		
3 Harriett Ln E		Darien			СТ	06820	0	4/09/2010	)	
Principal Occupation		Name of Employer				Is this contribution associa fundraising event listed in			Yes	
Financial Analyst		Thomson Reuters				If yes, list Event #	Section 3	x	No	
Is contributor a principal of a state contractor	or prospective	Yes			itor a lobbyist	-	Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of		Executive Legislati		lependent o	child of a lob	•		\$	50.00	\$50.00
government the contract is with:	l <sub>E: ()</sub>	Executive Legislati						<u> </u>		
Last Name Farman	First Name Edward		N	MI	Cash	contribution:  X Personal C	heck	Contributio	on ID #	Amount of Contribution
		i			Money	Order Credit/Deb	oit Card	0290		
Residential Street Address		City			State	Zip Code		ate Received		
311-1 Ferry Rd		Old Lyme			СТ	06371-1625		4/09/2010 	) 	•
Principal Occupation		Name of Employer				Is this contribution association fundraising event listed in		12	1 100	
			_			If yes, list Event #		<u>[x</u>	No	
Is contributor a principal of a state contractor of state contractor?	or prospective	Yes			tor a lobbyist	-	Aggre	gate Contribu	itions	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislati		Y		-		\$	25.00	\$25.00
Last Name	First Name		<u> </u>	MI		contribution:		Contributio	on ID #	Amount of
Woolley	David				Cash	X Personal C		0288	)II II	Contribution
		I			_	Order Credit/Deb				
Residential Street Address  9 Belvaire Rd		City Old Lyme			State CT	Zip Code 06371		ate Received 4/09/2010		
Principal Occupation		Name of Employer		!	-	Is this contribution associa	_		-	•
		Retired				fundraising event listed in	Section J	1?	] No	
		<u> </u>	<del>, ,</del>			If yes, list Event #				•
Is contributor a principal of a state contractor of state contractor?	or prospective	Yes			tor a lobbyist child of a lob		Aggre	gate Contribu		<b>*</b> F0.00
Is yes, indicate which branch or branches of		Executive Legislati	ve	Y	es x	No		4	50.00	\$50.00

		I. MONETARY R	ECEIPT	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Gerry Garcia							Origin	nal 07/12/2010
		B. Itemized Contribu	tions fron	n Individu	ıals			
Last Name Harris	First Name David		MI	x Cash	contribution:  Personal Cl y Order Credit/Deb	heck 025	tribution ID #	Amount of Contribution
Residential Street Address 848 E 25th 123		City New York		State NY	Zip Code 10019	Date Rec 04/09/		
Principal Occupation  Lawyer		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis at child of a lob Yes	byist?	Aggregate Co	\$100.00	\$100.00
Last Name Gordon	First Name Jeremy		MI	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 025	tribution ID #	Amount of Contribution
Residential Street Address 243 5th Ave # 402		City New York		State NY	Zip Code 10016-8703	Date Rec 04/09/		
Principal Occupation  Consultant		Name of Employer JL Gordon Advisors LLC			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis at child of a lob Yes	byist?	Aggregate Co	ontributions \$100.00	\$100.00
Last Name Glick	First Name Evelyn		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 030	tribution ID #	Amount of Contribution
Residential Street Address 76-35 113th St # 1G		City Forest Hills		State NY	Zip Code 11375	Date Red 04/09/		
Principal Occupation  Dental Hygienist		Name of Employer Park Avenue Perio			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	butor a lobbyis at child of a lob Yes	byist?	Aggregate Co	\$100.00	\$100.00
Last Name Gelin	First Name Regina		MI	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 024	tribution ID #	Amount of Contribution
Residential Street Address 445 W 54th St # 1A		City New York		State NY	Zip Code 10019	Date Rec 04/09/		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis at child of a lob	byist?	Aggregate Co	ontributions \$45.00	\$45.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 07/12/2010
		B. Ite	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Gordon	Rita				Cash Money	y Order X Personal C		0249		Contribution
Residential Street Address	•	City			State	Zip Code	D	ate Received		
65 Summer Island Rd		Branford			СТ	06405	0	4/09/2010	)	
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in			Yes	ĺ
Attorney		Jones Hi	rsh			If yes, list Event #	i Section .	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	gate Contribu	itions	ĺ
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	•		\$1	100.00	\$100.00
government the contract is with:  Last Name	I Firmt Name	Executive	Legislative	Т <sub>МІ</sub>	1	contribution:	<u> </u>	1		
Torodash	First Name Jon			MI	X Cash	Personal C	Check	Contribution 0250	on ID #	Amount of Contribution
					Money	y Order Credit/De	bit Card	0250		
Residential Street Address		City			State	Zip Code		ate Received		
91-03 68th Ave		Forest Hil	lls		NY	11375	0	4/09/2010	)	
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in		J1?	Yes	
Instructor		Kapian i	est Prep & Admissio	ns		If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis	-	Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of				I —	child of a lob	-		\$1	100.00	\$100.00
government the contract is with:		Executive	Legislative	<del>                                     </del>			<u> </u>	1		<u> </u>
Last Name Plasse	First Name Stephanie			MI	Method of Cash	contribution:	Check	Contributio	on ID #	Amount of Contribution
T lusse	Stephanic					y Order Credit/De	bit Card	0251		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
1 Columbus Pl Apt N7E		New York	(		NY	10019	0	4/09/2010	)	
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in			Yes	
Attorney		Home Bo	ox Office, Inc			If yes, list Event #	i section .	x	No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	utor a lobbyis	t. spouse. or	Aggre	gate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of					child of a lob	byist?	Aggic	-	100.00	\$100.00
government the contract is with:		Executive	Legislative	<u> </u>	res X	No				
Last Name	First Name			MI		contribution:	~1 ·	Contributio	on ID#	Amount of
Cassella	Victor				Cash Money	y Order X Credit/De		0305		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
17 Seaview Ave .		Branford			СТ	06405	0	4/11/2010	)	
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in			Yes	
CEO - Manufacturing company		Americar	n Polyfilm, Inc.			If yes, list Event #	i occuon .	x	No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contribu	itions	†
state contractor? Is yes, indicate which branch or branches of				l '—	child of a lob	•		-	100.00	\$100.00
government the contract is with:	Ш	Executive	Legislative	_ L L	res X	No	1			

		I. MONETAI	RY RECE	EIPTS	(Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origina	al 07/12/2010
		B. Itemized Co	ntribution	s from	Individu	ıals				
Last Name Reale	First Name Matthew		N	ИI	Cash	contribution:    X   Personal (		Contributio	on ID#	Amount of Contribution
Residential Street Address 34 Brewster Pl		City Trumbull			State CT	Zip Code 06611		ate Received 4/12/2010	)	
Principal Occupation Atty		Name of Employer Self		·		Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legislati	d		tor a lobbyist child of a lob es	byist?	Aggre	gate Contribu	550.00	\$50.00
Last Name Cordova	First Name Linda		N	ИI	x Cash	contribution: Personal ( / Order Credit/De		Contribution 0263	on ID #	Amount of Contribution
Residential Street Address 68 Hayword Rd		City Hamden			State CT	Zip Code 06514		ate Received 4/13/2010	)	
Principal Occupation		Name of Employer State of CT				Is this contribution associ fundraising event listed in If yes, list Event #		un?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legislati	d		tor a lobbyist	byist?	Aggre	gate Contribu	tions 325.00	\$25.00
Last Name Mitchell	First Name William		N	ИІ	Method of o	contribution:    X   Personal 0		Contribution 0264	on ID#	Amount of Contribution
Residential Street Address 924-6 Quinnipiac Ave		City New Haven			State CT	Zip Code 06511		ate Received 4/15/2010	)	
Principal Occupation Self Employed		Name of Employer Self		·		Is this contribution associ fundraising event listed in If yes, list Event #		<sub>112</sub>	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legislati	d		tor a lobbyist child of a lob es	byist?	Aggre	gate Contribu \$1	.00.00	\$100.00
Last Name Adamczyk	First Name Aleksandr	ra	N	ИI	Cash	contribution: Personal ( / Order		Contribution	on ID #	Amount of Contribution
Residential Street Address 81 Ocean Ave		City Staten Island			State NY	Zip Code 10305		ate Received 4/16/2010	)	
Principal Occupation  Banking		Name of Employer RBC				Is this contribution associ fundraising event listed in If yes, list Event #		I1?	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legislati	d		tor a lobbyist	byist?	Aggre	gate Contribu	tions 550.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Friends Of Gerry Garcia							Origin	nal 07/12/2010	
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name Cordova	First Name Rene		MI	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck 0292	ution ID#	Amount of Contribution	
Residential Street Address 95 Filmore St		City New Haven		State CT	Zip Code 06513	Date Receiv			
Principal Occupation Fire Fighter		Name of Employer City of New Haven			Is this contribution associate fundraising event listed in the second of the second second in the second sec	Section J1?	Yes  X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	\$30.00	\$30.00	
Last Name Steinhardt	First Name David		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0293	ution ID#	Amount of Contribution	
Residential Street Address 125 Village Ln		City Branford		State CT	Zip Code 06405	Date Receiv 04/17/20			
Principal Occupation President		Name of Employer D.S. Sewing Inc		•	Is this contribution associal fundraising event listed in S If yes, list Event #	Section J1?	Yes		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	ibutions \$35.00	\$35.00	
Last Name Forte	First Name Joan		MI	Cash	contribution:    X   Personal Character   Credit/Debi	neck 0294	ution ID#	Amount of Contribution	
Residential Street Address 30 Front St		City New Haven		State CT	Zip Code 06513	Date Receiv			
Principal Occupation		Name of Employer Retired		•	Is this contribution associal fundraising event listed in S If yes, list Event #	Section J1?	Yes  No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contr	ibutions \$100.00	\$100.00	
Last Name Tyson	First Name Audrey		MI	Cash	contribution:    X   Personal Characteristics   Personal Characteristics   Credit/Debit   Personal Characteristics   Personal Cha	neck 0296	ution ID#	Amount of Contribution	
Residential Street Address 471 Whalley Ave # H		City New Haven		State CT	Zip Code 06511	Date Receiv			
Principal Occupation		Name of Employer		•	Is this contribution associate fundraising event listed in the state of the state o	Section J1?	Yes  X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contr	ibutions \$100.00	\$100.00	

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	NG DUE DATE
Friends Of Gerry Garcia							Origi	nal 07/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals			
Last Name	First Name		MI	Method of	contribution:		ontribution ID #	Amount of
Padro	Abel			Cash Money	x Personal Ch y Order Credit/Debi	02	266	Contribution
Residential Street Address		City		State	Zip Code	Date R	eceived	1
724 Savin Ave # A-8		West Haven		СТ	06516	04/17	7/2010	
Principal Occupation		Name of Employer retired			Is this contribution associate fundraising event listed in St. If yes, list Event # 041		X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (	Contributions \$50.00	\$50.00
Last Name Cordova	First Name Celestino		MI	Cash	contribution:    X   Personal Characteristics   Personal Characteristics   Credit/Debi	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 25 Salstonstall Ave Apt 505		City New Haven		State CT	Zip Code 06513		eceived 7/2010	
Principal Occupation Program Coordinator		Name of Employer South Central Agency on Agi	ng		Is this contribution associal fundraising event listed in S If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (	Contributions \$25.00	\$25.00
Last Name	First Name		MI	Method of	contribution:	Co	ontribution ID #	Amount of
King	Abolardo			X Cash Money	Personal Ch y Order Credit/Debi	02	273	Contribution
Residential Street Address		City		State	Zip Code		eceived	
58 Marion St		West Haven		СТ	06516		7/2010	4
Principal Occupation  consultant		Name of Employer			Is this contribution associate fundraising event listed in 1 If yes, list Event # 041	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (	Contributions \$60.00	\$60.00
Last Name	First Name		MI		contribution:	Co	ontribution ID #	Amount of
Garayua	Wilda			X Cash Money	Personal Ch y Order Credit/Debi	02	275	Contribution
Residential Street Address 158 Grafton St		City New Haven		State CT	Zip Code 06513		eceived 7/2010	
Principal Occupation		Name of Employer		L	Is this contribution associate		Yes	†
					fundraising event listed in the list of th	Section J1?	x No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (	Contributions \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	IG DUE DATE
Friends Of Gerry Garcia							Origi	nal 07/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals			
Last Name Jinenez	First Name Dixon		MI	x Cash	contribution: Personal Ch	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 389 Winthrop Ave		City New Haven		State CT	Zip Code 06511		deceived 7/2010	
Principal Occupation		Name of Employer			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (	Contributions \$25.00	\$25.00
Last Name Cruz	First Name Eliezer		MI	X Cash	contribution: Personal Ch y Order Credit/Debi	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 29 Clinton Ave		City New Haven		State CT	Zip Code 06573		teceived 7/2010	
Principal Occupation Administrator		Name of Employer  Community Foundation			Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (	Contributions \$20.00	\$20.00
Last Name Casho	First Name Migdalia		MI	X Cash	contribution:  Personal Ch y Order Credit/Debi	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 203 Salstonstall Ct Cottage		City New Haven		State CT	Zip Code 06513		deceived 7/2010	
Principal Occupation Alderman		Name of Employer NHPA			Is this contribution associate fundraising event listed in If yes, list Event # 041	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (	Contributions \$25.00	\$25.00
Last Name Stewart	First Name Alice		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 18 Hotchkiss St		City New Haven		State CT	Zip Code 06511		deceived 7/2010	
Principal Occupation CNA		Name of Employer Brook Hollow Health Care			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (	Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 07/12/2010
		B. It	emized Contributi	ions fron	Individu	ıals				
Last Name	First Name			MI		contribution:		Contributio	on ID #	Amount of
Gomez	Victor				X Cash Money	Personal C		0271		Contribution
Residential Street Address		City			State	Zip Code		ate Received		•
15 Vera St		East Have	en		CT	06512		4/17/2010	)	
Principal Occupation		Name of Er	nployer		Į	Is this contribution associ	ated with	a x	Yes	†
reverend						fundraising event listed in If yes, list Event # 04	172010	J1?	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contribu	itions	Ī
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	I	child of a lob	*		\$	35.00	\$35.00
government the contract is with:  Last Name	First Name	Executive	Legislative	I <sub>MI</sub>		contribution:		1		<u> </u>
Singh Lemar	Anika			MII	Cash	x Personal C	Check	Contribution 0267	on ID #	Amount of Contribution
					Money	y Order Credit/De	bit Card	0207		
Residential Street Address		City			State	Zip Code		ate Received		
6 Eld St		New Have	en		СТ	06511		4/17/2010	) 	<u> </u>
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in		J1?	Yes	
Attorney		wiggin o	Dana LLP			If yes, list Event #		x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contribu	itions	İ
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	1 —	child of a lob	-		\$	50.00	\$50.00
government the contract is with:  Last Name	First Name	Executive	Legislative	I <sub>MI</sub>	1			1		<u> </u>
Brooks	Darrell			MII	Cash	contribution:  X Personal C	Check	Contribution 0268	on ID #	Amount of Contribution
					Money	y Order Credit/De	bit Card	0208		
Residential Street Address		City			State	Zip Code		ate Received		
106 Kohary Dr		New Have	en		СТ	06515		4/17/2010		1
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in		<sub>J1?</sub>	Yes	
		self				If yes, list Event # 04	172010	<sub>)j</sub> L	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	itions	İ
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	1 —	child of a lob	-		\$1	100.00	\$100.00
government the contract is with:		Executive	Legislative	+ -			<u> </u>	1		
Last Name Rodriguez	First Name Joseph			MI	Method of	contribution:  Personal O	Check	Contributio	on ID#	Amount of Contribution
	·				Money	y Order Credit/De	bit Card	0272		
Residential Street Address		City			State	Zip Code	D	ate Received		
112 Peck St		New Have	en		СТ	06513	0	4/17/2010	)	<u> </u>
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in			Yes	
Aiderman		City of N	.н.			If yes, list Event #		х	No	
Is contributor a principal of a state contractor of	or prospective	l .	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	itions	İ
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		-	40.00	\$40.00
government the contract is with:	Ш	Executive	Legislative	\	es x	No	1			<u> </u>

