

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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Page 1 of 30

SUMMARY PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Corey For Connecticut				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
Title	First	MI	Last	Suffix	
	Richard		Twilley		
4. TREASURER ADDRESS					
Street Address		City	State	Zip Code	
221 Trumbull St		Hartford	CT	06105	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)		7. DISTRICT CODE (if applicable)	
11/02/2010		Secretary of the State			
8. CANDIDATE NAME					
Title	First	MI	Last	Suffix	
	Corey	J	Brinson		
9. TYPE OF REPORT					
July 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
04/01/2010		thru		06/30/2010	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing		Richard Twilley		07/12/2010	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Corey For Connecticut	Original 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	\$1,111.03	
14. Contributions received from Individuals (Section A and B)	\$300.00	\$12,982.74
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-1)	\$0.00	\$8,225.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$300.00	\$21,207.74
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$1,411.03	\$21,207.74
20. Expenses Paid by Committee (Section N)	\$2,787.00	\$22,583.71
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$-1,375.97	\$-1,375.97
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$1,427.89
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$3,867.76	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$5,554.99	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 07/12/2010
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$40.00

B. Itemized Contributions from Individuals

Last Name Sinow	First Name Florence	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0357	Amount of Contribution
Residential Street Address Maple Avenue	City North Haven	State CT	Zip Code 06473	Date Received 04/03/2010	
Principal Occupation N/A	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Cochevski	First Name Kathy	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0358	Amount of Contribution
Residential Street Address 75 Allston Rd	City Newington	State CT	Zip Code 06111	Date Received 04/03/2010	
Principal Occupation N/A	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Velia	First Name Keith	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0360	Amount of Contribution
Residential Street Address 12 Mimosa Pl	City Ridgefield	State CT	Zip Code 06877	Date Received 04/08/2010	
Principal Occupation Bayer Diabetes Care	Name of Employer Manager of US Controlling	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Brathwaite	First Name Phoebe	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0359	Amount of Contribution
Residential Street Address PO Box 46374	City Raliegh	State NC	Zip Code 27620	Date Received 04/12/2010	
Principal Occupation ACS	Name of Employer Recruiter	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Donnelly	First Name Jeremy	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0361	Amount of Contribution
Residential Street Address 18 Sherman St	City Hartford	State CT	Zip Code 06105	Date Received 05/19/2010		
Principal Occupation Butler, Norris & Gold	Name of Employer Lawyer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions \$100.00		\$60.00
Total of Section B						\$260.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS					(Sections A & B) (Total on Line 14 of Summary Page)	\$300.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 07/12/2010

C1. Contributions from Other Committees

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

Total of Section C1	
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I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Corey For Connecticut				Original 07/12/2010
C2. Reimbursements or Payments from other Committees				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
Total of Section C2				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 07/12/2010

D. Loans Received this Period

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

Total of Section D

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 07/12/2010

E. Personal Funds of the Candidate Received this Period

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

Total of Section E

I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE
Corey For Connecticut					Original 07/12/2010
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					

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

I. MONETARY RECEIPTS (Section A-K)			
NAME OF COMMITTEE			FILING DUE DATE
Corey For Connecticut			Original 07/12/2010
H. Public Grant Funds Received from the Citizen's Election Fund			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial	Primary General or Special Election		
Primary	Primary General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary General or Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 07/12/2010

I. Miscellaneous Monetary Receipts not Considered Contributions

Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Total of Section I				

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Corey For Connecticut	FILING DUE DATE Original 07/12/2010
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J1. Fundraising Event Information

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

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 07/12/2010

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

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

Total of Section J2

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 07/12/2010

J3. In-Kind Donations Not Considered Contributions

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

Total of Section J3	
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III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 07/12/2010

K. In-Kind Contributions

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

Total of Section K

III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 07/12/2010

L. Refundable Deposit to Telephone Company

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

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 07/12/2010

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

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

Total of Section M

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Paychex, Inc., EIB	04/12/2010	<input type="checkbox"/> Check #		
Street Address 55 Capital Blvd # 302	City Rocky Hill	State CT		Zip Code 06067
Purpose of Expenditure WAGE				<input checked="" type="checkbox"/> Debit Card
Description Payroll Processing Services				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$127.44	
Alisha S. Stevens	04/13/2010	<input checked="" type="checkbox"/> Check #		
Street Address 69 Mansfield St	City Hartford	State CT		Zip Code 06112
Purpose of Expenditure WAGE				<input type="checkbox"/> Debit Card
Description Check to Employee				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$178.05	
Paychex, Inc., EIB	04/23/2010	<input type="checkbox"/> Check #		
Street Address 55 Capital Blvd # 302	City Rocky Hill	State CT		Zip Code 06067
Purpose of Expenditure WAGE				<input checked="" type="checkbox"/> Debit Card
Description Payroll Processing Services				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$454.18	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc., TPS					04/23/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
55 Capital Blvd # 302	Rocky Hill	CT	06067	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Payroll Processing Services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$867.15
Name of Payee					Date of Payment	Method of Payment	Amount
Alisha S. Stevens					04/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
69 Mansfield St	Hartford	CT	06112	WAGE	5019 <input type="checkbox"/> Debit Card		
Description						Event #	
Check to Employee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$553.50
Name of Payee					Date of Payment	Method of Payment	Amount
TransFirst					05/04/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
12120 Shamrock Plz	Omaha	NE	68154	BNK	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Credit Card Payment Services Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$47.96

