

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 56

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 Richard	MI	Last Twilley	Suffix		
4. TREASURER ADDRESS						
Street Address 221 Trumbull St		City Hartford		State CT	Zip Code 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 Corey	MI J	Last Brinson	Suffix		
9. TYPE OF REPORT						
October 10 Filing - Original						
10. PERIOD COVERED						
Beginning Date Ending Date						
07/01/2009 thru 09/30/2009						
11. CERTIFICATION						
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.						
Electronic Filing		Richard Twilley		10/13/2009		
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 10/13/2009	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$4,654.36	
14. Contributions received from Individuals (Section A and B)	\$8,297.00	\$9,197.24
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-I)	\$0.00	\$7,525.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$8,297.00	\$16,722.24
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$12,951.36	\$16,722.24
20. Expenses Paid by Committee (Section N)	\$8,331.62	\$12,102.50
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$4,619.74	\$4,619.74
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)	\$845.63	\$997.89
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)	\$582.21	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$582.21	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	Subtotal Section A \$3,557.00

B. Itemized Contributions from Individuals

Last Name Corrado	First Name Julie	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 26	Amount of Contribution
Residential Street Address 22 Charter Oak Pl # 1N	City Hartford	State CT	Zip Code	Date Received 07/06/2009	
Principal Occupation Realtor	Name of Employer Century 21 - Alaimo & Corrado	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	
Last Name Villalobos	First Name Ivan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 27	Amount of Contribution
Residential Street Address 43 Claire Hill Rd	City Burlington	State CT	Zip Code	Date Received 07/10/2009	
Principal Occupation Firefighter	Name of Employer City of Hartford	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	
Last Name Naboicheck	First Name Henry	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 # 93	Amount of Contribution
Residential Street Address 4F Earls Ct	City Farmington	State CT	Zip Code	Date Received 07/14/2009	
Principal Occupation VP	Name of Employer The Standard Mattress CO	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	
Last Name Hodgkins	First Name John	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 # 94	Amount of Contribution
Residential Street Address 60 Woodfield Xing	City Glastonbury	State CT	Zip Code	Date Received 07/14/2009	
Principal Occupation Mortgage Loan Specialist	Name of Employer CT Mortgage Services, Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

B. Itemized Contributions from Individuals

Last Name Monts	First Name Shaunna	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 # 96	Amount of Contribution \$100.00	
Residential Street Address 91 Elm St # 223C		City Manchester		State CT	Zip Code		Date Received 07/15/2009
Principal Occupation Human Resources Officer		Name of Employer The MDC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00			
Last Name Ogarro	First Name Earl	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 # 95	Amount of Contribution \$100.00	
Residential Street Address 116 Spring Wood Ln		City Bloomfield		State CT	Zip Code		Date Received 07/15/2009
Principal Occupation Insurance Broker		Name of Employer S.H.Smith & Company		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00			
Last Name Yanco	First Name Jeff	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 # 97	Amount of Contribution \$100.00	
Residential Street Address PO Box 235		City Manchester		State CT	Zip Code		Date Received 07/16/2009
Principal Occupation Self Employed		Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00			
Last Name Neumann	First Name Guy	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 # 98	Amount of Contribution \$100.00	
Residential Street Address 100 Grist Mill Rd		City Simsbury		State CT	Zip Code		Date Received 07/16/2009
Principal Occupation COO		Name of Employer Rex Insurance Services, Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

B. Itemized Contributions from Individuals

Last Name Dzenyuy		First Name Christina		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 99	Amount of Contribution
Residential Street Address 158 Colebrook St		City Hartford		State CT	Zip Code		Date Received 07/16/2009	
Principal Occupation Consultant		Name of Employer The Hartford			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$75.00	
								\$25.00

Last Name Dzenyuy		First Name Christina		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 # 100	Amount of Contribution
Residential Street Address 158 Colebrook St		City Hartford		State CT	Zip Code	Date Received 07/16/2009		
Principal Occupation Consultant		Name of Employer The Hartford			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00		\$25.00

Last Name Jointer		First Name Alicia		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 # 104	Amount of Contribution
Residential Street Address 830 Chicopee St			City Chicopee		State MA	Zip Code	Date Received 07/20/2009	
Principal Occupation Case Manager			Name of Employer New England Farm Workers' Council			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$60.00	\$25.00