Filtred OF Genery Generic			I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
Lack Name Bruno Angel Cry Lack Name Bruno Angel Cry Lack Name Bruno Angel Cry Lack Haven Lack Haven Lack Haven Lack Haven Lack Haven Cry Lack Haven Cry Lack Haven Lack Haven Lack Haven Lack Haven Lack Haven Lack Same Lack Haven	NAME OF COMMITTEE							F	FILING	DUE DATE
Each Name Bruno    First Name   Angel   Mile   Method of contribution   Personal Cleak   Contribution   D / Q25	Friends Of Gerry Garcia							C	Origina	ıl 07/12/2010
			B. Itemized Contribut	ions fron	ı Individu	ıals		•		
	Last Name	First Name		MI	Method of	contribution:	Τ	Contribution I	D#	Amount of
24 Alpine Dr	Bruno	Angel						0265		Contribution
Name of Employer   UI	Residential Street Address		City		State	Zip Code	Date	e Received		
Executive    Secretary   Secre	24 Alpine Dr		East Haven		СТ	06512	04/	/17/2010		
Le contributor a principal of a state contractor or prospective contributions agreeing and for a transport of the school of transport in Syee, include which branch or branches of contract is with:  Lead Name Paca  First Name Paca  Residential Street Address 119 Maple of 1  12 No.  Marcus  Marcus  Mil Method of corribution control in Mil Control of transport in Street Address 12 Control Money Order   Conditional Control In Mil Control of Contribution Control in Mil Control of Contribution Control in Mil Control of Contribution Control in Mil Control of Contribution Control in Mil Control of Contribution Control in Mil Control of Contribution Control in Mil Control of Contribution Control in Mil Control of Contribution Control in Mil Control of Contribution Control in Mil Contr	Principal Occupation		1						r'es	
state contractor?  Residential Street Address  Assume  First Name  Arruph  Arr	Executive		UI			_ ·	Section 31:	X N	No	
Security of Parameter of Parameters of Security   Legislative   Legisl	I	or prospective	Yes X No				Aggrega	ate Contribution	ns	
Perconal Check   Money Order   Credit Debit Card   O279   Contribution   O279   Contribution   O279   Contribution   O279   Contribution   O279   Contribution   O279   Contribution   O279	Is yes, indicate which branch or branches of		Executive Legislative			-		\$35	5.00	\$35.00
Residential Street Address  119 Maple St  120 No  119 Maple St  120 No  127 Code  128 State  127 Code  128 State  127 Code  128 State  128 Code  129 Code  128 State  129 Code  128 State  129 Code  128 State  129 Code  128 State  129 Code  129 Code  129 State  129 Code  129 Co	Last Name	First Name		MI		contribution:		Contribution I	D#	Amount of
19 Maple St	Paca	Marcus			I =	=		0279		Contribution
Name of Employer ABCP, Inc   State contributor a principal of a state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contract is with:    Security   Ves   X   No	Residential Street Address		City		State	Zip Code	Date	e Received		
Manager  ABCP, Inc    Secontinuous a principal of a state contractor or prospective state contractor   Sex	119 Maple St		New Haven		СТ	06511	04/	/17/2010		
Is contributor a principal of a state contractor or prospective state contractor?    Sesidential Street Address   Self   Self Student   Self	Principal Occupation		1					, X Y	r'es	
state contractors:  Last Name Harp  Residential Street Address 26 Lynwood Pl  Principal Occupation Medical Student  Self  Self  Self  Secutive  Legislative  Personal Check Contribution ID # O274  Amount of Contribution  Name of Employer Self  Self  Self  Self  Self  Secutive  Legislative  MI  Method of contribution  State Contribution  Amount of O274  Amount of O274  Amount of O274  Amount of O274  Amount of O274  Amount of O274  Amount of O274  Amount of O274  Amount of O417/2010  Principal Occupation  Name of Employer Self  Self  Self  Self  Secutive  Legislative  Personal Check O4/17/2010  Is this contribution associated with a find in Section 31? X No  State contractor?  Self	Manager		ABCP, Inc			_ ·		. N	No	
Last Name Residential Street Address 26 Lynwood Pl Principal Occupation Medical Student  Is contributor a principal of a state contract is with:  Last Name Residential Street Address 26 Lynwood Pl Principal Occupation Medical Student  Is contributor a principal of a state contractor or prospective state contractor?  Carry  Amount of Contribution  Self  Is contributor a principal of a state contractor or prospective State Contributor a principal of a state contractor or prospective State Contributor a principal of a state contractor or prospective State Contributor a principal of a state contractor or prospective State Contributor a principal of a state contractor or prospective State Contracto	1	or prospective	Yes X No		-		Aggrega	ate Contribution	ns	
Last Name Harp    Darriel   Mil   Method of contribution:   Contribution ID #   Q274   Amount of Contribution		П				-		\$50	0.00	\$50.00
Residential Street Address   City   State   Zip Code   Od4/17/2010			Executive Legislative	+ -			<u> </u>			
Residential Street Address 26 Lynwood Pl New Haven CT 06511 Date Received 04/17/2010 Principal Occupation Medical Student Self Self Self Self Self Self Self Self				MI			heck		D#	
Principal Occupation   Name of Employer   Self	············	Jul 1101			_	y Order Credit/Debi		0274		Commount
Principal Occupation  Medical Student    Self   Sel	Residential Street Address		City		State	Zip Code				
Self   Self	26 Lynwood Pl		New Haven		СТ	06511	04/	/17/2010		
If yes, list Event #   X   No								, <b>–</b> .		
state contractor? Is yes, indicate which branch or branches of government the contract is with:  Last Name Rodriguez  Residential Street Address 391 Woodland Ln  Principal Occupation Administrator  Rodriguet on traction or prospective state contractor or prospective state contractor?  Is yes, indicate which branch or branches of government the contract is with:  Legislative  MI  Method of contribution:  Contribution  Mi  Method of contribution:  Contribution ID # O270  Amount of Contribution  Contribution  Amount of Contribution  Contribution  Amount of Contribution  Contribution  Amount of Contribution  Contribution  Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event # 04172010i  No  Aggregate Contributions state contractor?  Syes indicate which branch or branches of dependent child of a lobbyist?  \$25.00  \$25.00	Medical Student		Seir			_ ·		X N	No	
Is yes, indicate which branch or branches of government the contract is with:    Last Name   First Name   Carmen Ana   MI   Method of contribution:   Contribution ID # Ozath   Money Order   Credit/Debit Card   Contribution   Contri	I	or prospective	Yes X No		-		Aggrega	ate Contribution	ns	
Last Name Rodriguez    First Name   Carmen Ana   MI   Method of contribution:						•		\$25	5.00	\$25.00
Residential Street Address  City  State  Zip Code  Date Received  04/18/2010  Principal Occupation  Administrator  Name of Employer  NHPS  Name of Employer  NHPS  Name of Employer  NHPS  Name of Employer  NHPS  No  Is contributor a principal of a state contractor or prospective state contractor?  Is contributor a principal of a state contractor or prospective state contractor?  Is ves indicate which branch or branches of dependent child of a lobbyist?  Administrator  Amount of Contribution  Contribution  Annount of Contribution  Annount of Contribution  Contribution  Annount of Contribution  Contribution  State Zip Code  Date Received  04/18/2010  Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event # 04172010j  No  State City Odd  Aggregate Contributions  Aggregate Contributions  State contractor?  State contractor?  State City Odd  Aggregate Contributions  State City Odd  Aggregate Contributions  State City Odd  Aggregate Contributions  State City Odd  Aggregate Contributions  State City Odd  Aggregate Contributions  State City Odd  Aggregate Contributions  State City Odd  Aggregate Contributions  State City Odd  Aggregate Contributions			Executive Legislative	<del>                                     </del>	1		<u> </u>			
Residential Street Address 391 Woodland Ln  Orange  City Orange  CT  O6477  Date Received 04/18/2010  Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 04172010i  Is contributor a principal of a state contractor or prospective state contractor?  Is contributor a principal of a state contractor or prospective state contractor?  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  \$25.00 \$25.00			Ana	MI		_	heck		D#	
391 Woodland Ln  Orange  CT  06477  04/18/2010  Principal Occupation Administrator  Name of Employer NHPS  Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 04172010j No  Is contributor a principal of a state contractor or prospective state contractor? Is ves indicate which branch or branches of the state	Rounguez	Currien A				y Order Credit/Deb		0270		Contribution
Principal Occupation Administrator  Name of Employer NHPS  Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 04172010j  No  Is contributor a principal of a state contractor or prospective state contractor? Is ves indicate which branch or branches of specific principal of a lobbyist?  \$25.00 \$25.00	Residential Street Address		City		State	Zip Code	Date	e Received		
Administrator  NHPS  fundraising event listed in Section J1? If yes, list Event # 04172010i No  Is contributor a principal of a state contractor or prospective state contractor?  Is contributor a principal of a state contractor or prospective state contractor?  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  See Sindicate which branch or branches of \$25.00 \$25.00 \$25.00	391 Woodland Ln		Orange		СТ	06477	04/	/18/2010		
If yes, list Event # 04172010j No  Is contributor a principal of a state contractor or prospective state contractor?  Is ves indicate which branch or branches of \$25.00 \$25.00 \$25.00			1					2 X	res	
state contractor?  Is yes indicate which branch or branches of \$25.00 \$25.00	Administrator		NHPS			_ ~			No	
state contractor?  Is yes indicate which branch or branches of \$25.00 \$25.00	Is contributor a principal of a state contractor of	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggrega	ate Contribution	ns	
government the contract is with: Legislative Legislative No	Is yes, indicate which branch or branches of		Executive Legislative			-		\$25	5.00	\$25.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Friends Of Gerry Garcia									Origina	al 07/12/2010
		B. Ito	emized Contributi	ons fron	ı Individu	ıals				
Last Name Adamczyk	First Name Marcin			MI	Cash	contribution:  Personal C y Order X Credit/Det		Contribution	ı ID#	Amount of Contribution
Residential Street Address 81 Ocean Ave		City Staten Is	land		State NY	Zip Code 10305		Date Received 04/19/2010		
Principal Occupation  construction		Name of En			•	Is this contribution association fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contributi \$5	ions 50.00	\$50.00
Last Name Hanczor	First Name Robert			MI	Cash	contribution:  Personal C y Order X Credit/Del		Contribution 0308	ı ID#	Amount of Contribution
Residential Street Address 1652 Neale St		City San Dieg	0		State CA	Zip Code 92103		Date Received 04/22/2010		
Principal Occupation  Manager		Name of En	nployer		•	Is this contribution association fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contributi	ions \$1.00	\$1.00
Last Name Bertaccini	First Name Blair			MI	Cash	contribution:  X Personal C y Order Credit/Det		Contribution 0286	ı ID#	Amount of Contribution
Residential Street Address 104 Fiske St		City Waterbur	У		State CT	Zip Code 06710		Date Received 04/24/2010		
Principal Occupation  Wage Enforcement Agent		Name of En				Is this contribution association fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contributi \$5	ions 50.00	\$50.00
Last Name Clark	First Name Amanda			MI	Cash	contribution: Personal C y Order X Credit/Det		Contribution 0309	ı ID#	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 En			•	Is this contribution association fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob	byist?	Aggre	egate Contributi	ions \$5.00	\$5.00

		I. M	ONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 07/12/2010
		B. Ite	mized Contributi	ons fron	Individu	ıals				
Last Name Kaynak	First Name Katherine			MI	Method of Cash	contribution:	Check	Contribution	on ID#	Amount of Contribution
- Nayman	raciio					y Order X Credit/Del	oit Card	0310		Controllion
Residential Street Address 293 Main St .		City Hopkinton	1		State NH	Zip Code 03229		ate Received 5/02/201		
Principal Occupation Writer		Name of Em Self	pployer			Is this contribution association fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	itions \$20.00	\$20.00
Last Name Fuller	First Name David			MI	Cash	contribution: Personal C y Order X Credit/Del		Contribution 0311	on ID #	Amount of Contribution
Residential Street Address 3320 Main St .		City Stratford			State CT	Zip Code 06614		ate Received 5/02/201		
Principal Occupation  Data Analyst		Name of Em United Wood	aployer ay of Central & Nort	theastern		Is this contribution association fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	itions \$25.00	\$25.00
Last Name Ferreira	First Name David			MI	Cash	contribution:  X Personal C y Order Credit/Det		Contribution 0317	on ID#	Amount of Contribution
Residential Street Address 53 Whittle St		City Mystic			State CT	Zip Code 06355		ate Received 5/06/201		
Principal Occupation Admin		Name of Em Three Riv			•	Is this contribution association fundraising event listed in If yes, list Event #		12	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	tions \$50.00	\$50.00
Last Name Alejandro	First Name De Frutos			MI	x Cash	contribution:  Personal C y Order Credit/Det		Contribution 0318	on ID#	Amount of Contribution
Residential Street Address 155 Church St		City New Have	en		State CT	Zip Code 06516		ate Received 5/06/201		
Principal Occupation sales		Name of Em			•	Is this contribution association fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	itions \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Gerry Garcia							Origin	nal 07/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals			
Last Name	First Name		MI	Method of	contribution:	Cont	ribution ID #	Amount of
Arroyo	Ramon			Cash Money	y Order	028	37	Contribution
Residential Street Address		City		State	Zip Code	Date Rec	eived	
97 Amity St		Hartford		СТ	06106-1001	05/08/	2010	
Principal Occupation		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	s100.00	\$100.00
Last Name Murphy	First Name Kelly		MI	Cash	contribution:    X   Personal Cl	neck 039	ribution ID#	Amount of Contribution
Residential Street Address 80 Edwards St # 2	•	City New Haven	•	State CT	Zip Code 06511	Date Rec 05/11/		
Principal Occupation  Economic Development Dir		Name of Employer City of New Haven		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Co	ontributions \$25.00	\$25.00
Last Name Lambert	First Name Ruth		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 031	ribution ID#	Amount of Contribution
Residential Street Address 315 Whitney Ave , Carriage House	2	City New Haven	•	State CT	Zip Code 06511	Date Rec 05/12/		
Principal Occupation Online Magazine Editor		Name of Employer Naffa Inc		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes	1
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	stributions \$100.00	\$100.00
Last Name Cheskis	First Name Harvey		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 031	ribution ID#	Amount of Contribution
Residential Street Address 4 Country Way		City North Haven		State CT	Zip Code 06473	Date Rec 05/12/		
Principal Occupation		Name of Employer retired		<b>.</b>	Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	ontributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							I	FILING	DUE DATE	
Friends Of Gerry Garcia							(	Origina	ıl 07/12/2010	
		B. Itemized Contributi	ions from	ı Individu	ıals					
Last Name	First Name		MI	Method of	contribution:		Contribution I	ID#	Amount of	
Eder	Andrew			Cash Money	Personal Ch x Credit/Debi		0312		Contribution	
Residential Street Address		City		State	Zip Code		e Received			
167 Uncas Point Rd		Guilford		СТ	06437	05,	/12/2010			
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the state of the state			Yes		
Executive		Eder Bros., Inc.			If yes, list Event #		<b>X</b> 1	No		
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contribution		\$100.00	
Last Name	First Name		MI	Method of	contribution:		Contribution I	ID#	Amount of	
Avallone	Vincent			Cash Money	x Personal Ch y Order Credit/Debi		0394		Contribution	
Residential Street Address		City		State	Zip Code	Dat	e Received			
1 Ashford Ct		Wallingford		СТ	06492	05,	/12/2010			
Principal Occupation Attorney		Name of Employer Self			Is this contribution associated fundraising event listed in the state of the state		? X	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio		\$100.00	
Last Name	First Name		MI	Method of	contribution:		Contribution I	ID#	Amount of	
Wareck	Anne			Cash Money	Personal Ch x Credit/Debi		0315		Contribution	
Residential Street Address		City		State	Zip Code	Dat	e Received			
55 Huntington St .		New Haven		СТ	06511	05,	/13/2010			
Principal Occupation real estate		Name of Employer Chapel Investment, LLC			Is this contribution associated fundraising event listed in State If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution		\$100.00	
government the contract is with:  Last Name	First Name		MI		contribution:		Contribution I	ID #		
Alvarado	Anthony			X Cash	Personal Ch y Order Credit/Debi		0324	ID#	Amount of Contribution	
Residential Street Address		City		State	Zip Code	Dat	e Received			
10 Townsend Ave		New Haven		СТ	06512	05,	/15/2010			
Principal Occupation		Name of Employer none			Is this contribution associate fundraising event listed in St. If yes, list Event #		?	Yes No		
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution		\$100.00	

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	ILING	DUE DATE
Friends Of Gerry Garcia							О	Origina	1 07/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals		•		
Last Name Rosner	First Name Joseph		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck (	Contribution II	D#	Amount of Contribution
Residential Street Address 225 5th Ave Apt 10C		City New York		State NY	Zip Code 10010		Received 16/2010		
Principal Occupation  Bond trader		Name of Employer Credit Suisse		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es X	byist?	Aggregate	te Contribution \$100		\$100.00
Last Name Dimenstein	First Name Michael		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 50 Dogwood Cir		City Woodbridge		State CT	Zip Code 06525		Received 16/2010		
Principal Occupation Human Resources Administrator		Name of Employer Yale New Haven Health Syst	em	•	Is this contribution associal fundraising event listed in S If yes, list Event #		X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	te Contribution \$100		\$100.00
Last Name Musser	First Name Matthew		MI	Cash	contribution:  Personal Ch y Order X Credit/Debi	neck (	Contribution II	D#	Amount of Contribution
Residential Street Address 208 E 32nd		City New York		State NY	Zip Code 10016		Received 17/2010		
Principal Occupation Finance		Name of Employer Credit Suisse			Is this contribution associal fundraising event listed in !  If yes, list Event #		X N		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es X	byist?	Aggregat	te Contribution \$100		\$100.00
Last Name Beirne	First Name Thomas		MI	Cash	contribution:  Personal Cl y Order X Credit/Debi	neck (	Contribution II	D#	Amount of Contribution
Residential Street Address 15 East Ave		City Milford		State CT	Zip Code 06460		Received // 18/2010		
Principal Occupation Investment Manager		Name of Employer Halsey Associates		•	Is this contribution associal fundraising event listed in S If yes, list Event #		X N	es Io	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	te Contribution \$25		\$25.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Friends Of Gerry Garcia							Orig	ginal 07/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals		•	
Last Name	First Name		MI	Method of	contribution:		Contribution ID #	Amount of
Desiderato	David			Cash Money	Personal Ch x Credit/Debi	10	)333	Contribution
Residential Street Address		City		State	Zip Code	Date I	Received	
88 Simsbury Rd		West Granby		СТ	06090	05/1	18/2010	_
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	e Contributions \$10.00	\$10.00
Last Name	First Name		MI	1	contribution:	-	Contribution ID #	Amount of
Avalardo	Carmen			X Cash Money	Personal Ch y Order Credit/Debi	10	)323	Contribution
Residential Street Address 140 Mill St # 16115		City East Haven		State CT	Zip Code 06512		Received	
				Ci	Is this contribution associat			$\dashv$
Principal Occupation		Name of Employer retired			fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor of state contractor?	or prospective	Yes X No		utor a lobbyis child of a lob		Aggregate	e Contributions	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		res X	No		\$100.00	\$100.00
Last Name	First Name		MI		contribution:		Contribution ID #	Amount of
Rosa	Myrna			Cash Money	y Order Personal Ch Credit/Debi	0	)321	Contribution
Residential Street Address		City		State	Zip Code		Received	
293 Monticello Dr		Branford		СТ	06405		18/2010	_
Principal Occupation  Teacher		Name of Employer  New Haven BOE			Is this contribution associat fundraising event listed in S		Yes	
reacties		New Haven Bol			If yes, list Event #		X No	
Is contributor a principal of a state contractor of state contractor?	or prospective	Yes X No		utor a lobbyis child of a lob		Aggregate	e Contributions	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		res x			\$75.00	\$50.00
Last Name	First Name		MI	Method of	contribution:		Contribution ID #	Amount of
rosa	maria			Cash Money	x Personal Ch y Order Credit/Debi	0	)322	Contribution
Residential Street Address		City		State	Zip Code	Date I	Received	$\exists$
293 Monticello Dr		Branford		СТ	06405	05/1	18/2010	_
Principal Occupation		Name of Employer NHBOE			Is this contribution associat fundraising event listed in S		Yes	
asst principle		MIDUL			If yes, list Event #		X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis t child of a lob	byist?	Aggregate	e Contributions \$75.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE									FILING	G DUE DATE		
Friends Of Gerry Garcia									Origin	al 07/12/2010		
		B. Item	ized Contributio	ons from	Individu	uals						
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of		
rivera	jose				Cash Mone	y Order Record Credit/De		0325		Contribution		
Residential Street Address	•	City			State	Zip Code	D	ate Received	ļ			
49 Lance Ln		Milford			СТ	06460	0	5/18/201	0			
Principal Occupation teacher		Name of Emplo	oyer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No			
		<u> </u>	1 D	,			1					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	obyist?	Aggre	gate Contrib	utions 100.00	\$60.00		
Last Name	First Name			MI	Method of	contribution:	•	Contributi	on ID#	Amount of		
Rosario	Maritza				Cash Mone	y Order X Personal Credit/De		0330		Contribution		
Residential Street Address		City			State	Zip Code		ate Received				
293 Monticello Dr		Branford			СТ	06405		5/19/201	0			
Principal Occupation guidance counselor		Name of Emplo	oyer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No  Legislative	dependent	utor a lobbyis child of a lob es	-	Aggre	egate Contribu	utions 100.00	\$100.00		
Last Name	First Name			MI	Method of	contribution:	•	Contributi	on ID#	Amount of		
Alvarado	Carmen			С	Cash Mone	y Order		0327		Contribution		
Residential Street Address		City			State	Zip Code		ate Received				
5 Ridgewood Ave		North Haver	1		СТ	06473	_	5/19/201	0			
Principal Occupation  CPA/auditor		Name of Emplo Sikorsky Fe	-			Is this contribution assoc fundraising event listed in		J1?				
CPA/additor		SIKOISKY I C	aciai co			If yes, list Event #		L×	No			
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contrib	utions			
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative			No No		\$	100.00	\$100.00		
Last Name	First Name			MI		contribution:	•	Contributi	on ID#	Amount of		
Alvarado	David				X Cash Mone	y Order Personal Credit/De		0326		Contribution		
Residential Street Address		City			State	Zip Code	D	ate Received	l			
10 Townsend Ave		New Haven			СТ	06512	0	5/19/201	0			
Principal Occupation		Name of Emplo none	oyer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob res	obyist?	Aggre	gate Contrib	utions 100.00	\$100.00		