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc., EIB					05/07/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
55 Capital Blvd # 302	Rocky Hill	CT	06067	WAGE			
Description						Event #	
Payroll Processing Services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$88.08	
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc., TPS					05/07/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
55 Capital Blvd # 302	Rocky Hill	CT	06067	WAGE			
Description						Event #	
Payroll Processing Services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$14.82	
Name of Payee					Date of Payment	Method of Payment	Amount
Alisha S. Stevens					05/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
69 Mansfield St	Hartford	CT	06112	WAGE			
Description						Event #	
Check to Employee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$57.93	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Alisha S. Stevens					05/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	5021		
69 Mansfield St	Hartford	CT	06112	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
Check to Employee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$72.03	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
A. Williams-Howell Enterprise, LLC					05/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1044		
15 Farm Pond Rd	North Stonington	CT	06359	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
Administrative Services Provided to Committee and Candidate							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$45.90	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Timeless Weddings by Georgia, LLC					05/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1043		
13 Peachbrooke Dr	South Windsor	CT	06074	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
Planning and Consulting Services for Future Fundraising							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$57.93	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Corey For Connecticut						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc., EIB					05/21/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
55 Capital Blvd # 302		Rocky Hill	CT	06067	WAGE		
Description						Event #	
Payroll Processing Services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$25.82
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc., TPS					05/21/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
55 Capital Blvd # 302		Rocky Hill	CT	06067	WAGE		
Description						Event #	
Payroll Processing Services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$5.31
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Alisha S. Stevens					05/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>5022</u> <input type="checkbox"/> Debit Card	
69 Mansfield St		Hartford	CT	06112	WAGE		
Description						Event #	
Check to Employee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$52.88
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
TransFirst					06/02/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
12120 Shamrock Plz	Omaha	NE	68154	BNK	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Credit Card Payment Services Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$40.01
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc., EIB					06/04/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
55 Capital Blvd # 302	Rocky Hill	CT	06067	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Payroll Processing Services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$57.93
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc., TPS					06/04/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
55 Capital Blvd # 302	Rocky Hill	CT	06067	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Payroll Processing Services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$6.83

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
Corey For Connecticut						Original 07/12/2010		
N. Expenses Paid By Committee								
Name of Payee					Date of Payment	Method of Payment		Amount
Alisha S. Stevens					06/07/2010	<input checked="" type="checkbox"/> Check #		
Street Address		City		State	Zip Code	Purpose of Expenditure		5023
69 Mansfield St		Hartford		CT	06112	WAGE		<input type="checkbox"/> Debit Card
Description						Event #		\$33.25
Check to Employee								
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes								
<input checked="" type="checkbox"/> No								
Total of Section N							\$2,787.00	

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Corey For Connecticut					Original 07/12/2010	
O. Campaign Expenses Paid By Candidate						
Name of Payee				Date of Payment	Is Reimbursement Claimed?	
Street Address			City	State	Zip Code	Yes No
Purpose of Expenditure	Description				Event #	
Total of Section O						

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Corey For Connecticut					Original 07/12/2010	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card: <div style="display: flex; justify-content: space-around; font-size: small;"> Visa Master Card Discover American </div> Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description			Event #		
Total of Section P						

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
Corey For Connecticut						Original 07/12/2010		
Q. Expenses Incurred By Committee but Not Paid During this Period								
Name of Creditor All Mail Direct				Date Incurred 06/08/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 55 John Downey Dr			City New Britain			State CT	Zip Code 06051	
Purpose of Expenditure PRNT	Description Printing of Fundraising Mailings							\$3,867.76
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name			Office Sought			
<input type="checkbox"/> Yes								
<input checked="" type="checkbox"/> No								
Total of Section Q							\$3,867.76	

IV. EXPENDITURES					
NAME OF COMMITTEE					FILING DUE DATE
Corev For Connecticut					Original 07/12/2010
R. Itemization of Reimbursements to Committee Workers and Consultants					
Name of Worker/Consultant			Date of Payment	Method of Payment	Amount
				Check #	
Secondary Payee			Purpose of Expenditure	Debit Card	
Street Address		City	State	Zip Code	
Description				Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought		
Yes					
No					
Total of Section R					

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