Last Name Garrett		First Name Sara		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 # 105	Amount of Contribution
Residential Street Address 49 Vine St			City Hartford		State CT	Zip Code	Date Received 07/20/2009	
Principal Occupation Sales Associate			Name of Employer The UPS Store			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$70.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

B. Itemized Contributions from Individuals

Last Name Airey-Wilson	First Name Veronica	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 # 106	Amount of Contribution
Residential Street Address 131 Ridgefield St	City Hartford	State CT	Zip Code	Date Received 07/20/2009	
Principal Occupation insurance agent	Name of Employer self employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> 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?	Aggregate Contributions
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$75.00	\$75.00

Last Name Herrington		First Name John		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 # 110	Amount of Contribution
Residential Street Address 36 Goose Nest		City South Windsor		State CT	Zip Code		Date Received 07/21/2009	
Principal Occupation Law Clerk		Name of Employer Connecticut Supreme Court			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Beverley		First Name Alex		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 # 107	Amount of Contribution
Residential Street Address 94 Ashley St		City Hartford		State CT	Zip Code	Date Received 07/21/2009		
Principal Occupation Case Manager		Name of Employer My People Clinical			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$60.00	\$25.00

Last Name Williams		First Name Donnell		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 # 108	Amount of Contribution
Residential Street Address 2111 Jefferson Davis Hwy		City Arlington		State VA	Zip Code		Date Received 07/21/2009	
Principal Occupation Financial Advisor		Name of Employer ING			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

B. Itemized Contributions from Individuals

Last Name Williams	First Name Colin	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 # 109	Amount of Contribution \$100.00
Residential Street Address 649 Astor St	City Norristown	State PA	Zip Code	Date Received 07/21/2009	
Principal Occupation Accountant	Name of Employer Self Employed	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	
Last Name Smart	First Name Noshakhere	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 # 111	Amount of Contribution \$25.00
Residential Street Address 24 Magnolia St	City Hartford	State CT	Zip Code	Date Received 07/22/2009	
Principal Occupation Human service Worker	Name of Employer Positive Steps	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$90.00	
Last Name Brown	First Name Shauna	MI H	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 # 60	Amount of Contribution \$20.00
Residential Street Address 74 Hamilton Dr	City Manchester	State CT	Zip Code	Date Received 07/25/2009	
Principal Occupation Educator	Name of Employer City of Hartford	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 07252009A			
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 \$70.00	
Last Name Ward	First Name DeVaughn	MI L	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 51	Amount of Contribution \$20.00
Residential Street Address 29 Linwood Dr	City Bloomfield	State CT	Zip Code	Date Received 07/25/2009	
Principal Occupation Server	Name of Employer P.F. Chang's China Bistro	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 07252009A			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$80.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

B. Itemized Contributions from Individuals

Last Name Sailor		First Name Jamil		MI D	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 67	Amount of Contribution
Residential Street Address 76 Baltimore St			City Hartford		State CT	Zip Code	Date Received 07/25/2009	
Principal Occupation Recreation Specialist			Name of Employer City of Hartford			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07252009A</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$140.00	
<div style="text-align: right;">\$40.00</div>								

Last Name Edwards	First Name Drew	MI J	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 # 73	Amount of Contribution
Residential Street Address 41 Ferguson Rd	City Manchester	State CT	Zip Code	Date Received 07/25/2009	
Principal Occupation Loan Officer	Name of Employer Right Trac Financial Group	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07252009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions \$110.00
					\$20.00

Last Name Lyde		First Name Alisha		MI L	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 83	Amount of Contribution
Residential Street Address 28 Hutchinson St			City New Britain		State CT	Zip Code		Date Received 07/25/2009
Principal Occupation Retail Management			Name of Employer Foot Beats			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07252009A</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$80.00	

Last Name Morgado		First Name Dale		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 # 114	Amount of Contribution
Residential Street Address 511 SE 5th Ave			City Fort Lauderdale		State FL	Zip Code	Date Received 07/28/2009	
Principal Occupation Lawyer			Name of Employer Gunster Yoakley & Stewart			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