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Friends Of Gerry Garcia							(	Origina	al 07/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name	First Name		MI		contribution:		Contribution I	ID#	Amount of
Festa	Wayne			Cash Money	y Order X Personal Cl Credit/Deb		0328		Contribution
Residential Street Address		City		State	Zip Code		e Received		
229 Branford Rd # U219		North Branford		СТ	06471		/19/2010		
Principal Occupation  Custodian		Name of Employer  NHBOE			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob yes	byist?	Aggrega	ate Contribution \$100		\$100.00
Last Name	First Name		MI M	Method of Cash	contribution:	neck	Contribution I	ID#	Amount of
Festa	ITIS		Ivi	_	y Order Credit/Debi		0329		Contribution
Residential Street Address 229 Branford Rd		City North Branford		State CT	Zip Code 06471		e Received /19/2010		
Principal Occupation Guidance counselor		Name of Employer NHBOE			Is this contribution associa fundraising event listed in If yes, list Event #		?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution		\$100.00
Last Name Hernandez	First Name Abraham		MI	Cash	contribution:    X   Personal Cl	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 218 Atwater St		City New Haven		State CT	Zip Code  06513	Date	e Received /20/2010		
				Ci	Is this contribution associa				
Principal Occupation  Manager		Name of Employer Radio Amor Inc			fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contribution		\$100.00
Last Name White	First Name Thomas		MI	Cash	contribution:	neck	Contribution I	ID#	Amount of Contribution
Decidential Street Address		City	1	_	y Order Credit/Debi		e Received		
Residential Street Address 978 W Lake Ave		City Guilford		State CT	Zip Code 06437		/20/2010		
Principal Occupation		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		? X	Yes No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution		\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Friends Of Gerry Garcia							C	Origina	ıl 07/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contribution I	D#	Amount of
Stanely	Shawn			Cash Money	y Order X Personal Ch Credit/Debi		0319		Contribution
Residential Street Address		City		State	Zip Code	Date	e Received		
16 Sycaway St Fl 1		West Haven		СТ	06516	05/	/20/2010		
Principal Occupation		Name of Employer CT Mental Health			Is this contribution associate fundraising event listed in the second of the second second in the second se			res No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregat	te Contribution		\$100.00
Last Name Aparicio	First Name Suyapa		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 146 Gem Ave		City Bridgeport	•	State CT	Zip Code 06606		e Received /20/2010		
Principal Occupation Accounts Receivable		Name of Employer Self Employed		•	Is this contribution associate fundraising event listed in the second of the second second in the second se		y X	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregat	te Contribution		\$100.00
Last Name Handy	First Name Charlene		MI	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 492 Washington Ave Apt 1	•	City West Haven	•	State CT	Zip Code 06516		e Received /21/2010		
Principal Occupation Building Super		Name of Employer CT Mental Health center			Is this contribution associate fundraising event listed in the state of the state o			res No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution		\$100.00
Last Name Aldarondo	First Name Manuel		MI	Cash	contribution:    X   Personal Characteristics   Personal Characteristics   Credit/Debit   Personal Characteristics   Personal Cha	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 78 Windsor St		City Waterbury		State CT	Zip Code 06708		e Received /21/2010		
Principal Occupation Residential Coordinator		Name of Employer DeMarco Management			Is this contribution associal fundraising event listed in the second of the second second in the second sec		Y X N	res No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregat	te Contribution		\$100.00

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE							FILIN	G DUE DATE				
Friends Of Gerry Garcia							Origin	al 07/12/2010				
		B. Itemized Contribut	ions fron	Individu	ıals							
Last Name Lopez-Cintron	First Name Sally		MI	Cash	contribution:    X   Personal Cl	neck 0338	oution ID#	Amount of Contribution				
Residential Street Address 47 Arthur St		City New Haven		State CT	Zip Code 06519	Date Recei 05/21/2						
Principal Occupation Administrative Assistant		Name of Employer DeMarco Management			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00				
Last Name Candelaria	First Name Waleska		MI	Cash	contribution:  X Personal Cl / Order Credit/Debi	neck 0340	oution ID#	Amount of Contribution				
Residential Street Address 210 Davenport Ave Apt 304		City New Haven		State CT	Zip Code 06511	Date Recei						
Principal Occupation  Mental Health Assistant		Name of Employer CMHC Hispanic Clinic		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00				
Last Name Torres	First Name Ana		MI	Cash	contribution:    X   Personal Cl	neck 0348	oution ID#	Amount of Contribution				
Residential Street Address 15 Artizan St		City New Haven		State CT	Zip Code 06510	Date Recei						
Principal Occupation		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es X	byist?	Aggregate Cont	ributions \$100.00	\$100.00				
Last Name Candelaria	First Name Juan		MI	Cash	contribution:    X   Personal Cl	neck 0339	oution ID#	Amount of Contribution				
Residential Street Address 30 Arch St		City New Haven		State CT	Zip Code 06519	Date Recei 05/21/2						
Principal Occupation Legislator		Name of Employer State of CT			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Cont	ributions \$100.00	\$100.00				

		I. MONETARY RI	ECEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							FI	LING DUE DATE	
Friends Of Gerry Garcia							Oı	riginal 07/12/2010	
		B. Itemized Contribut	tions fron	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:	С	Contribution ID	)# Amount of	
Russo	Robert			Cash Money	y Order X Personal Ch Credit/Debi		0342	Contribution	
Residential Street Address		City		State	Zip Code	Date	Received		
42 Kingswood Dr		New Haven		СТ	06513	05/2	21/2010		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the state of the state		Ye	es	
Maintenance Supervisor		СМНС			If yes, list Event #	Section 31:	x No	)	
Is contributor a principal of a state contractor	or prospective	Yes X No		outor a lobbyis		Aggregate	e Contributions	S	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		t child of a lob Yes	-		\$100.	.00 \$100	0.00
Last Name	First Name		MI	Method of	contribution:	С	Contribution ID	)# Amount of	
Tamayo	Dora			Cash Money	y Order X Personal Ch Credit/Debi	10	0335	Contribution	
Residential Street Address		City		State	Zip Code	Date !	Received		
580 Goose Ln		Guilford		СТ	06437	05/2	21/2010		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the second se		Ye	es	
Accounting		DeMano Mgmt			If yes, list Event #	section 71:	x No		
Is contributor a principal of a state contractor	or prospective	Yes X No		outor a lobbyis	-	Aggregate	e Contributions	3	
state contractor? Is yes, indicate which branch or branches of		Encoder D. Lorislation	Î	t child of a lob Yes	*		\$100.	.00 \$100	0.00
government the contract is with:	<u></u>	Executive Legislative	+						
Last Name Lubchansky	First Name Lisa		MI	Cash	contribution: Personal Cl	neck	Contribution ID	Amount of Contribution	
				Money	y Order X Credit/Debi	it Card	0356		
Residential Street Address		City		State	Zip Code		Received		
34 23rd Ave		Venice		CA	90291	<u> </u>	24/2010		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the contribution of the contribution associated in the contribution associated in the contribution associated as the contribution associated as the contribution associated as the contribution associated as the contribution associated as the contribution associated as the contribution associated as the contribution as the con		Ye		
Regional Manager		major coffee company			If yes, list Event #		X No		
Is contributor a principal of a state contractor	or prospective	Yes X No		outor a lobbyis		Aggregate	e Contributions	3	
state contractor? Is yes, indicate which branch or branches of		ъ . П	Î	t child of a lob Yes	•		\$50.	.00 \$50	0.00
government the contract is with:		Executive Legislative	+ -			1		1	
Last Name Jones	First Name Michael		MI	Method of Cash	contribution: Personal Ch	neck	Contribution ID	Amount of Contribution	
				Money	y Order X Credit/Debi		0357		
Residential Street Address		City		State	Zip Code		Received		
242 Elm St		New Haven		СТ	06511	<u> </u>	25/2010		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the state of the state		Ye		
Student		Yale University			If yes, list Event #		x No		
Is contributor a principal of a state contractor	or prospective	Yes X No		outor a lobbyis		Aggregate	e Contributions	s	
Is yes, indicate which branch or branches of		Executive Legislative		t child of a lob Tes	-		\$20.	.00 \$20	0.00

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE									FILING	G DUE DATE		
Friends Of Gerry Garcia									Origina	al 07/12/2010		
B. Itemized Contributions from Individuals												
Last Name Kalla	First Name Joshua			MI	Cash	contribution: Personal of the property of the		Contribution 0358	on ID#	Amount of Contribution		
Residential Street Address 31 Rosemont Ln		City Pittsburgh			State PA	Zip Code 15217		ate Received 5/26/2010				
Principal Occupation Student		Name of Employer Yale Universit				Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	itions \$50.00	\$50.00		
Last Name Mason	First Name Joleen			MI	Cash	contribution:    X   Personal Gredit/December   Credit/December		Contribution 0336	on ID#	Amount of Contribution		
Residential Street Address 57 Terrace St		City New Haven			State CT	Zip Code 06512		ate Received 5/28/2010	0			
Principal Occupation  Maintainer		Name of Employer			•	Is this contribution associ fundraising event listed in If yes, list Event #		<sub>11?</sub>	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions	\$100.00		
Last Name Curtis	First Name Abigail			MI	x Cash	contribution: Personal ( y Order Credit/De		Contribution 0344	on ID#	Amount of Contribution		
Residential Street Address 91 Pine Ln		City Windsor			State CT	Zip Code 06095		ate Received 6/01/2010				
Principal Occupation Sales		Name of Employer La Voz Hispan				Is this contribution associ fundraising event listed in If yes, list Event #		<sub>11?</sub>	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	gate Contribu	utions	\$100.00		
Last Name Cortis	First Name Damian			MI	x Cash	contribution: Personal ( y Order Credit/De		Contribution 0345	on ID#	Amount of Contribution		
Residential Street Address 91 Pine Ln		City Windsor			State CT	Zip Code 06095		ate Received 6/01/2010				
Principal Occupation  Music Instructor		Name of Employer Simbury Music				Is this contribution assoc fundraising event listed in If yes, list Event #		11?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	itions	\$100.00		

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE							FILING	G DUE DATE				
Friends Of Gerry Garcia							Origin	al 07/12/2010				
B. Itemized Contributions from Individuals												
Last Name Fuentes	First Name Jorge		MI	x Cash	contribution: Personal Cl y Order Credit/Debi	neck 0346	ition ID#	Amount of Contribution				
Residential Street Address 140 Brewster Rd		City Windsor		State CT	Zip Code 06095	Date Receive 06/01/20						
Principal Occupation  Maintenance		Name of Employer Asylum Hill Congregational (	Church		Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contri	butions \$100.00	\$100.00				
Last Name Cardona	First Name Dalila		MI	x Cash	contribution: Personal Cl y Order Credit/Debi	neck 0347	tion ID#	Amount of Contribution				
Residential Street Address 140 Brewster Rd		City Windsor		State CT	Zip Code 06095	Date Receive 06/01/20						
Principal Occupation Customer Service		Name of Employer Dicks Sporting Goods		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contri	butions \$100.00	\$100.00				
Last Name Fuentes	First Name Elizabeth		MI	X Cash	contribution:  Personal Cl y Order Credit/Debi	neck 0349	tion ID#	Amount of Contribution				
Residential Street Address 140 Brewster Rd		City Windsor		State CT	Zip Code 06095	Date Receive 06/01/20						
Principal Occupation		Name of Employer Retired from AT&T		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contri	butions \$100.00	\$100.00				
Last Name Cardona	First Name Iliana		MI	X Cash	contribution: Personal Cl y Order Credit/Debi	neck 0353	tion ID#	Amount of Contribution				
Residential Street Address 140 Brewster Rd		City Windsor		State CT	Zip Code 06095	Date Receive 06/01/20						
Principal Occupation  Medical Assistant		Name of Employer Dr Kellerman			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No					
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contri	butions \$100.00	\$100.00				

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Friends Of Gerry Garcia							(	Origina	1 07/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:	1	Contribution I	ID#	Amount of
Lopez	John			Cash Money	y Order X Personal Ch Credit/Debi		0350		Contribution
Residential Street Address		City		State	Zip Code	Dat	e Received		
40 Lenox Ave		Stamford		СТ	06902	06,	/01/2010		
Principal Occupation		Name of Employer Self Employed			Is this contribution associate fundraising event listed in the state of the state		? =	Yes	
Designer		Sell Employed	_		If yes, list Event #		X 1	No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contribution		\$100.00
Last Name	First Name		MI		contribution:		Contribution I	ID#	Amount of
Curtis III	Theodore			X Cash Money	Personal Ch y Order Credit/Debi		0352		Contribution
Residential Street Address		City		State	Zip Code		e Received		
97 Pine Ln		Windsor		СТ	06095		/01/2010		
Principal Occupation Programer		Name of Employer SS&C Technologies			Is this contribution associate fundraising event listed in the state of the state o		? \( \text{X} \) \( \text{X} \) \( \text{Y} \)	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contribution		\$100.00
Last Name	First Name		MI	Method of	contribution:	1	Contribution I	ID#	Amount of
Reyes	Andre			Cash Money	y Order X Personal Ch Credit/Debi		0354		Contribution
Residential Street Address		City		State	Zip Code	Dat	e Received		
81 Victoria Ct		Hamden		СТ	06514	06,	/01/2010		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the state of the state		<sup>9</sup>	Yes	
System Support Analyst		Ingenix Global Technology			If yes, list Event #		X N	No	
Is contributor a principal of a state contractor of state contractor?	or prospective	Yes X No		utor a lobbyis t child of a lob	-	Aggrega	ate Contribution	ns	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	1 —	res x	-		\$100	0.00	\$100.00
Last Name	First Name		MI	Method of	contribution:	1	Contribution I	ID#	Amount of
Reyes	Keona			Cash Money	y Order X Personal Ch Credit/Debi		0355		Contribution
Residential Street Address		City		State	Zip Code	Dat	e Received		
81 Victoria Ct		Hamden		СТ	06514	06,	/01/2010		
Principal Occupation		Name of Employer  Masonicare Health Center			Is this contribution associate fundraising event listed in the state of the state		?	Yes	
Occupational Therapist		masonicare meatur Center			If yes, list Event #		X I	No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis t child of a lob	byist?	Aggrega	ate Contribution		\$100.00

		I. MONETARY R	ECEIPT	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Gerry Garcia							Origin	nal 07/12/2010
		B. Itemized Contribu	itions fron	ı Individu	ıals			
Last Name	First Name		MI	Method of	contribution:	Contrib	ution ID#	Amount of
Parisi	Leonard			Cash Money	y Order X Credit/Debi	0359		Contribution
Residential Street Address		City		State	Zip Code	Date Receiv		
74 Plymouth Dr N		Glen Head		NY	11545	06/02/2	010	1
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the state of the state		Yes	
Investment Advisor		Maxim Group LLC			If yes, list Event #	section 31:	X No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		outor a lobbyis		Aggregate Cont	ributions	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		t child of a lob Yes X	-		\$100.00	\$100.00
Last Name	First Name		MI		contribution:	Contrib	ution ID#	Amount of
Abarca	Ada			X Cash Money	y Order Personal Ch	I 0423		Contribution
Residential Street Address		City		State	Zip Code	Date Receiv	ved	
7 Van Ness St		Norwalk		СТ	06850	06/04/2	010	1
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the state of the state		Yes	
logistics analyst		Muehlstein			If yes, list Event #	Section 31:	x No	
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	outor a lobbyis	t, spouse, or	Aggregate Cont	ributions	†
state contractor? Is yes, indicate which branch or branches of				t child of a lob	•		\$5.00	\$5.00
government the contract is with:		Executive Legislative	+	Yes X		<u> </u>		1
Last Name Abarca	First Name Hugo		MI	Method of Cash	contribution:	neck	ution ID#	Amount of Contribution
Abarca	riugo	1		I ==	y Order Credit/Debi	0424		Contribution
Residential Street Address		City		State	Zip Code	Date Receiv		
7 Van Ness St		Norwalk		СТ	06850	06/04/2	010	1
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the state of the state		Yes	
		self emloyed			If yes, list Event #		x No	
Is contributor a principal of a state contractor	or prospective	Yes X No		outor a lobbyis		Aggregate Cont	ributions	]
state contractor? Is yes, indicate which branch or branches of		Executive Legislative		t child of a lob	-		\$10.00	\$10.00
government the contract is with:	<u></u>	Executive Legislative	+	Т		1		
Last Name Abarca	First Name Hugo		MI	X Cash	contribution: Personal Ch	neck	ution ID#	Amount of Contribution
					y Order Credit/Debi	t Card 0425		
Residential Street Address		City		State	Zip Code	Date Receiv		
7 Van Ness St		Norwalk		СТ	06850	06/04/2	010	1
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the state of the state		Yes	
		self emloyed			If yes, list Event #		x No	
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	outor a lobbyis	t, spouse, or	Aggregate Cont	ributions	†
state contractor? Is yes, indicate which branch or branches of		Executive Legislative		t child of a lob	-		\$10.00	\$10.00
government the contract is with:		Executive Legislative		1 03	INU			

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILING	G DUE DATE			
Friends Of Gerry Garcia							Origin	al 07/12/2010			
		B. Itemized Contribut	ions fron	Individu	ıals						
Last Name	First Name		MI		contribution:		tribution ID #	Amount of			
Mazanagos	Roberto			X Cash Money	Personal Condit/Deb	042	26	Contribution			
Residential Street Address		City	•	State	Zip Code	Date Rec	ceived				
1 Leonard St Apt A8		Norwalk		СТ	06850	06/05/	/2010	_			
Principal Occupation		Name of Employer retired			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	ontributions \$5.00	\$5.00			
Last Name Young	First Name Charles		MI	Cash	contribution:    X   Personal C	heck 051	ntribution ID#	Amount of Contribution			
Residential Street Address 1938 Nichols Ave		City Stratford		State CT	Zip Code 06614	Date Rec 06/07/					
Principal Occupation		Name of Employer City of West Have			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	ontributions \$100.00	\$100.00			
Last Name eyzaquirre	First Name		MI	Method of Cash	contribution:	heck	tribution ID#	Amount of Contribution			
, 3		1		Money	y Order X Credit/Deb	it Card 036	58				
Residential Street Address  33 Lyon St # 3		City New Haven		State CT	Zip Code 06511	Date Red 06/10/					
Principal Occupation		Name of Employer		<u> </u>	Is this contribution associa		Yes	ŧ			
business development director		economic development corpo	oration		fundraising event listed in If yes, list Event #	Section J1?	X No				
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	ontributions \$80.00	\$80.00			
Last Name Looney	First Name Martin		MI	Cash	contribution:  X Personal Contribution:  y Order Credit/Deb	heck 036	atribution ID#	Amount of Contribution			
Residential Street Address		City		State	Zip Code	Date Rec	ceived				
132 Fort Hale Rd		New Haven		СТ	06512	06/12/	/2010				
Principal Occupation State Senator/Attorney/Adjunct		Name of Employer State of CT/Keyes & Looney/Quinnipiac Univers			Is this contribution associa fundraising event listed in If yes, list Event #		Yes				
Facu  Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	<del>                                     </del>	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	ontributions \$100.00	\$100.00			

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILING	G DUE DATE			
Friends Of Gerry Garcia							Origin	al 07/12/2010			
		B. Itemized Contrib	outions fro	m Individ	uals						
Last Name Holahan	First Name Susanna		MI	Cash	contribution:    X   Personal C	heck 0364	oution ID #	Amount of Contribution			
Residential Street Address 184 Willard St		City New Haven		State CT	Zip Code 06515	Date Receive 06/12/20					
Principal Occupation Teacher		Name of Employer New Haven BOE			Is this contribution association fundraising event listed in If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative		ributor a lobbyis ent child of a lob Yes	obyist?	Aggregate Cont	ributions \$100.00	\$100.00			
Last Name Blakeslee	First Name Dwight		МІ	X Cash	contribution:  Personal C y Order Credit/Det	heck 0363	oution ID#	Amount of Contribution			
Residential Street Address 146 Cottage St		City New Haven		State CT	Zip Code 06511	Date Receive 06/12/20					
Principal Occupation		Name of Employer		•	Is this contribution association fundraising event listed in If yes, list Event #		Yes  X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		ributor a lobbyis ent child of a lob Yes		Aggregate Cont	ributions \$9.00	\$9.00			
Last Name Borans	First Name Andrew		MI	Cash	contribution:  Personal C y Order X Credit/Det	heck 0369	oution ID#	Amount of Contribution			
Residential Street Address 8815 Wesleyan Rd		City Indianapolis	•	State IN	Zip Code 46268	Date Receiv 06/14/2					
Principal Occupation  Executive Director .org		Name of Employer Alpha Epsilon Pi		•	Is this contribution association fundraising event listed in If yes, list Event #		Yes  X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	Is cont	ributor a lobbyis ent child of a lob Yes		Aggregate Cont	ributions \$100.00	\$100.00			
Last Name Ferreira	First Name David		MI	Cash	contribution: Personal C y Order X Credit/Det	heck 0370	oution ID#	Amount of Contribution			
Residential Street Address 53 Whittle St		City Mystic		State CT	Zip Code 06355	Date Receive 06/14/20					
Principal Occupation College Admin		Name of Employer Three Rivers Community	College	•	Is this contribution association fundraising event listed in If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative		ributor a lobbyis ent child of a lob Yes		Aggregate Cont	ributions \$50.00	\$50.00			

		I. MONETARY F	RECEIPT	S (Sectio	n A-I)		_	
NAME OF COMMITTEE							FILING	G DUE DATE
Friends Of Gerry Garcia							Origin	al 07/12/2010
		B. Itemized Contrib	utions froi	n Individu	ıals		•	
Last Name Ferreira	First Name Angela		MI	Cash	contribution:    X   Personal C	heck 036	ibution ID #	Amount of Contribution
Residential Street Address 53 Whittle St		City Mystic		State CT	Zip Code 06355	Date Rece 06/14/2		
Principal Occupation Student		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	depender	butor a lobbyis nt child of a lob Yes	byist?	Aggregate Cor	\$100.00	\$100.00
Last Name Hallahan	First Name Michael		MI	x Cash	contribution:  Personal Contribution:  Personal Contribution:  y Order Credit/Deb	heck 036	ibution ID #	Amount of Contribution
Residential Street Address 157 Mill Rd		City North Haven		State CT	Zip Code 06473	Date Rece 06/14/2		
Principal Occupation		Name of Employer Appraisal Associates		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	depender	butor a lobbyis nt child of a lob Yes	byist?	Aggregate Cor	stributions \$20.00	\$20.00
Last Name Morales	First Name Angel		MI	X Cash	contribution:  Personal Contribution:  Personal Contribution:	heck 036	ibution ID #	Amount of Contribution
Residential Street Address 49 Margarita Dr		City Hartford		State CT	Zip Code 06106	Date Rece 06/15/2		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	depender	butor a lobbyis nt child of a lob Yes	byist?	Aggregate Cor	s25.00	\$25.00
Last Name Bellin	First Name Harvey		MI	Cash	contribution:  X Personal Contribution:  y Order Credit/Deb	heck 036	ibution ID #	Amount of Contribution
Residential Street Address 7 Maple St		City Weston		State CT	Zip Code 06883	Date Recei		
Principal Occupation TV/Video Producer/Director		Name of Employer MGCT, Inc			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	depender	butor a lobbyis nt child of a lob Yes	byist?	Aggregate Con	stributions \$36.00	\$36.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Gerry Garcia							Origin	nal 07/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Garcia	First Name Gilberto		MI	x Cash	contribution:  Personal C	heck 030	ntribution ID #	Amount of Contribution
Residential Street Address 90 Main St Apt 32		City Broad Brook		State CT	Zip Code 06016	Date Re-		
Principal Occupation Rep Support		Name of Employer Mass Mutual		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$10.00	\$10.00
Last Name Berger	First Name Jason		MI	Cash	contribution:  Personal Contribution:  y Order X Credit/Deb	heck 03	ntribution ID #	Amount of Contribution
Residential Street Address 242 Ridgeway Ave		City Oakland		State CA	Zip Code 94611	Date Re-		
Principal Occupation Sales		Name of Employer Radio Systems Corp.		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	Contributions \$25.00	\$25.00
Last Name Barash	First Name Shari		MI	Cash	contribution:    X   Personal C	heck 039	ntribution ID #	Amount of Contribution
Residential Street Address 607 Warfield Dr		City Rockville		State MD	Zip Code 20850	Date Re-		
Principal Occupation Chemical Engineer		Name of Employer  US Environmental Protection	n Agency		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	ontributions \$50.00	\$50.00
Last Name Matteson	First Name Sean		MI	Cash	contribution:  Personal Contribution:  y Order  X Credit/Deb	heck 03	ntribution ID #	Amount of Contribution
Residential Street Address 318 Front St		City New Haven		State CT	Zip Code 06513	Date Re-		
Principal Occupation Chief of Staff		Name of Employer City of New Haven		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE FILING D											
Friends Of Gerry Garcia							Origin	al 07/12/2010			
		B. Itemized Contribut	ions fron	Individu	ıals						
Last Name Castillo	First Name Yolanda		MI	Cash	contribution:  X Personal Characteristics of the contribution:  y Order Credit/Debi	neck 039	ribution ID #	Amount of Contribution			
Residential Street Address 147 Hollister St		City Manchester		State CT	Zip Code 06042	Date Rec 06/18/					
Principal Occupation Sr. Voc Rehab Counselor		Name of Employer State of CT DSS/BRS			Is this contribution associate fundraising event listed in the second of the second second in the second second second second second second second second second second second second second second second second second sec		Yes  X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	\$50.00	\$50.00			
Last Name Levenson	First Name Joel		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 037	ribution ID #	Amount of Contribution			
Residential Street Address 8 Twinbrook Dr		City Woodbridge		State CT	Zip Code 06525	Date Rec 06/18/					
Principal Occupation  Rabbi		Name of Employer Congregation B'nai Jacob		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes  X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	stributions \$100.00	\$100.00			
Last Name boduch	First Name aneta		MI	Cash	contribution:  Personal Ch y Order X Credit/Debi	neck 037	ribution ID #	Amount of Contribution			
Residential Street Address 164 Priscilla St		City Bridgeport		State CT	Zip Code 06610	Date Rec 06/20/					
Principal Occupation  clark		Name of Employer I G I			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes  X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	shtributions \$100.00	\$100.00			
Last Name Rubino	First Name Mike		MI	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck 051	ribution ID#	Amount of Contribution			
Residential Street Address 20 Vantage Rd		City Hamden		State CT	Zip Code 06514	Date Rec 06/20/					
Principal Occupation Security Guard		Name of Employer Yale University			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes  X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Co	stributions \$100.00	\$100.00			

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE FILING D											
Friends Of Gerry Garcia							Origin	al 07/12/2010			
B. Itemized Contributions from Individuals											
Last Name Rubino	First Name Teresa		MI	Cash	contribution:		ution ID#	Amount of Contribution			
Residential Street Address		City		State	y Order Credit/Debi		ed				
20 Vantage Rd		Hamden		СТ	06514	06/21/20	10	1			
Principal Occupation		Name of Employer Homemaker			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes  X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	ibutions \$100.00	\$100.00			
Last Name Ezzes	First Name Steven		MI	Cash	contribution:  X Personal Cl  y Order Credit/Debi	neck 0390	ution ID#	Amount of Contribution			
Residential Street Address 244 Georgetown Rd		City Weston		State CT	Zip Code 06883	Date Receiv 06/21/20					
Principal Occupation Finance		Name of Employer Mariwer Capital		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	ibutions \$100.00	\$100.00			
Last Name Quint	First Name James		MI	x Cash	contribution: Personal Cl y Order Credit/Debi	neck 0507	ution ID#	Amount of Contribution			
Residential Street Address 49 Wilson St		City Hartford		State CT	Zip Code 06106	Date Receiv 06/21/20					
Principal Occupation		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	ibutions \$100.00	\$100.00			
Last Name Carbone	First Name Nicholas		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0506	ution ID#	Amount of Contribution			
Residential Street Address 2 Park Pl Apt 23A		City Hartford		State CT	Zip Code 06106	Date Receiv 06/22/20					
Principal Occupation		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	ibutions \$100.00	\$100.00			

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origina	al 07/12/2010
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	n ID#	Amount of
Paradis	Eric				Cash Money	Personal C  y Order X Credit/Del		0376		Contribution
Residential Street Address		City			State	Zip Code	Dat	e Received		
85 Riverside Rd		Sandy Ho	ook		СТ	06482	06,	/22/2010		
Principal Occupation		Name of E				Is this contribution associ- fundraising event listed in		, 🗆	Yes	
Teacher		Trumbul	I ROF			If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggrega	ate Contribut	tions	
state contractor? Is yes, indicate which branch or branches of				1 —	t child of a lob	-		\$	30.00	\$30.00
government the contract is with:		Executive	Legislative	+ -			<u>                                     </u>			
Last Name Kaye	First Name Joel			MI	Method of Cash	contribution:  Personal C	Check	Contribution	n ID#	Amount of Contribution
		1			Mone	y Order X Credit/Del	oit Card	0375		
Residential Street Address		City			State	Zip Code		e Received		
87 Hillcrest Park Rd		Old Gree	nwich		СТ	06870	06,	/22/2010	1	
Principal Occupation		Name of E	nployer			Is this contribution associ- fundraising event listed in		, <u> </u>		
Lawyer		Sell				If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis	-	Aggrega	ate Contribut	tions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	1 -	child of a lob Yes X	-		\$	50.00	\$50.00
government the contract is with:	First Name	Executive	Legislative	I <sub>MI</sub>	I		<u> </u>			
Last Name Mills	First Name Gwendoly	n		MII	Cash	contribution: Personal C		Contribution	n ID#	Amount of Contribution
		,			Mone	y Order X Credit/Del	oit Card	03//		
Residential Street Address		City			State	Zip Code		e Received		
49 Livingston St # 2		New Hav	en		СТ	06511	06,	/23/2010	-	
Principal Occupation		Name of E				Is this contribution associ- fundraising event listed in		, <u> </u>	103	
Political Field Director		ONTILII	LKL 10			If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggrega	ate Contribut	tions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	I	child of a lob	•		\$1	00.00	\$100.00
government the contract is with:	First Name	Executive	Legislative	I <sub>MI</sub>	1		<u> </u>			
Last Name Jawien	First Name Agnes			MI	Cash	contribution: Personal C		Contribution 0381	n ID #	Amount of Contribution
		,			Mone	y Order X Credit/Del	oit Card	0381		
Residential Street Address		City			State	Zip Code		e Received		
69 Woodlawn Ave		Staten Is	land		NY	10305		/24/2010		
Principal Occupation		Name of E				Is this contribution associ- fundraising event listed in		· 🗖	Yes	
Marketing Manager		wallell-	meomi			If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggrega	ate Contribut	tions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	child of a lob	-		\$	99.00	\$99.00
government the contract is with:		LACCULIVE	Legislative	1	ت		<u> </u>			<u> </u>

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Gerry Garcia							Origin	nal 07/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals			
Last Name Jawien	First Name Marion		MI	Method of Cash	contribution:	eck	bution ID #	Amount of Contribution
Jawen	Marion				y Order X Credit/Debi	0382	2	Contribution
Residential Street Address 69 Woodlawn Ave		City Staten Island		State NY	Zip Code 10305	Date Rece 06/24/2		
Principal Occupation PM		Name of Employer ETS Contracting. Inc			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Con	tributions \$100.00	\$100.00
Last Name Grace	First Name Katherine		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	eck 0378	bution ID #	Amount of Contribution
Residential Street Address 45 Cedar Ln		City Beacon Falls		State CT	Zip Code 06403	Date Rece 06/24/2		
Principal Occupation Registrar of Voters		Name of Employer El. Pos Beacn. Falls			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$25.00	\$25.00
Last Name Grace	First Name Edmund		MI	Cash	contribution:  Personal Ch y Order X Credit/Debi	eck 0379	bution ID #	Amount of Contribution
Residential Street Address 45 Cedar Ln		City Beacon Falls		State CT	Zip Code 06403	Date Rece 06/24/2		
Principal Occupation Retired		Name of Employer State of CT		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	1
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Con	tributions \$25.00	\$25.00
Last Name Griffith	First Name Myriam		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	eck 0380	bution ID#	Amount of Contribution
Residential Street Address 55 Dubois St		City Darien		State CT	Zip Code 06820	Date Rece 06/24/2		
Principal Occupation  Marketing consultant		Name of Employer Self-employed		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Con	tributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 07/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals		•		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Pergugino II	Patrick				Cash Money	y Order		0603		Contribution
Residential Street Address		City		•	State	Zip Code	D	ate Received		
82 Allen St		Terryville	!		СТ	06786	0	6/25/2010	)	
Principal Occupation Website owner		Name of Er Self	nployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
				i					•	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contribut	tions 10.00	\$10.00
Last Name	First Name			MI	Method of	contribution:	1	Contributio	n ID#	
Woodman	Marlene				Cash	y Order Registration Residue (1988) Personal C		0389	II ID #	Amount of Contribution
Residential Street Address	•	City		•	State	Zip Code	D	ate Received		
294 Rosewood Ave		New Hav	en		СТ	06513	0	6/25/2010	)	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes	
Asst to President & Gov't Relation:	S	Charter	Oak State College	-		fundraising event listed in If yes, list Event #	section .	x	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribut	tions 40.00	\$40.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	n ID#	Amount of
Bara	John				Cash Money	y Order X Personal C		0429		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
35 Taylor Rd		Bethel			СТ	06801	0	6/25/2010		
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in			Yes	
president		bara nor	ne improv			If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	, 1	Aggre	gate Contribut	tions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	Î	child of a lob	•		\$1	00.00	\$100.00
government the contract is with:	le: .x	Executive	Legislative	+ -	I			1		
Last Name Bara	First Name Lisa			MI	Cash	y Order Personal C		Contributio 0430	n ID#	Amount of Contribution
Residential Street Address	1	City			State	Zip Code	D	ate Received		
35 Taylor Rd		Bethel			СТ	06801		6/25/2010	)	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes	ĺ
host		Bertucci'	s			fundraising event listed in If yes, list Event #	Section .	x x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	gate Contribut	tions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	-		\$1	00.00	\$100.00
government the contract is with:							1			i

		I. N	MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 07/12/2010
		B. It	temized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Bara	Julia				Cash Mone	y Order  X Personal C		0431		Contribution
Residential Street Address		City			State	Zip Code	Г	Date Received		
35 Taylor Rd		Bethel			СТ	06801	C	06/25/201	0	
Principal Occupation		Name of E				Is this contribution associ fundraising event listed in			Yes	
direct support		ability b	eyond disability			If yes, list Event #		×	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 —	res x	-		\$	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contributi	on ID#	Amount of
Bara	Carolina				Cash Mone	y Order X Personal C		0433		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
35 Taylor Rd		Bethel			СТ	06801	C	06/25/201	0	
Principal Occupation		Name of E				Is this contribution associ fundraising event listed in			Yes	
server		cadiz re	ST			If yes, list Event #		Х	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	Ī
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 î—	child of a lot Yes	•		\$	100.00	\$100.00
government the contract is with:  Last Name	First Name	Executive	Legislative	I Ш .		contribution:	<u> </u>	1	"	<u> </u>
Bara	Dumitru			IVII	Cash	Personal C	Check	Contributi 0432	on ID#	Amount of Contribution
		ı			x Mone	y Order Credit/De	bit Card	0432		
Residential Street Address		City			State	Zip Code		Date Received		
35 Taylor Ave		Bethel			СТ	06801		06/25/201		ł
Principal Occupation painter		Name of E	mployer me improv			Is this contribution associ fundraising event listed in		J12 L		
punter						If yes, list Event #			No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 —	res x	-		\$	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID #	Amount of
Young	Marcie				Cash Mone	y Order Registration   X Personal C		0511		Contribution
Residential Street Address		City		1	State	Zip Code	Е	Date Received		
52 Narragansett Trl		Shelton			СТ	06484	C	06/25/201	0	
Principal Occupation		Name of E	Employer		•	Is this contribution associ			Yes	
Consultant		Bayer				fundraising event listed in If yes, list Event #	i Section .	x	No	
Is contributor a principal of a state contractor	or prospective	ı	Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of		Executive	Legislative		child of a lot res	-		\$	100.00	\$100.00