B. Itemized Contributions from Individuals

Last Name Williams	First Name Khambrel	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 # 156	Amount of Contribution \$60.00
Residential Street Address 172 Ford Rd	City Windsor	State CT	Zip Code	Date Received 09/18/2009	
Principal Occupation Self	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09182009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$60.00	
Last Name Johnson	First Name Tiffany	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 # 157	Amount of Contribution \$100.00
Residential Street Address 36 Purdue Ln	City East Hartford	State CT	Zip Code	Date Received 09/18/2009	
Principal Occupation Accountant	Name of Employer KPMG	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09182009A</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	
Last Name Lyde	First Name Alisha	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 # 166	Amount of Contribution \$20.00
Residential Street Address 28 Hutchinson St	City New Britain	State CT	Zip Code	Date Received 09/18/2009	
Principal Occupation Retail Management	Name of Employer Stride Rite	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09182009A</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$80.00	
Last Name Marshall	First Name Lincoln	MI D	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 171	Amount of Contribution \$100.00
Residential Street Address 22 Matthew Ln	City Windsor	State CT	Zip Code	Date Received 09/18/2009	
Principal Occupation Tractor Trailer Owner	Name of Employer LLM Enterprise, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09182009A</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

B. Itemized Contributions from Individuals

Last Name Frantz		First Name L.		MI S	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 137	Amount of Contribution
Residential Street Address 123 Meadow Rd		City Riverside		State CT	Zip Code		Date Received 09/20/2009	
Principal Occupation Banker		Name of Employer HCo, Inc.			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	
								\$100.00

Last Name Thurlow		First Name Christopher		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 138	Amount of Contribution
Residential Street Address 198 Shore Rd			City Old Greenwich		State CT	Zip Code	Date Received 09/20/2009	
Principal Occupation Retired			Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

Last Name Tranfo	First Name Joseph	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 139	Amount of Contribution
Residential Street Address 45 Quail Rd	City Greenwich	State CT	Zip Code	Date Received 09/20/2009	
Principal Occupation Real Estate	Name of Employer Benedict Capital, LLC	Is this contribution associated with a fundraising event listed in Section JI? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

Last Name Prince		First Name Lolly		MI H	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 # 191	Amount of Contribution \$100.00
Residential Street Address 42 Woodside Dr		City Greenwich		State CT	Zip Code	Date Received 09/20/2009		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

B. Itemized Contributions from Individuals

Last Name Stolarz	First Name Stefan	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 208	Amount of Contribution \$100.00
Residential Street Address 173 Oakwood Ave	City West Hartford	State CT	Zip Code	Date Received 09/22/2009		
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Levy	First Name Leora	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 # 272	Amount of Contribution \$100.00
Residential Street Address 59 Peckslan Rd	City Greenwich	State CT	Zip Code	Date Received 09/22/2009		
Principal Occupation homemaker	Name of Employer my husband, sons and dogs	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Levy	First Name Steven	MI T	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 # 273	Amount of Contribution \$100.00
Residential Street Address 59 Peckslan Rd	City Greenwich	State CT	Zip Code	Date Received 09/22/2009		
Principal Occupation real estate	Name of Employer kamber mgt. llc	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 \$300.00		
Last Name Henry	First Name Kevin	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 # 201	Amount of Contribution \$60.00
Residential Street Address 1429 Park St	City Hartford	State CT	Zip Code	Date Received 09/24/2009		
Principal Occupation Attorney	Name of Employer Robinson & Cole	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 \$60.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

B. Itemized Contributions from Individuals

Last Name Kongpinda	First Name Jean	MI M	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 # 237	Amount of Contribution
Residential Street Address 967 Asylum Ave # 3F	City Hartford	State CT	Zip Code	Date Received 09/25/2009		
Principal Occupation IS Specialist	Name of Employer Travelers	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09252009A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$60.00	\$60.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name Rodz	First Name Jessenia	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 # 252	Amount of Contribution
Residential Street Address 49 Linnmoore St	City Hartford	State CT	Zip Code	Date Received 09/25/2009		
Principal Occupation Self	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09252009A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$60.00	\$60.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name Ismail	First Name Gulaid	MI S	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 255	Amount of Contribution
Residential Street Address 95 Manchester St	City Hartford	State CT	Zip Code	Date Received 09/25/2009		
Principal Occupation Military	Name of Employer Military	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09252009A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$60.00	\$60.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name McCray	First Name Gina	MI R	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 242	Amount of Contribution
Residential Street Address 50 Scotland Rd	City East Hartford	State CT	Zip Code	Date Received 09/25/2009		
Principal Occupation Site Director	Name of Employer MELC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09252009A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