		I. MON	NETARY REC	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 07/12/2010
		B. Itemiz	zed Contributio	ons from	Individu	ıals				
Last Name Pawlak	First Name Zofia			MI	x Cash	contribution: Personal (		Contribution	on ID#	Amount of Contribution
Residential Street Address 161 Broad St Apt 3B		City New Britain			State CT	Zip Code 06053		ate Received 6/25/2010		
Principal Occupation		Name of Employer	er		•	Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	gate Contribu	utions	\$100.00
Last Name Boduch	First Name Ceylia			MI	X Cash	contribution: Personal ( / Order Credit/De		Contribution 0594	on ID#	Amount of Contribution
Residential Street Address 2066 68th St		City Brooklyn			State NY	Zip Code 11204		ate Received 6/26/2010		
Principal Occupation		Name of Employe	er			Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions	\$100.00
Last Name Mills	First Name Ronald			MI	Cash	contribution: Personal (		Contribution 0383	on ID#	Amount of Contribution
Residential Street Address 1108 2nd St .		City Florence			State OR	Zip Code 97439		ate Received 6/26/2010	0	
Principal Occupation Software developer		Name of Employe	er			Is this contribution associ fundraising event listed in If yes, list Event #		112	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions	\$100.00
Last Name Bartlett	First Name Jason			MI	Cash	contribution:  X Personal ( / Order Credit/De		Contribution 0434	on ID#	Amount of Contribution
Residential Street Address 14 Highview Ter		City Bethel			State CT	Zip Code 06801		ate Received 6/26/2010		
Principal Occupation legistator		Name of Employerstate of ct	er			Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	itions	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Gerry Garcia							Origin	al 07/12/2010
		B. Itemized Contributi	ions from	Individu	ıals			
Last Name Rosado	First Name Anibal		MI	x Cash	contribution:  Personal Ch y Order Credit/Debi	eck 0420	bution ID #	Amount of Contribution
Residential Street Address 41 Beaver St		City New Britain		State CT	Zip Code 06051	Date Rece 06/27/2		
Principal Occupation		Name of Employer disability		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Con	tributions \$100.00	\$100.00
Last Name Struth	First Name Nicole		MI	Cash	contribution:  X Personal Ch y Order Credit/Debi	eck 0443	bution ID#	Amount of Contribution
Residential Street Address 5 Fox Den Rd		City Bethel		State CT	Zip Code 06801	Date Rece 06/27/2		
Principal Occupation		Name of Employer student		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Con	tributions \$100.00	\$100.00
Last Name Goldstone	First Name Matthew		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	eck 0384	bution ID #	Amount of Contribution
Residential Street Address 3 Repton Cir # 3309		City Watertown		State MA	Zip Code 02472	Date Rece 06/27/2		
Principal Occupation  Legal Correspondent		Name of Employer Pioneer Investments			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$15.00	\$15.00
Last Name Okrent	First Name Michael		MI	Cash	contribution:  Personal Ch y Order X Credit/Debi	eck 0385	bution ID#	Amount of Contribution
Residential Street Address 11 Prince Dr .		City Bethany		State CT	Zip Code 06524	Date Rece 06/27/2		
Principal Occupation Project manager		Name of Employer Yale university		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Con	tributions \$25.00	\$25.00

		I. MONETARY R	RECEIPT	S (Sectio	n A-I)			
NAME OF COMMITTEE							FII	LING DUE DATE
Friends Of Gerry Garcia							Or	riginal 07/12/2010
		B. Itemized Contrib	utions fro	n Individu	ıals		•	
Last Name Feliciano	First Name Carmen		MI	X Cash	contribution:  Personal C y Order Credit/Deb		Contribution ID 0418	# Amount of Contribution
Residential Street Address 62 Plymouth St		City New Haven		State CT	Zip Code 06519	- 1	ate Received 5/27/2010	
Principal Occupation		Name of Employer homemaker			Is this contribution association fundraising event listed in If yes, list Event #		res	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	depender	butor a lobbyis at child of a lob Yes	byist?	Aggreg	gate Contributions \$100.0	
Last Name Miranda	First Name Vidal		MI	X Cash	contribution:  Personal C y Order Credit/Deb		Contribution ID 0413	# Amount of Contribution
Residential Street Address 15 Woolsey St		City New Haven		State CT	Zip Code 06511		ate Received 5/27/2010	
Principal Occupation		Name of Employer disabled		•	Is this contribution associa fundraising event listed in If yes, list Event #		res	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	depender	butor a lobbyis at child of a lob Yes	byist?	Aggreg	gate Contributions \$50.0	
Last Name Miranda	First Name Leonida		MI	X Cash	contribution:  Personal C y Order Credit/Deb		Contribution ID 0414	# Amount of Contribution
Residential Street Address 15 Woolsey St		City New Haven		State CT	Zip Code 06513		ate Received	
Principal Occupation		Name of Employer disabled			Is this contribution associa fundraising event listed in If yes, list Event #		1 1 03	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	depender	butor a lobbyis at child of a lob Yes	byist?	Aggreg	gate Contributions \$50.0	
Last Name Alicea	First Name Luis		MI	x Cash	contribution:  Personal C y Order Credit/Deb		Contribution ID 0415	# Amount of Contribution
Residential Street Address 141 Bradley St		City New Haven		State CT	Zip Code 06513	- 1	ate Received 5/27/2010	
Principal Occupation bus driver		Name of Employer metro healthcare		•	Is this contribution associa fundraising event listed in If yes, list Event #		1 1 03	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	depender	butor a lobbyis at child of a lob	byist?	Aggreg	gate Contributions \$100.0	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Friends Of Gerry Garcia							Origin	al 07/12/2010		
		B. Itemized Contribut	ions fron	Individu	ıals					
Last Name Rosado de Jesus	First Name Carmen		MI	x Cash	contribution: Personal Ch y Order Credit/Debi	heck 0422	ution ID#	Amount of Contribution		
Residential Street Address 434 Front St		City New Haven		State CT	Zip Code 06513	Date Receiv 06/27/20				
Principal Occupation		Name of Employer disability		•	Is this contribution associate fundraising event listed in State If yes, list Event #	Section J1?	Yes  No			
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	\$100.00	\$100.00		
Last Name Van Arman	First Name Ralph		MI	Cash	contribution:  X Personal Characteristics  y Order Credit/Debi	heck 0510	ution ID#	Amount of Contribution		
Residential Street Address 880 Grassy Hill Rd		City Orange		State CT	Zip Code 06477	Date Receiv 06/28/20				
Principal Occupation  Truck Driver		Name of Employer Oates Bros		•	Is this contribution associal fundraising event listed in S If yes, list Event #	Section J1?	Yes  X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	ibutions \$100.00	\$100.00		
Last Name Martinez	First Name Jorge		MI	Cash	contribution:  X Personal Ch y Order Credit/Debi	heck 0446	ution ID#	Amount of Contribution		
Residential Street Address 601 Washington Ave		City New Haven		State CT	Zip Code 06519	Date Receiv 06/28/20				
Principal Occupation spanish american grocery owner		Name of Employer self		•	Is this contribution associal fundraising event listed in S If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	ibutions \$100.00	\$100.00		
Last Name Rivera	First Name Wilson		MI	X Cash	contribution: Personal Ch y Order Credit/Debi	heck 0416	ution ID#	Amount of Contribution		
Residential Street Address 4 Warwick St Apt 7		City New Haven		State CT	Zip Code 06513	Date Receiv 06/28/20				
Principal Occupation house keeper		Name of Employer self			Is this contribution associal fundraising event listed in S If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contr	ibutions \$100.00	\$100.00		

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 07/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI		contribution:		Contributio	on ID #	Amount of
Ortiz Molina	Jose			E	Cash Money	y Order Personal C		0419		Contribution
Residential Street Address	•	City		•	State	Zip Code	Е	Date Received		
6 Revere Ct		New Have	en		СТ	06513	0	06/28/2010	0	
Principal Occupation		Name of En	nployer		•	Is this contribution associ			Yes	
parts dept		Tek Auto	omotive			fundraising event listed in If yes, list Event #	Section .	J1?	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis	-	Aggre	egate Contribu	itions	ĺ
state contractor? Is yes, indicate which branch or branches of					t child of a lob	•		\$1	100.00	\$100.00
government the contract is with:		Executive	Legislative		res X	No		_		
Last Name	First Name			MI	Method of Cash	contribution:	heck	Contributio	on ID #	Amount of
Crespo	Carmen				I =	y Order Credit/De		0421		Contribution
Residential Street Address		City			State	Zip Code	Б	Date Received		
241 Quinnipiac Ave Apt 16		New Have	en		СТ	06513	0	06/28/2010	0	
Principal Occupation		Name of En	mployer			Is this contribution associ			Yes	
cna		utopia h	omecare			fundraising event listed in If yes, list Event #	Section .	J1? <b>x</b>	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis	-	Aggre	egate Contribu	itions	ĺ
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		t child of a lob Yes	-		\$1	100.00	\$100.00
government the contract is with:	<u></u>	Executive	Legislative	+-	1			1		
Last Name Rodriguez	First Name Felipe			MI	X Cash	contribution:	Check	Contributio	on ID #	Amount of Contribution
Rounguez	renpe					y Order Credit/De	bit Card	0427		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
121 Admiral Ave		West Hav	/en		СТ	06516	0	06/28/2010	)	
Principal Occupation		Name of En	mployer			Is this contribution associ			Yes	
owner		my favbo	orite corner store			fundraising event listed in If yes, list Event #	i Section .	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	outor a lobbyis	t chance or	Τ.			
state contractor?	or prospective		Yes X No		t child of a lob		Aggre	egate Contribu	LOO.00	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res x	No		Ψ-		\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Stokes	Nakia			S	Cash Money	y Order X Personal C		0438		Contribution
Residential Street Address		City			State	Zip Code	Б	Date Received		
16 Hill St Apt 2		Norwalk			СТ	06850	0	06/28/2010	0	
Principal Occupation		Name of En	mployer		-	Is this contribution associ			Yes	
acct asst		Allegiant	systems			fundraising event listed in If yes, list Event #	Section .	J1? x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis	-	Aggre	egate Contribu	itions	ĺ
state contractor? Is yes, indicate which branch or branches of					t child of a lob	-		\$1	100.00	\$100.00
government the contract is with:	ᆜ	Executive	Legislative		res x	No				1

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 07/12/2010
		B. It	emized Contributi	ions from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Levey	Gregory				Cash	y Order Registration   X Personal C		0439		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
95 Elm St		West Hav	en en		CT	06516		6/28/2010	)	
Principal Occupation		Name of Er	nployer		-	Is this contribution associ	iated with	a	Yes	†
manager		Donghia	Inc			fundraising event listed in If yes, list Event #	n Section .	J1? <b>x</b>	No	
T			Yes X No				1			<del> </del>
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	egate Contribu	tions	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res x	No		Ψ-		\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Gaytan	Marco			Α	Cash Money	y Order Registration   X Personal C		0440		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		•
43 Soundview Ave		Norwalk			СТ	06854	0	6/28/2010	)	
Principal Occupation		Name of Er	nployer			Is this contribution associ			Yes	ĺ
hairstylist		Maria Liv	esay salon			fundraising event listed in If yes, list Event #	n Section .	)1?   <b>x</b>	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No	Is contrib	utor a lobbyis	it, spouse, or	Aggre	egate Contribu	itions	-
state contractor? Is yes, indicate which branch or branches of				dependent	child of a lob	bbyist?	1,88.	-	100.00	\$100.00
government the contract is with:		Executive	Legislative	L \	res x	No		1		
Last Name Stokes	First Name Reggie			MI	Method of Cash	contribution:	Check	Contributio	on ID #	Amount of Contribution
Stokes	Reggie					y Order Credit/De		0441		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
45 Ely Ave Apt 6		Norwalk			СТ	06854	0	6/28/2010	)	]
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in			Yes	
teacher		city of no	orwaik			If yes, list Event #		х	No	
Is contributor a principal of a state contractor of	or prospective	•	Yes X No		utor a lobbyis		Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 —	child of a lob	-		\$1	100.00	\$100.00
government the contract is with:		Executive	Legislative	+ -	I		<u> </u>	1		
Last Name Wilson	First Name Rebecca			MI	Method of Cash	contribution:  X Personal (	Check	Contributio	on ID #	Amount of Contribution
		1			Money	y Order Credit/De	bit Card	0442		
Residential Street Address		City			State	Zip Code		ate Received		
17 Renwick St Unit B		Stamford			СТ	06902	_	6/28/2010	) 	<u> </u>
Principal Occupation		Name of En	nployer I Public Schools			Is this contribution associ fundraising event listed in		J1?	Yes	
counselor		Stannord	i i abiic Schools			If yes, list Event #		<u>x</u>	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	child of a lob	-		\$1	100.00	\$100.00
government the contract is with:		LACCULIVE	Legisiative	1 - '		110	1			L

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 07/12/2010
		B. Ite	emized Contribution	ons from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Martin	Rachel				Cash Money	y Order X Credit/Del		0386		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
133 Hoyt St		Darien			СТ	06820	0	06/28/201	0	
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in		J1?	Yes	
Marketing Director		Gartner				If yes, list Event #		<u>&gt;</u>	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No	1	utor a lobbyis		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res x	-		:	\$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
sgueglia	george				Cash Money	y Order		0388		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
23 Manors Dr		Jericho			NY	11753	0	06/28/201	0	
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in			Yes	
butcher		food emp	oorium			If yes, list Event #		<u>&gt;</u>	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of		Encontinu	T and about	l	child of a lob	•		\$	100.00	\$100.00
government the contract is with:	<u></u>	Executive	Legislative	<del>                                     </del>			<u> </u>	1		
Last Name McGrath	First Name Brian			MI	Cash	contribution:  Personal C	Check	Contributi	on ID#	Amount of Contribution
					Mone	y Order X Credit/Del	bit Card	0387		
Residential Street Address		City			State	Zip Code		Date Received		
105 Woodside Ter		New Have	en		СТ	06515	0	06/28/201	0	
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in		112 L	Yes	
City Planner		Sell ellip	loyeu			If yes, list Event #		Ŀ	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	-		:	\$30.00	\$30.00
government the contract is with:  Last Name	First Name		Eeg.s.marve	MI	1	contribution:		Contributi	ID #	
Rosado	Carmen			A	X Cash	Personal C	Check	Contributi 0417	on ID#	Amount of Contribution
					Mone	y Order Credit/Del	bit Card	0417		
Residential Street Address		City			State	Zip Code		Date Received		
41 Beaver St		New Brita			СТ	06051  Is this contribution associ	_	06/28/201		
Principal Occupation		Name of En	nployer			fundraising event listed in		J1?	_	
						If yes, list Event #		D	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No	1	utor a lobbyis		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of		Executive	Legislative		es x	-		\$	100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE FILING D											
Friends Of Gerry Garcia							Origin	al 07/12/2010			
		B. Itemized Contribut	ions fron	Individu	ıals						
Last Name McCluskey	First Name David		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0604	ution ID#	Amount of Contribution			
Residential Street Address 251 Westpoint Ter		City West Hartford		State CT	Zip Code 06107	Date Receiv 06/29/20					
Principal Occupation Union Staff Rep.		Name of Employer CT State Employees Assn			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Conti	sibutions \$75.00	\$75.00			
Last Name Hill	First Name Laura		MI G	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0435	ution ID#	Amount of Contribution			
Residential Street Address 206 Beacon St		City Hartford		State CT	Zip Code 06105	Date Receiv 06/29/20					
Principal Occupation teacher		Name of Employer bloomfield public schools		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	ributions \$100.00	\$100.00			
Last Name Chiara	First Name Mario		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0436	ution ID#	Amount of Contribution			
Residential Street Address 12 Huntington Ct		City Bethel		State CT	Zip Code 06801	Date Receiv					
Principal Occupation  Education manager		Name of Employer ICSC		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es X	byist?	Aggregate Conti	sibutions \$50.00	\$50.00			
Last Name Campos-Matteson	First Name Gabriella		MI	Cash	contribution:    X   Personal Cl	neck 0451	ution ID#	Amount of Contribution			
Residential Street Address 318 Front St		City New Haven		State CT	Zip Code 06513	Date Receiv 06/29/20					
Principal Occupation		Name of Employer housewife			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contr	ributions \$100.00	\$100.00			

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FIL	ING DUE DATE		
Friends Of Gerry Garcia							Ori	ginal 07/12/2010		
		B. Itemized Contributi	ons fron	Individu	ıals					
Last Name Blanco	First Name Eva		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0	Contribution ID #	Amount of Contribution		
Residential Street Address 985 Chapman St		City San Jose		State CA	Zip Code 95126		Received 29/2010			
Principal Occupation University Administrator		Name of Employer Eva Blanco			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$100.0	\$100.00		
Last Name Chodosh	First Name Leona		MI R	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution		
Residential Street Address 18 Crestview Ln		City Danbury		State CT	Zip Code 06810		Received 29/2010			
Principal Occupation real estate agent		Name of Employer Prudential realty			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$100.0	\$100.00		
Last Name Kawa	First Name Anna		MI E	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution		
Residential Street Address 284 Rudyard St		City Staten Island		State NY	Zip Code 10306		Received 29/2010			
Principal Occupation travel agent		Name of Employer Tzell Travel			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$100.0	\$100.00		
Last Name Kawa	First Name Damian		MI G	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0	Contribution ID #	4 Amount of Contribution		
Residential Street Address 284 Rudyard St		City Staten Island		State NY	Zip Code 10306		Received 29/2010			
Principal Occupation  carpenter		Name of Employer self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes			
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.0	\$100.00		

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE FILING I											
Friends Of Gerry Garcia							Origin	al 07/12/2010			
		B. Itemized Contribut	ions fron	Individu	ıals		•				
Last Name Zwolska	First Name Halina		MI	X Cash	contribution: Personal Cl y Order Credit/Deb	neck 0452	bution ID#	Amount of Contribution			
Residential Street Address 284 Rudyard St		City Staten Island		State NY	Zip Code 10306	Date Recei					
Principal Occupation service clerk		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No				
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	\$100.00	\$100.00			
Last Name Blaszcyk	First Name Slawomir		MI	Cash	contribution:  X Personal Cl y Order Credit/Deb	neck 0453	bution ID#	Amount of Contribution			
Residential Street Address 84 Chestnut Ave		City Staten Island		State NY	Zip Code 10305	Date Recei					
Principal Occupation  carpenter		Name of Employer self		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$100.00	\$100.00			
Last Name Blaszczyk	First Name Alina		MI	Cash	contribution:  X Personal Cl y Order Credit/Deb	neck 0462	bution ID #	Amount of Contribution			
Residential Street Address 84 Chestnut Ave		City Staten Island		State NY	Zip Code 10305	Date Recei					
Principal Occupation  Room Attendant		Name of Employer Buckingham Hotel		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Con	\$100.00	\$100.00			
Last Name Kalinowski	First Name Katarzyna	a	MI	Cash	contribution:  X Personal Cl y Order Credit/Deb	neck 0454	bution ID#	Amount of Contribution			
Residential Street Address 260 Rudyard Sta		City Staten Island		State NY	Zip Code 10306	Date Recei					
Principal Occupation housekeeping		Name of Employer self employed			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Con	tributions \$100.00	\$100.00			

		I. MONETARY R	ECEIPT	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	ILING	DUE DATE
Friends Of Gerry Garcia							О	rigina	1 07/12/2010
		B. Itemized Contrib	utions fro	n Individu	ıals				
Last Name Kalinowski	First Name Krzysztof		MI	Cash	contribution:    X   Personal C y Order		Contribution II	D#	Amount of Contribution
Residential Street Address 260 Rudyard Sta		City Staten Island		State NY	Zip Code 10306		ate Received 6/29/2010		
Principal Occupation estimator		Name of Employer Knights collision			Is this contribution associa fundraising event listed in If yes, list Event #		LII	es Io	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	depender	butor a lobbyis nt child of a lob Yes	byist?	Aggre	gate Contribution \$100		\$100.00
Last Name Jakubczak	First Name Halina		MI	Cash	contribution:  X Personal C y Order Credit/Deb		Contribution II 0456	D#	Amount of Contribution
Residential Street Address 144 Alex Cir		City Staten Island		State NY	Zip Code 10305		ate Received 6/29/2010		
Principal Occupation service		Name of Employer buckingham hotel			Is this contribution association fundraising event listed in If yes, list Event #		LII	es Io	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	depender	butor a lobbyis nt child of a lob Yes	byist?	Aggre	gate Contribution \$100		\$100.00
Last Name Blaszczyk	First Name Daniela		MI	Cash	contribution:  X Personal C y Order Credit/Deb		Contribution II	D#	Amount of Contribution
Residential Street Address 144 Alex Cir		City Staten Island		State NY	Zip Code 10305		ate Received 6/29/2010		
Principal Occupation		Name of Employer retired			Is this contribution association fundraising event listed in If yes, list Event #		LII		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	depender	butor a lobbyis nt child of a lob Yes	byist?	Aggre	gate Contribution \$100		\$100.00
Last Name Tekieli	First Name Andrzej		MI	Cash	contribution:    X   Personal C y Order		Contribution II 0458	D#	Amount of Contribution
Residential Street Address 130 Avenue P Apt 1D-2		City Brooklyn		State NY	Zip Code 11204		ate Received 6/29/2010		
Principal Occupation  carpenter		Name of Employer NEC Construction Corp			Is this contribution associa fundraising event listed in If yes, list Event #				
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	depender	butor a lobbyis nt child of a lob Yes	byist?	Aggre	gate Contribution \$100		\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILIN	G DUE DATE		
Friends Of Gerry Garcia							Origin	al 07/12/2010		
		B. Itemized Contrib	utions fro	om Individu	ıals					
Last Name	First Name		MI		contribution:		ibution ID#	Amount of		
Tekieli	Zofia			Cash Money	y Order X Personal C	046	)	Contribution		
Residential Street Address		City		State	Zip Code	Date Rece				
130 Avenue P Apt 1D-2		Brooklyn		NY	11204	06/29/2	2010	1		
Principal Occupation		Name of Employer none			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative		tributor a lobbyis ent child of a lob Yes	byist?	Aggregate Cor	stributions \$100.00	\$100.00		
Last Name Blaszczyk	First Name Marek		MI	Cash	contribution:  X Personal Contribution:  y Order Credit/Deb	heck 0463	ibution ID#	Amount of Contribution		
Residential Street Address 84 Chestnut St	•	City Staten Island	'	State NY	Zip Code 10305	Date Rece 06/29/2				
Principal Occupation		Name of Employer retired		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative		tributor a lobbyis ent child of a lob Yes	byist?	Aggregate Cor	stributions \$100.00	\$100.00		
Last Name Tingley	First Name Nicholas		MI	x Cash	contribution:  Personal C y Order Credit/Deb	heck 059	ibution ID #	Amount of Contribution		
Residential Street Address 13 Windway Rd		City Danbury		State CT	Zip Code 06810	Date Rece 06/29/2				
Principal Occupation Server		Name of Employer TGI Fridays			Is this contribution associa fundraising event listed in If yes, list Event #		Yes			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative		tributor a lobbyis ent child of a lob Yes	byist?	Aggregate Cor	stributions \$100.00	\$100.00		
Last Name Roetting	First Name Karl		MI	Cash	contribution:  X Personal Ci y Order Credit/Deb	heck 0514	ibution ID #	Amount of Contribution		
Residential Street Address 67 Towne House Rd		City Hamden		State CT	Zip Code 06514	Date Rece 06/30/2				
Principal Occupation Corrections Officer		Name of Employer State of CT DOC		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No			
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative		tributor a lobbyis ent child of a lob Yes	byist?	Aggregate Cor	stributions \$100.00	\$100.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 07/12/2010
		B. Itemiz	zed Contributio	ons from	Individu	uals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Ayala	Christina			М	Cash Money	y Order X Personal Credit/De		0586		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
604 North Ave		Bridgeport			СТ	06607	0	06/30/201	0	
Principal Occupation		Name of Employe	er			Is this contribution assoc fundraising event listed in			Yes	
site manager		ABCD				If yes, list Event #		x	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I —	child of a lob	-		:	\$20.00	\$20.00
Last Name	First Name			MI		contribution:		Contributi	on ID#	Amount of
Rodriguez	Edgar				X Cash Money	y Order Personal Credit/De		0590		Contribution
Residential Street Address		City			State	Zip Code	D	Date Received		
426 E Washington Ave		Bridgeport			СТ	06608	0	06/30/201	0	
Principal Occupation		Name of Employe				Is this contribution assoc fundraising event listed in			Yes	
director		Funeral de Pa	az			If yes, list Event #	. Decilon	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	st, spouse, or	Aggre	egate Contrib	utions	İ
state contractor? Is yes, indicate which branch or branches of				1 <sup>-</sup>	child of a lob	•		:	\$60.00	\$60.00
government the contract is with:		Executive	Legislative	<del>                                     </del>				1		<u> </u>
Last Name Calderon	First Name Diana			MI	Method of Cash	contribution:	Check	Contributi	on ID#	Amount of Contribution
					_	y Order Credit/De	bit Card	0595		Commodition
Residential Street Address		City			State	Zip Code		Date Received		
178 Turkety Roost Rd		Monroe			СТ	06468	0	06/30/201	0	
Principal Occupation		Name of Employer	er			Is this contribution assoc fundraising event listed is		J12 L		
		Homemaker				If yes, list Event#		X	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of	П	Executive	Legislative	1 m	child of a lob	-		:	\$25.00	\$25.00
government the contract is with:  Last Name	First Name			MI		contribution:	<u> </u>	Contributi	on ID #	
Valle	maria			I	x Cash	Personal	Check	0597	on ID #	Amount of Contribution
		Г			Mone	y Order Credit/De				
Residential Street Address 561 Brooks St		City Bridgeport			State CT	Zip Code 06608		Date Received		
Principal Occupation			or.		<u> </u>	Is this contribution assoc				İ
para professional		Name of Employe bridgeport Bo				fundraising event listed in		J1?	Yes No	
		_				If yes, list Event #	1		.1 1/0	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib		
Is yes, indicate which branch or branches of		Executive	Legislative	I —	es x	-		:	\$10.00	\$10.00

		I. M	ONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 07/12/2010
		B. Ite	emized Contributi	ons from	Individu	ıals				
Last Name	First Name			MI		contribution:		Contributio	n ID#	Amount of
Hart	David			L	X Cash	Personal C  y Order Credit/Del		0598		Contribution
D 11 (10) (411		G'i						December 1		
Residential Street Address 48 Amsterdam Ave		City Bridgepor	·t		State CT	Zip Code 06606		ate Received 6/30/2010	)	
Principal Occupation		Name of En			<u> </u>	Is this contribution associa			1	İ
Timopai Occupation		Sikorsky				fundraising event listed in		J1?	Yes No	
		·				If yes, list Event #		Ľ	No	
Is contributor a principal of a state contractor or	prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 '	child of a lob	,		\$	10.00	\$10.00
government the contract is with:  Last Name	First Name	Executive	Legislative	Тмі	1	contribution:	<u> </u>	1		
	Daniel			MI	X Cash	Personal C	Check	Contributio	n ID#	Amount of Contribution
					Money	y Order Credit/Del	oit Card	0599		
Residential Street Address		City			State	Zip Code	D	ate Received		
644 Park St Apt 8		Bridgepor	t		СТ	06608	0	6/30/2010	)	
Principal Occupation		Name of En				Is this contribution association fundraising event listed in			Yes	
manager		La Quinta	a Inn			If yes, list Event #	occuon s	x	No	
Is contributor a principal of a state contractor or	prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contribu	tions	İ
state contractor? Is yes, indicate which branch or branches of					child of a lob	-	1 383	-	25.00	\$25.00
government the contract is with:		Executive	Legislative	Y	res x	No				
	First Name			MI		contribution:	N1-	Contributio	n ID#	Amount of
Rivera	Alberto					y Order Credit/Del		0600		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
88 Porter St		Bridgepor	rt		СТ	06608	0	6/30/2010	)	
Principal Occupation		Name of En	nployer		•	Is this contribution associa			Yes	ĺ
		none				fundraising event listed in If yes, list Event #	Section J	11? <b>x</b>	No	
Is contributor a principal of a state contractor or	nrosnostivo		Yes X No	In contrib	utor a lobbyis	t analyse or	Ι.			
state contractor?	prospective		Yes X No		child of a lob		Aggre	gate Contribu	40.00	\$40.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res x	No		Ψ		<b>\$10.00</b>
Last Name	First Name			MI		contribution:		Contributio	n ID#	Amount of
Mason	Jaimee				X Cash	Personal C  y Order Credit/Del		0601		Contribution
D 11 (10) (411		G'i			<u> </u>			ate Received		
Residential Street Address 755 Arctic St		City Bridgepor	t		State CT	Zip Code 06608		6/30/2010	)	
Principal Occupation		Name of En			1	Is this contribution associa			1	
management team		l	rls management			fundraising event listed in		<sub>11?</sub> 🗀	Yes No	
-						If yes, list Event #			I NO	
Is contributor a principal of a state contractor or state contractor?	prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	tions	
Is yes, indicate which branch or branches of	П	Executive	Legislative	dependent Y		-	1	\$	40.00	\$40.00
government the contract is with:										1

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							F	FILING	DUE DATE	
Friends Of Gerry Garcia							(	Origina	al 07/12/2010	
		B. Itemized Contribut	ions fron	Individu	ıals					
Last Name	First Name		MI	Method of	contribution:		Contribution I	ID#	Amount of	
Howard	Patricia			Cash Money	y Order Resonal Cl		0606		Contribution	
Residential Street Address		City		State	Zip Code		te Received			
20 A Karen Ct		Bridgeport		СТ	06606	06	/30/2010			
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in			Yes		
Deputy Registrar of Voters		City of Bridgeport			If yes, list Event #		X 1	No	·	
Is contributor a principal of a state contractor of state contractor?	or prospective	Yes X No		utor a lobbyis child of a lob		Aggreg	ate Contribution	ns		
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		res X	-		\$25	5.00	\$25.00	
Last Name	First Name		MI		contribution:		Contribution I	ID#	Amount of	
Arroyo	Iris			X Cash Money	y Order Personal Cl		0508		Contribution	
Residential Street Address		City		State	Zip Code	Dar	te Received			
215 Newington Ave		Hartford		СТ	06106	06	/30/2010			
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in			Yes		
Driver		Day Break at Hartford			If yes, list Event #		<b>x</b> 1	No		
Is contributor a principal of a state contractor	or prospective	Yes X No	1	utor a lobbyis	-	Aggreg	ate Contribution	ns		
state contractor? Is yes, indicate which branch or branches of		<b>.</b>	1 <sup>-</sup>	child of a lob	•		\$100	0.00	\$100.00	
government the contract is with:	<u></u>	Executive Legislative	<del>                                     </del>			1				
Last Name Spinks	First Name Tiffany		MI	Method of Cash	contribution:  X Personal Cl	neck	Contribution I	ID#	Amount of Contribution	
- Spiritio				_	y Order Credit/Debi	it Card	0447		Contribution	
Residential Street Address		City		State	Zip Code		te Received			
1335 James Farm Rd		Stratford		СТ	06614	06	/30/2010			
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		, <b>—</b>	Yes		
		unemployed			If yes, list Event #		<b>x</b> 1	No		
Is contributor a principal of a state contractor	or prospective	Yes X No	1	utor a lobbyis	-	Aggreg	ate Contribution	ns		
state contractor? Is yes, indicate which branch or branches of	П	Executive Legislative		child of a lob	·		\$100	0.00	\$100.00	
Last Name	First Name	Executive	I <sub>MI</sub>	1	contribution:	1		<u> </u>		
Curcio	Gus		IVII	Cash	X Personal Cl	neck	Contribution I	ID#	Amount of Contribution	
		1		Money	y Order Credit/Debi	it Card	0449			
Residential Street Address		City		State	Zip Code		te Received			
1110 Chapel St		Stratford		СТ	06615		/30/2010			
Principal Occupation		Name of Employer associated carting			Is this contribution associa fundraising event listed in		· 上 ·	Yes		
					If yes, list Event #		X N	No		
Is contributor a principal of a state contractor of	or prospective	Yes X No		utor a lobbyis		Aggreg	ate Contribution	ns		
Is yes, indicate which branch or branches of		Executive Legislative		child of a lob	-		\$100	0.00	\$100.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILIN	G DUE DATE		
Friends Of Gerry Garcia							Origin	al 07/12/2010		
		B. Itemized Contributi	ons fron	ı Individu	ıals					
Last Name	First Name		MI	Method of	contribution:	Contri	bution ID #	Amount of		
Kish	Julia			Cash Money	y Order Resonal Character Credit/Debi	0450	)	Contribution		
Residential Street Address		City		State	Zip Code	Date Rece				
170 Oronoque Ln		Stratford		СТ	06615	06/30/2	010	1		
Principal Occupation		Name of Employer ct medical associates			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes  X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Con	tributions \$100.00	\$100.00		
Last Name Campbell	First Name Barbara		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	eck 0397	bution ID#	Amount of Contribution		
Residential Street Address 470 Prospect St # 62		City New Haven		State CT	Zip Code 06511	Date Rece 06/30/2				
Principal Occupation Coordinator		Name of Employer Yale University			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$100.00	\$100.00		
Last Name Morand	First Name Joseph		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	eck 0398	bution ID#	Amount of Contribution		
Residential Street Address 8115 Witts Meadow Ln		City Cincinnati		State OH	Zip Code 45255	Date Rece 06/30/2				
Principal Occupation Father of Michael Morand		Name of Employer Michael's request		•	Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Con	tributions \$100.00	\$100.00		
Last Name leffell	First Name david		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	eck 0399	bution ID#	Amount of Contribution		
Residential Street Address 460 Saint Ronan St		City New Haven		State CT	Zip Code 06511	Date Rece 06/30/2				
Principal Occupation doctor		Name of Employer yale university		•	Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Con	tributions \$100.00	\$100.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 07/12/2010
		B. It	emized Contributi	ons from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Leffell	Cindy				Cash Mone	y Order X Credit/De		0400		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
460 Saint Ronan St		New Hav	en		СТ	06511	0	06/30/201	0	
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in			Yes	
appraiser		self				If yes, list Event #		x	No	
Is contributor a principal of a state contractor	or prospective	-	Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob	-		\$	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contributi	on ID#	Amount of
Greenberg	Lynda				Cash Mone	y Order X Credit/De		0401		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
23 Rolling Ridge Rd		Hamden			СТ	06518	0	06/30/201	0	1
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contrib	utions \$10.00	\$10.00
government the contract is with:		Executive	Legislative	L \	res X	No				
Last Name Solomon	First Name Reginald			MI	Method of Cash	contribution:	Check	Contributi	on ID#	Amount of Contribution
Solomon	Regillalu					y Order X Credit/De		0405		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
74 Lyon St Fl 2		New Hav	en		СТ	06511	0	06/30/201	0	<u> </u>
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in		J12 L		
Administrator		yale univ	versity			If yes, list Event #		<u>x</u>	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	ĺ
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lot res	-		\$	100.00	\$100.00
Last Name	First Name	Zitedaire	Degisianve	MI	1	contribution:		Contributi	on ID#	
kayne	david				Cash	y Order X Credit/De		0406	on id #	Amount of Contribution
Residential Street Address		City		1	State	Zip Code	Е	Date Received		<u> </u>
51 Old Sawmill Rd		Trumbull			СТ	06611	0	06/30/201	0	
Principal Occupation		Name of E	mployer		•	Is this contribution associ			Yes	
insurance agent		Darton 8	& Co, Inc			fundraising event listed in If yes, list Event #	Section.	J1?	No	
Is contributor a principal of a state contractor state contractor?	or prospective	I	Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	\$100.00
Is yes, indicate which branch or branches of		Executive	Legislative	Y	res x	No		Ф.	100.00	ş100.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILIN	G DUE DATE	
Friends Of Gerry Garcia							Origin	al 07/12/2010	
		B. Itemized Contributi	ions fron	Individu	ıals				
Last Name mitchell	First Name wm		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 040	ibution ID #	Amount of Contribution	
Residential Street Address 924-6 Quinnipiac Ave		City New Haven		State CT	Zip Code 06513	Date Rece 06/30/2			
Principal Occupation  Curator		Name of Employer Amistad Center			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes  X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cor	\$100.00	\$100.00	
Last Name Vazquez	First Name Ronnie		MI	Cash	contribution:  Personal Ch y Order X Credit/Debi	neck 0408	ibution ID #	Amount of Contribution	
Residential Street Address 81 Heritage Dr		City Waterbury		State CT	Zip Code 06708	Date Rece 06/30/2			
Principal Occupation Educator		Name of Employer City of Waterbury		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes  X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cor	stributions \$40.00	\$40.00	
Last Name Marlowe	First Name Ann		MI	Cash	contribution:  Personal Ch y Order X Credit/Debi	neck 0409	ibution ID #	Amount of Contribution	
Residential Street Address 124 Sheldon Ter # 1L		City New Haven		State CT	Zip Code 06511	Date Rece 06/30/2			
Principal Occupation editor		Name of Employer self			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes  X No		
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cor	\$20.00	\$20.00	
Last Name Moscato	First Name Angelo		MI M	Cash	contribution:  X Personal Chry Order Credit/Debi	neck 0410	ibution ID#	Amount of Contribution	
Residential Street Address 32 Fairview Ave		City West Haven		State CT	Zip Code 06516	Date Rece 06/30/2			
Principal Occupation Police Officer		Name of Employer WHPD			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes  X No		
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cor	stributions \$100.00	\$100.00	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILI	NG DUE DATE	
Friends Of Gerry Garcia							Orig	ginal 07/12/2010	
		B. Itemized Contribut	ions fron	Individu	ıals				
Last Name	First Name		MI	Method of Cash	contribution:		ontribution ID#	Amount of	
Moscato	Anna	1	М		y Order Credit/Debi	0	)411	Contribution	
Residential Street Address 32 Fairview Ln		City West Haven		State CT	Zip Code 06516		Received 30/2010		
Principal Occupation		Name of Employer homemaker		<b>!</b>	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$100.00	\$100.00	
Last Name Feliciano	First Name Israel		MI	X Cash	contribution: Personal Cl y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution	
Residential Street Address 62 Plymouth St		City New Haven		State CT	Zip Code 06519		Received 80/2010		
Principal Occupation		Name of Employer retired		•	Is this contribution associate fundraising event listed in the second of the second second in the second se		Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00	
Last Name Ayala	First Name Alberto		MI	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution	
Residential Street Address 773 Kossuth St		City Bridgeport		State CT	Zip Code 06608		Received 80/2010		
Principal Occupation		Name of Employer self		•	Is this contribution associate fundraising event listed in the second of the second second in the second se		Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.00	\$100.00	
Last Name Ford	First Name Ralph		MI	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck 0	Contribution ID#	Amount of Contribution	
Residential Street Address 1057 Broad St		City Bridgeport		State CT	Zip Code 06604		Received 80/2010		
Principal Occupation phychologist		Name of Employer Licensed Clinical Psychologis	t	•	Is this contribution associate fundraising event listed in the second of the second second in the second se		Yes X No		
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.00	\$100.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 07/12/2010
		B. Ite	mized Contribution	ons from	Individu	ıals				
Last Name Bartlett	First Name Patricia			MI	Cash	contribution:  X Personal C y Order Credit/De		Contribution 0587	on ID#	Amount of Contribution
Residential Street Address 21-42 Hudson St		City Bethel			State CT	Zip Code 06801		ate Received		
Principal Occupation front end assoc.		Name of Em				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contribu	utions 100.00	\$100.00
Last Name Ingaran	First Name Jamie			MI K	Cash	contribution:    X   Personal ( y Order   Credit/De		Contribution 0588	on ID#	Amount of Contribution
Residential Street Address 21-42 Hudson St		City Bethel			State CT	Zip Code 06801		ate Received 6/30/201		
Principal Occupation		Name of Em			•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu	itions	\$100.00
Last Name Martinez	First Name Antonio			MI	x Cash	contribution: Personal C y Order Credit/De		Contribution 0505	on ID#	Amount of Contribution
Residential Street Address 24 Natalie St		City Hartford			State CT	Zip Code 06106		oate Received 6/30/201		
Principal Occupation  Night Crew		Name of Em			-	Is this contribution associ fundraising event listed in If yes, list Event #		<sub>112</sub>	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu	ations \$25.00	\$25.00
Last Name Maldonado	First Name Nelky			MI	x Cash	contribution: Personal ( y Order Credit/De		Contribution 0504	on ID#	Amount of Contribution
Residential Street Address 24 Natalie St		City Hartford			State CT	Zip Code 06106		ate Received		
Principal Occupation Aide		Name of Em City of Ha				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	tions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Friends Of Gerry Garcia							Origin	al 07/12/2010	
		B. Itemized Contribu	tions fron	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		ution ID#	Amount of	
Gardner	Robert			Cash Money	x Personal Ch y Order Credit/Debi	0602		Contribution	
Residential Street Address		City	•	State	Zip Code	Date Receiv	ed		
27 Stonehenge Rd		Weston		СТ	06883	06/30/20	)10	1	
Principal Occupation		Name of Employer Retired			Is this contribution associated fundraising event listed in State of the State of t		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Conti	ributions \$10.00	\$10.00	
Last Name	First Name		MI		contribution:		ution ID#	Amount of	
chiara	adam			Cash Money	y Order Personal Ch Credit/Debi	0445		Contribution	
Residential Street Address		City		State	Zip Code	Date Receiv			
12 Huntington Ct		Bethel		СТ	06801	06/30/20	)10 	+	
Principal Occupation leg. assistant		Name of Employer state of ct			Is this contribution associated fundraising event listed in the state of the state		Yes  X No		
Is contributor a principal of a state contractor a state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Conti	ributions \$100.00	\$75.00	
Last Name	First Name		MI	Method of	contribution:	Contrib	ution ID#	Amount of	
Robles	Mitchell			X Cash Money	y Order Personal Ch Credit/Debi	neck 0596		Contribution	
Residential Street Address		City		State	Zip Code	Date Receiv			
991 State St		Bridgeport		СТ	06605	06/30/20		1	
Principal Occupation  city sheriff		Name of Employer			Is this contribution associate fundraising event listed in the second of		Yes  X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	utor a lobbyis child of a lob	byist?	Aggregate Conti	ributions \$20.00	\$20.00	
Last Name	First Name		MI	Method of	contribution:	Contrib	ution ID#	Amount of	
Darvick	Elinor			Cash Money	Personal Cl x Credit/Debi	0403		Contribution	
Residential Street Address		City	•	State	Zip Code	Date Receiv	/ed	]	
97 Holmes Rd		Ridgefield		СТ	06877	06/30/20	010	1	
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in States If yes, list Event #		Yes  X No		
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	utor a lobbyis child of a lob	byist?	Aggregate Contr	ributions \$25.00	\$25.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 07/12/2010
		B. It	temized Contributi	ons from	ı Individı	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Chiara	Linda				Cash Mone	y Order X Personal C		0437		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received	1	
12 Huntington Ct		Bethel			СТ	06801	C	06/30/201	0	
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in			Yes	
writer		Self				If yes, list Event #		<u> </u>	No No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res x	-		\$	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contributi	on ID#	Amount of
Ford	Kimberly			Т	Cash Mone	y Order X Personal C		0585		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
410 Mill Ave		Bridgepo	ort		СТ	06610	C	06/30/201	0	
Principal Occupation		Name of E homem				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 —	res x	-		\$	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Bartlett	James				Cash Mone	y Order X Personal C		0428		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received	!	
11 Garella Rd		Bethel			СТ	06801	C	06/30/201	0	
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in		112 L	Yes	
furniture restoration		self				If yes, list Event #		2	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 —	child of a lot	-		\$	100.00	\$100.00
government the contract is with:  Last Name	First Name	Executive	Legislative	MI	1	contribution:	<u> </u>		ID //	
Sibai	Miriam				x Cash	Personal C		Contributi 0591	on ID#	Amount of Contribution
		l				y Order Credit/De		<u> </u>		
Residential Street Address  18 Abbott St		City Bridgepo	ort		State CT	Zip Code 06606		Date Received 06/30/201		
Principal Occupation		Name of E			-	Is this contribution associ	ated with	а Г	Yes	
		none				fundraising event listed in If yes, list Event #	Section .	J1?	No No	
Is contributor a principal of a state contractor state contractor?	or prospective	l	Yes X No		utor a lobbyis		Aggre	egate Contrib		115.00
Is yes, indicate which branch or branches of		Executive	Legislative		res x	-		:	\$15.00	\$15.00

	I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Gerry Garcia									Origin	al 07/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals		•		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
McCarthy	Thomas			С	Cash Money	y Order X Personal C		0582		Contribution
Residential Street Address	-	City			State	Zip Code	D	ate Received		
135 Harlem Ave		Bridgepo	rt		СТ	06606	0	6/30/2010	)	
Principal Occupation		Name of En	mployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribut	tions 50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	n ID#	Amount of
Etkin	Kathleen				Cash Money	y Order X Personal C		0605		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
404 Yale Ave		New Hav	en		СТ	06515	0	6/30/2010	)	
Principal Occupation		Name of E	mployer		•	Is this contribution associ			Yes	
Director of Finance		Town of	Hamden			fundraising event listed in If yes, list Event #	1 Section .	)1? X	No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	bbyist?	Aggre	gate Contribut \$1	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Urban	Richard				Cash Money	y Order X Personal C		0448		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
215 White Plains Rd		Trumbull			СТ	06611	0	6/30/2010	)	
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in			Yes	
retailer		self				If yes, list Event #	. Decilor i	х	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis		Aggre	egate Contribut	tions	
state contractor? Is yes, indicate which branch or branches of			_	1 ~	t child of a lob	•		\$1	00.00	\$100.00
government the contract is with:		Executive	Legislative	+ -	res x		<u> </u>	1		
Last Name Feen	First Name Carl			MI S	Method of Cash	contribution:	Check	Contributio	n ID#	Amount of Contribution
reen	Carr					y Order Credit/De		0589		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
791 Tummel Ln		West Hav	ven		СТ	06516	0	6/30/2010	)	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in			Yes	
Financial Planner		Carl Fee	n Assoc			If yes, list Event #		х	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No	Is contrib	outor a lobbyis	t, spouse, or	Aggre	egate Contribut	tions	
state contractor? Is yes, indicate which branch or branches of					t child of a lob	-		-	00.00	\$100.00
government the contract is with:	Ш	Executive	Legislative		res x	No	1			

	I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILING	DUE DATE	
Friends Of Gerry Garcia							Origina	al 07/12/2010	
		B. Itemized Contribution	ons from	Individu	als				
Last Name Perez	First Name Jorge		MI	Method of c Cash Money	contribution: Personal Ch  Order X Credit/Debi	neck 040	tribution ID#	Amount of Contribution	
Residential Street Address 24 Cassius St		City New Haven		State CT	Zip Code 06519	Date Rec 06/30/			
Principal Occupation Banker		Name of Employer The Bank of Southern Connec	cticut		Is this contribution associal fundraising event listed in S If yes, list Event #		Yes  X No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No  Executive Legislative	dependent	utor a lobbyist child of a lobb	byist?	Aggregate Co	ontributions \$100.00	\$100.00	
Last Name Perez	First Name Gloria		MI	Method of c Cash Money	contribution: Personal Ch  Order X Credit/Debi	neck 040	tribution ID # 04	Amount of Contribution	
Residential Street Address 24 Cassius St		City New Haven		State CT	Zip Code 06519	Date Rec 06/30/			
Principal Occupation Legal Secretary		Name of Employer Wiggin & Dana Law Office			Is this contribution associate fundraising event listed in the state of the state o		Yes X No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No  Executive Legislative	dependent	utor a lobbyist child of a lobb	byist?	Aggregate Co	ontributions \$100.00	\$100.00	
						Tota	al of Section B	\$18,925.00	
TOTAL OF ALL CONTRIBU	TIONS FI	ROM INDIVIDUALS	(Section	ons A & B)	(Total on Line 14	of Summary P	Page)	\$18,925.00	

I. I	MONE	TA	RY RECEIP	TS (S	ection A-I)			
NAME OF COMMITTEE							FILING	DUE DATE
Friends Of Gerry Garcia							Original	07/12/2010
C1. Co	ntributi	ons	from Other C	ommi	ttees			
Name of Committee					Name of Treasurer			
Address			Is this contribution a fundraising event			Yes If yes, list Event	t#	Amount of Contribution
City	State	Zip	Code	Date R	eceived	Aggregate Contributions		
				•		Total of S	Section C1	

I. MONETA					
NAME OF COMMITTEE				FILIN	NG DUE DATE
Friends Of Gerry Garcia				Origi	nal 07/12/2010
C2. Reimbursemen	ts or Payme	ents from other Co	ommittees		
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		
	l		Total of Section	n C2	

	I. MONETARY RECEIPTS (Section	n 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:	Is there a cosigner or Guarantor of	Amount Received
Street Address	City	State	Zip Code	Candidate Individual	this loan?	
Name of Cosigner/Guarantor				Other Committee	No	
Street Address	City	State	Zip Code	Date Received		
	•		•	Total of	Section D	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE					FILING DUE DATE				
Friends Of Gerry Garcia					Original 07/12/2010				
	E. Personal Funds of the Candidate Received this Period								
Date Received	te Received Amount Method of Payment  Cash Personal Check Credit/Debit Card								
	Total of Section E								

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTE		FILING DUE DATE								
Friends Of Gerry Gard	cia				Original 07/12/2010					
	F. Anonymous Contributions									
Date Received	coins	Amount								

I. Monetary Receipts (Section A-I)											
NAME OF COMMITTEE		FILING DUE DATE									
Friends Of Gerry Garcia	(	Origi	nal 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	NAME OF COMMITTEE											
Friends Of Gerry Garcia			Original 07/12/2010									
H. Public Grant F	ands Received from the Citizen's Election Fund											
Purpose of Grant:  Initial  Primary General or Special Election	Supplemental/Independent Expenditure Primary General or Special Election	Date Received	Amount									
Supplemental/Post Election Deficit  General or Special Election												
		Total of Section	н									

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE				FILI	NG DUE DATE					
Friends Of Gerry Garcia				Origi	nal 07/12/2010					
I. Miscellaneous Monetary Receipts not Considered Contributions										
Name			saction		Amount Received					
Street Address	City	State	Zip Code							
Description										
Total of Section 1										

	II. FUNDRAISING	G EVENT ACTIVITY						
NAME OF						FILING	DUE !	DATE
COMMITTEE Friends Of Gerry G	arcia					Original (	07/12	/2010
	J1. Fundra	ising Event Information						
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City			State	Zip Code
04/17/2010 j	Breakfast Event	116 Grand Ave		New Have	n		СТ	
Was this fundraising event ho	osted at a personal residence?		Yes		No No		-	
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes		No No			
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	3 2	No No			

II. FUNDRAISING EVENT ACTIVITY											
NAME OF COMMITTEE							FILIN	G DUE DATE			
Friends Of Gerry Garcia							Origin	nal 07/12/2010			
J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items											
Name of the Purchaser Last Name (Individuals ONLY)	First Name	MI	l Me	lethod of payment:  Cash Per	it Card	Aggregate Amount of Purchases					
Residential Street Address	City	Sta	State Zip Code		Date Received	Event #					
Items Purchased	•	•		•	1	•					
					7	Fotal of Sec	etion I2				

II. FUNDRAISING EVENT ACTIVITY										
NAME OF COMMITTEE							FILING	DUE DATE		
Friends Of Gerry Garcia							Origin	al 07/12/2010		
J3. In-Ki	nd Donations Not Considered Contribut	ions					,			
Name of the Donor					Donation G		ess Entity	Fair Market Value of Donation		
Street Address	City		State	Zip	Code	Aggregate value for this even				
Description of Donation		Date	Receive	ed	Event#					
						Total of Se	ction J3			

	III. N	ON	MO	NETARY RECEIPTS					
NAME OF COMMITTEE								FILING I	DUE DATE
Friends Of Gerry Garcia								Original	07/12/2010
	K. Iı	n-Ki	ind (	Contributions					
Name							Date Receiv	ed	Fair Market Value of this Contribution
Street Address		C	ity		State	Zip Code			
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?		Yes No	Is contributor a principal of a state contractor?  If yes, indicate which branch or branches government the contract is with:				Yes No Legislative	
Is this contribution associated with a fundi listed in Section J1? If yes, list Event#	raising event Y	es Io	Des	cription of In-Kind Contribution			Aggregate conti	ributions	
							Total o	f 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 N			MI	Date Received		Amount of Deposit				
Street Address	City	Sity									
Name of Telephone company											
Street Address		City			State	Zip Code					
				-	-	Total of Section	ıL				

III. NONMONETARY RECEIPTS											
NAME OF COMMITTEE				FILING DUE DA	TE						
Friends Of Gerry Garcia				Original 07/12/20	010						
M. Non-Monetary Receipts of Orga Legislative Leadership, Legislative (											
Name of Committee											
Street Address			Date Notice Received	Fair Market Value of Donation							
City	State	Zip Code	Aggregate Donations								
Description of Donation	Purpose of Expenditure  A B	Е									
	n M										

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Gerry Garcia						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Payplanner				Date of Payment 04/02/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
3170 Fourth Ave	San Diego	CA		WEB	X Debit Car	d .	
Description monthly fee for online donations					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			\$29.00
X No				T	1		
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Applied Merchant Sevices				04/05/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
737 N Mi Hwy	Chicago	IL	60611	WEB	X Debit Car	d .	
Description			•		Event #		
online transaction fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	!		
Yes X No							\$6.29
Name of Payee				Date of Payment	Method of Pay	ment	Amount
LAZ Parking	<u> </u>		ı	04/14/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
330 Main St	Hartford	СТ		Misc *	X Debit Car	d	
Description parking for JB Event					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$11.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Gerry Garcia						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ittee					
Name of Payee  Ideal printing	Ι		1	Date of Payment 04/15/2010	Method of Paya	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1011 D D 17 G	1	
228 Food Terminal Plz	New Haven	СТ	06531	PRNT	Debit Car	rd	
Description flyers					Event #		
liyers							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) ?	Vame		Office Sought			
Yes X No							\$530.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Bill Toth	T	ı	1	04/20/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1013</u>		
154 Yorkshire Dr	Morganville	NJ	07751	WAGE	Debit Car	rd	
Description					Event #		
w/b 4/12/10							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Name		Office Sought			
Yes X No							\$200.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Post Office	<u> </u>			04/22/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
Trolley Square Station	East Haven	СТ	06512	POST	X Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Vame		Office Sought	l		
Yes X No							\$132.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Gerry Garcia						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Jason Bartlett				Date of Payment 04/27/2010	Method of Pays	ment	Amount
Street Address  14 Highview Ter	City Bethel	State CT	Zip Code 06801	Purpose of Expenditure	1014 Debit Car	rd	
Description wages		•	•	•	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$2,000.00
Name of Payee Petty Cash				Date of Payment 04/28/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1015		
PO Box 8464	New Haven	СТ		Misc *	Debit Car	d d	
Description petty cash fund			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?  Yes  No	r Other Candidate(s) N	ame		Office Sought			\$250.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Applied Merchant Services	a.	L		05/03/2010	Check #		
Street Address 737 N MI Highway 32020	City Chicago	State IL	Zip Code 60611	Purpose of Expenditure WEB	X Debit Car	·d	
Description transaction fees		I	-	1	Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought	•		\$10.97
No No							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Gerry Garcia						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Date of Pa payplanner 05/10/2					Method of Paye	ment	Amount
Street Address 3170 Fourth Ave	City San Diego	State CA	Zip Code 92103	Purpose of Expenditure WEB	X Debit Car	rd	
Description monthly fee		-	•		Event #		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought  which reimbursement is sought?  Yes  No							\$29.00
Name of Payee USPS				Date of Payment 05/13/2010	Method of Payment  Check #		Amount
Street Address Trolley Square Station	City	State CT	Zip Code 06512	Purpose of Expenditure POST	X Debit Car	rd	
Description	East Haven	<u>C</u>	00312	1031	Event #		
fee for post office box							
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$22.00
Name of Payee				Date of Payment 05/13/2010	Method of Pay	ment	Amount
Bill Toth Street Address	City	State	Zip Code	Purpose of Expenditure	X Check # 1016		
154 Yorkshire Dr	Morganville	NJ	07751	WAGE	Debit Car	rd	
Description w/b 5/10/10					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$200.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Friends Of Gerry Garcia						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ittee				•	
Name of Payee Bill Toth				Date of Payment 05/13/2010	Method of Payr	ment	Amount
Street Address 154 Yorkshire Dr	City Morganville	State	Zip Code	Purpose of Expenditure WAGE	1017  Debit Car	rd	
Description w/b 5/3/10	Morganyme	Į.vs	07731	, was	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Vame		Office Sought			\$200.00
Name of Payee				Date of Payment	Method of Payr	ment	Amount
Bill Toth				05/13/2010	X Check #		
Street Address 154 Yorkshire Dr	City	State NJ	Zip Code 07751	Purpose of Expenditure WAGE	1018   Debit Car	rd	
Description	Morganville	INJ	07731	WAGL	Event #	-	
w/b 4/19/10					Event		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
X No							\$200.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Bill Toth		ı		05/13/2010	X Check #		
Street Address	City	State NJ	Zip Code 07751	Purpose of Expenditure WAGE	1019 Debit Car	rd.	
154 Yorkshire Dr Description	Morganville	INJ	07731	WAGL	Event #	-	
w/b 4/26/10					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	Name		Office Sought			1200.22
X No							\$200.00

	IV. EXPENDITURE	S							
NAME OF COMMITTEE						FILI	NG DUE DATE		
Friends Of Gerry Garcia						Origi	nal 07/12/2010		
	N. Expenses Paid By Committee								
Name of Payee Date of Payment  Main Street Seafood 05/21/2010					Method of Pay	ment	Amount		
Street Address 489 Main St	City Hartford	State CT	Zip Code 06103	Purpose of Expenditure Misc *	X Debit Car	rd			
Description Party Event after CT Democratic Convention	on		•		Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	Yes								
Name of Payee				Date of Payment	Method of Payment		Amount		
Magnani Press	<u> </u>	1	1	05/21/2010	X Check #				
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1022</u>				
120 New Park Ave	Hartford	СТ	06106	A-SIGN	Debit Car	rd	•		
Description lawn signs					Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	·				
Yes X No							\$1,301.68		
Name of Payee				Date of Payment	Method of Pay	ment	Amount		
CT Expo Center			T	05/22/2010	Check #				
Street Address 265 Reverend Moody Overpass	City	State CT	Zip Code 06144	Purpose of Expenditure FOOD	X Debit Car	rd			
Description	Hartford	Ci	00144	I OOD	Event #				
catering for campaign staff at convention					Event "				
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought					
Yes X No							\$120.00		

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Friends Of Gerry Garcia						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee On the Border				Date of Payment 05/23/2010	Method of Pay	ment	Amount
Street Address 1519 Silas Deane Hwy	City Rocky Hill	State CT	Zip Code	Purpose of Expenditure	X Debit Car	rd	
Description food for campaign staff after Hartford Libr		<b>!</b>			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	or Other Candidate(s) N	Name		Office Sought			\$73.82
Name of Payee Date of Payment M					Method of Payment		Amount
Bill Toth	Γ	ı		05/23/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1021 Debit Car	rd	
154 Yorkshire Dr Description	Morganville	NJ	07751	WAGE	Event #		
wages					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	or Other Candidate(s) N	lame		Office Sought			
x <sub>No</sub>							\$200.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Utility Communications	T			05/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	rd	
920 Sherman Ave Description	Hamden	СТ		EFV *	Event #		
radio communications for convention					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	or Other Candidate(s) N	lame		Office Sought			\$318.00
X No							l ' ' ' ' '

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Gerry Garcia						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Paya	ment	Amount
Citizens Bank				05/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
263 Hemingway Ave	East Haven	СТ	06512	BNK	X Debit Car	d	
Description stop payment fee for lost check #1020					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	or Other Candidate(s) N	lame		Office Sought			\$25.00
X No				T	1		
Name of Payee				Date of Payment	Method of Payı	ment	Amount
CT Expo Center				05/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
265 Reverend Moody Overpass	Hartford	СТ	06144	FOOD	X Debit Car	d	
Description			•		Event #		
catering invoice for convention							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) N	lame		Office Sought			
Yes X No							\$1,324.26
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Citizens Bank			1	06/01/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
263 Hemingway Ave	East Haven	СТ	06512	BNK	X Debit Car	d	
Description deposited check returned fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	or Other Candidate(s) N	lame		Office Sought			\$10.00
No No							İ

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Friends Of Gerry Garcia						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee  Applied Merchant Services				Date of Payment 06/03/2010	Method of Pays	ment	Amount
					Check #		
Street Address 737 N MI Highway 32020	City Chicago	State	Zip Code 60611	Purpose of Expenditure WEB	X Debit Car	·d	
Description	0		-		Event #		
online transaction fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$9.63
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Lauren Mednick				06/10/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1027</u>		
912 Prospect St	Hamden	СТ	06517	WAGE	Debit Car	<sup>r</sup> d	
Description			•		Event #		
wages							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$600.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Ideal Printing			_	06/10/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1028		
228 Food Terminal Plz	New Haven	СТ	06513	A-OTH	Debit Car	rd	
Description					Event #		
banner, stickers, tickets, flyers							
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	or Other Candidate(s) N	lame		Office Sought			\$1,351.50
X No							\$1,331.30

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Friends Of Gerry Garcia						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
USPS				06/15/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
Trolley Square Station	East Haven	СТ	06512	POST	X Debit Car	d	
Description					Event #		
postage							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$17.60
Name of Payee				Date of Payment	Method of Pay	ment	Amount
walgreens				06/15/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	]		
Hemingway Ave	East Haven	СТ	06512	OFFICE	X Debit Car	d	
Description			*	_	Event #		
envelopes							
Is this expenditure coordinated with another candidate for	r Other Candidate(s) N	lame		Office Sought			
which reimbursement is sought?  Yes							
x <sub>No</sub>							\$9.33
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Main Street Seafood				06/15/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
489 Main St	Hartford	СТ	06103	FOOD	X Debit Car	d	
Description					Event #		
final payment for event after state conven	tion						
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			±034.00
X No							\$624.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Gerry Garcia						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Verizon Wireless	Τ	Ι	1	06/18/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car		
PO Box 15062	Albany	NY		Misc *		rd	
Description					Event #		
phone use Jason bartlett							
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	or Other Candidate(s) N	lame		Office Sought	l		
x <sub>No</sub>							\$293.82
Name of Payee				Date of Payment	Method of Pay	ment	Amount
John Atashian Photography				06/29/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1031</u>		
41 Fenwood Rd	Southington	СТ	06489	Misc *	Debit Car	rd	
Description			•	•	Event #		
photos of candidate and creation of cd							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes No							\$654.02
					Total of Se	ction N	\$12,452.92

	IV.	. EXPENDITURES						
NAME OF COMMITTE	SE .						FILING	DUE DATE
Friends Of Gerry Gard	cia						Origina	1 07/12/2010
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee Colortone				Date of Paymen 05/28/2010		Is Reimbur Claimed?	rsement	Amount
Street Address 226 NW 4th Ave		City Hallandale	State FL	Zip Code 33009		X Ye		
Purpose of Expenditure  Misc *	Description T-shirts				Event #			\$666.86
Name of Payee Hilton Hartford				Date of Paymen 05/28/2010		Is Reimbur Claimed?		Amount
Street Address 315 Trumbull St		City New Haven	State CT	Zip Code 06511		X Ye		
Purpose of Expenditure TRVL	Description democratic state convention				Event #			\$325.68
Name of Payee Demers				Date of Paymen 05/28/2010		Is Reimbur Claimed?	rsement	Amount
Street Address 180 Johnson St		City Middletown	State CT	Zip Code 06457		X Ye		
Purpose of Expenditure  EFV *	Description tent, tables, and chairs for con	vention			Event #			\$1,208.40
Name of Payee Salute				Date of Paymen 05/28/2010		Is Reimbur Claimed?		Amount
Street Address 100 Trubull St		City Hartford	State CT	Zip Code		No		
Purpose of Expenditure  Misc *	Description food for campaign staff after co	onvention			Event #			\$250.00

	IV.	EXPENDITURES						
NAME OF COMMITTE	DE .						FILING	DUE DATE
Friends Of Gerry Garcia Original 07								
	O. Cam	paign Expenses Paid By Candidate				·		
Name of Payee Da CT Dem State Central 06						s Reimburse		Amount
Street Address 330 Main St		City Hartford	State CT	Zip Code 06106		X Yes No		
Purpose of Expenditure A-DM	penditure Description purchase of mailing/phone lists							\$2,000.00
Name of Payee  CT Dem State Central				Date of Paymen 06/29/2010		s Reimburse		Amount
Street Address 330 Main St		City Hartford	State CT	Zip Code		X Yes No		
Purpose of Expenditure A-OTH	Description purchase of mailing/phone lists				Event #			\$2,000.00
						Total of S	Section O	\$6,450.94

NAME OF COMMITTEE						FII	LING DUE DATE			
Friends Of Gerry Garcia	Ori	Original 07/12/2010								
P. Expenses Incurred on Committee Credit Card										
Name of Issuing Institution			Type of Credit C	ard:						
		Visa	Master Card	Discover	Ameri	ican				
			Other							
Name of Vendor					Date of Transaction		Amount			
Street Address		City	State	Zip Code						
Purpose of Expenditure	Description		<u>'</u>		Event #					
	_									
					Total of Section	ı P				

	IV. EXPE	ENDITURES					
NAME OF CO	MMITTEE				FILING DU	E DATE	
Friends Of G	erry Garcia				Original 07	/12/2010	
	Q. Expenses Incurred By Com	mittee but Not Paid Duri	ng this Period		·		
Name of Creditor Jason Bartlett			Date Incurred 04/24/2010	Event #		Amount Incurred (Estimate or	
Street Address 14 Highview To	er	City Bethel		State CT	Zip Code 06801	Actual)	
Purpose of Expenditure PRNT	Description Fed Ex Kinkos, copies						
Is this expenditure which reimbursement Yes  X No	coordinated with another candidate for Other Candida ent is sought?	tte(s) Name	Office Sought			\$104.04	
Name of Creditor  Jason Bartlett			Date Incurred 05/22/2010	Event #		Amount Incurred (Estimate or	
Street Address  14 Highview To	er	City Bethel	•	State CT	Zip Code 06801	Actual)	
Purpose of Expenditure TRVL	Description  Central Parking System						
Is this expenditure which reimbursemed Yes X No	coordinated with another candidate for Other Candida ent is sought?	ate(s) Name	Office Sought			\$13.00	

IV. EXPENDITURES							
NAME OF CO					FILING DU	E DATE	
Friends Of G					Original 07	/12/2010	
	Q. Expenses Incurred By Com	mittee but Not Paid Duri	ng this Period				
Name of Creditor  Jason Bartlett			Date Incurred 05/28/2010	Event #		Amount Incurred	
Street Address  14 Highview To	er	City Bethel		State CT	Zip Code 06801	(Estimate or Actual)	
Purpose of Expenditure FOOD	Description Brazis	•		•			
Name of Creditor  Jason Bartlett			Date Incurred 06/10/2010	Event #		Amount Incurred (Estimate or	
Street Address 14 Highview To	er	City Bethel		State CT	Zip Code 06801	Actual)	
Purpose of Expenditure FNDR	Description red rock						

IV. EXPENDITURES							
NAME OF CO	MMITTEE				FILING DU	FILING DUE DATE	
Friends Of G	erry 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		
Street Address 14 Highview To	er	City Bethel	-	State CT	Zip Code 06801	Actual)	
Purpose of Expenditure TRVL	Description pilot, gas						
	Taran						
Name of Creditor  Jason Bartlett  Date Incurred 06/11/2010			Event #		Amount Incurred (Estimate or		
Street Address  14 Highview To	er	City Bethel	•	State CT	Zip Code 06801	Actual)	
Purpose of Expenditure TRVL	Description Food Bag, gas						
Is this expenditure which reimbursemed Yes X No	coordinated with another candidate for Other Candida ent is sought?	te(s) Name	Office Sought			\$36.25	

	IV. EXPI	ENDITURES				
NAME OF CO	MMITTEE				FILING DU	E DATE
Friends Of G	erry 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	
Street Address  14 Highview To	Pathal			State Zip Code CT 06801		Actual)
Purpose of Expenditure	Description  House of Yoshida					
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?  Yes  No						\$34.45
Name of Creditor Ideal printing			Date Incurred 06/18/2010	Event #		Amount Incurred (Estimate or
Street Address 228 Food Term	ninal Plz	City New Haven	•	State CT	Zip Code 06531	Actual)
Purpose of Expenditure A-DM	Description post cards with postage					
Is this expenditure which reimbursemed Yes X No	coordinated with another candidate for Other Candidate for its sought?	tte(s) Name	Office Sought			\$1,930.26

IV. EXPENDITURES							
NAME OF CO	MMITTEE				FILING DU	E DATE	
Friends Of Go	erry 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	
Street Address  14 Highview To	er	City Bethel	<u> </u>	State CT	Zip Code 06801	(Estimate or Actual)	
Purpose of Expenditure TRVL	Description  Mobil Merrit Parkway, gas						
Is this expenditure which reimbursemed Yes No	coordinated with another candidate for Other Candida ent is sought?	tte(s) Name	Office Sought			\$10.00	
Name of Creditor  Jason Bartlett			Date Incurred 06/21/2010	Event #		Amount Incurred (Estimate or	
Street Address 14 Highview To	er	City Bethel		State CT	Zip Code 06801	Actual)	
Purpose of Expenditure	Description  Maggie Mcflys campaign meeting						
Is this expenditure which reimbursemed Yes No	coordinated with another candidate for Other Candida ent is sought?	tte(s) Name	Office Sought			\$41.56	

IV. EXPENDITURES							
NAME OF CO	MMITTEE				FILING DU	FILING DUE DATE	
Friends Of G	erry 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	
Street Address  14 Highview To	er	City Bethel	-	State CT	Zip Code 06801	Actual)	
Purpose of Expenditure OFFICE	Description Staples, office supplies						
Name of Creditor  Jason Bartlett			Date Incurred 06/23/2010	Event #		Amount Incurred (Estimate or	
Street Address 14 Highview To	er	City Bethel	•	State CT	Zip Code 06801	Actual)	
Purpose of Expenditure OFFICE	Description staples, printer ink						
Is this expenditure which reimbursemed Yes No	coordinated with another candidate for Other Candida ent is sought?	te(s) Name	Office Sought			\$59.97	

IV. EXPENDITURES							
NAME OF CO	MMITTEE				FILING DU	FILING DUE DATE	
Friends Of G	erry 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	
Street Address  14 Highview To	er	City Bethel	<u> </u>	State CT	Zip Code 06801	(Estimate or Actual)	
Purpose of Expenditure EFV *	Description  Radio Shack, phone						
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?  Yes  No						\$49.80	
Name of Creditor  Jason Bartlett			Date Incurred 06/23/2010	Event #		Amount Incurred (Estimate or	
Street Address 14 Highview To	er	City Bethel		State CT	Zip Code 06801	Actual)	
Purpose of Expenditure EFV *	Description Verizon Wireless						
Is this expenditure which reimbursement Yes X No	coordinated with another candidate for Other Candida ent is sought?	te(s) Name	Office Sought			\$427.06	

IV. EXPENDITURES							
NAME OF COMMITTEE FILING DUE							E DATE
Friends Of Go	erry Garcia				Origin	al 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 #			Amount Incurred (Estimate or
Street Address  14 Highview To	er	City Bethel		State CT	Zip Code 06801		Actual)
Purpose of Expenditure TRVL	Description  Courtyard Marriot parking						
Is this expenditure which reimbursement Yes X No	coordinated with another candidate for Other Candida ent is sought?	te(s) Name	Office Sought				\$12.00
				Total of	Section Q		\$2,839.63

IV. E.	XPENDITURES					
NAME OF COMMITTEE					FILIN	NG DUE DATE
Friends Of Gerry Garcia					Origin	nal 07/12/2010
R. Itemization of Reimburse	ements to Committee	Workers and	Consultants			
Name of Worker/Consultant Frank Avalardo				ent	Amount	
Secondary Payee  Restaurant Depot			f Expenditure	Debit Card	1	
Street Address 181 Marsh Hill Rd	City Orange		State CT	Zip Code		
Description Event #				Event # 04172010j		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	date(s) Name	Office	Sought			\$275.74
Name of Worker/Consultant Richard baltimore		Date of Payment 05/21/2010		Method of Paym	ent	Amount
Secondary Payee The perfect Party		Purpose of Misc *	f Expenditure	1032  Debit Card		
Street Address 2165 Dixwell Ave	City Hamden		State CT	Zip Code 06514		
Description balloons for convention				Event #		
which reimbursement is sought?  Yes	date(s) Name	Office	Sought			
X No						\$58.26
				Total of Se	ection R	\$334.00

IV. EXPE	ENDITURES					
NAME OF COMMITTEE				FII	LING DUE DATE	
Friends Of Gerry Garcia				Ori	ginal 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						