B. Itemized Contributions from Individuals

Last Name Brown	First Name Jason	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 # 243	Amount of Contribution \$60.00
Residential Street Address 16 Pembroke St	City Hartford	State CT	Zip Code	Date Received 09/25/2009		
Principal Occupation Substitute Teacher	Name of Employer Kelly Educational	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 09252009A <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$60.00		
Last Name Barnes	First Name Roland	MI R	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 247	Amount of Contribution \$100.00
Residential Street Address 42 Filley St	City Bloomfield	State CT	Zip Code	Date Received 09/25/2009		
Principal Occupation Engineer	Name of Employer Pratt & Whitney	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 09252009A <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Williams	First Name Barry	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 # 248	Amount of Contribution \$80.00
Residential Street Address 217 Oak St	City East Hartford	State CT	Zip Code	Date Received 09/25/2009		
Principal Occupation Medical Assistant	Name of Employer UConn Health Center	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 09252009A <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$80.00		
Last Name Watson	First Name Clarence	MI T	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 # 249	Amount of Contribution \$100.00
Residential Street Address 22 Prospect St	City Manchester	State CT	Zip Code	Date Received 09/25/2009		
Principal Occupation Machinist CNC	Name of Employer SMS Machine	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 09252009A <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

B. Itemized Contributions from Individuals

Last Name Webber	First Name David	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 205	Amount of Contribution \$100.00
Residential Street Address 4 Tods Drift Way	City Old Greenwich	State CT	Zip Code	Date Received 09/27/2009		
Principal Occupation Owner	Name of Employer D.M. Systems	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Staples	First Name Mary	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 207	Amount of Contribution \$100.00
Residential Street Address 4 Tods Drift Way	City Old Greenwich	State CT	Zip Code	Date Received 09/27/2009		
Principal Occupation Retired	Name of Employer None Reported	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Closs	First Name TaVarr	MI M	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 # 250	Amount of Contribution \$100.00
Residential Street Address 231 Woodland Ave	City Bloomfield	State CT	Zip Code	Date Received 09/27/2009		
Principal Occupation Social Worker	Name of Employer DCF	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Brinson	First Name Brenda	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 # 274	Amount of Contribution \$50.00
Residential Street Address 9035 Paddle Oak Rd	City Charlotte	State NC	Zip Code	Date Received 09/27/2009		
Principal Occupation Insurance	Name of Employer Hartford Life Insurance Co	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

B. Itemized Contributions from Individuals

Last Name Levy		First Name Steven		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 275	Amount of Contribution
Residential Street Address 59 Pecksland Rd		City Greenwich		State CT	Zip Code		Date Received 09/29/2009	
Principal Occupation real estate		Name of Employer kamber mgt. llc			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$300.00	
								\$100.00

Total of Section B

\$4,740.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS

(Sections A & B)

(Total on Line 14 of Summary Page)

\$8,297.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE					FILING DUE DATE	
Corey For Connecticut					Original 10/13/2009	
C1. Contributions from Other Committees						
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section J1?		Yes If yes, list Event # No	Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
Total of Section C1						

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Corey For Connecticut				Original 10/13/2009
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 10/13/2009

D. Loans Received this Period

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

Total of Section D

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

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

NAME OF COMMITTEE					FILING DUE DATE
Corey For Connecticut					Original 10/13/2009
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 10/13/2009
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 10/13/2009
H. Public Grant Funds Received from the Citizen's Election Fund			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial			
Primary General or Special Election	Primary General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary General or Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE			FILING DUE DATE	
Corey For Connecticut			Original 10/13/2009	
I. Miscellaneous Monetary Receipts not Considered Contributions				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Total of Section I				

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
07/25/2009 Letter A	BBQ Event	600 Cottage Grove Rd	Bloomfield	CT	

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

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
08/21/2009 Letter A	Home Fundraiser	134 Old Chester Rd	Haddam	CT	

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

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
09/18/2009 Letter A	Home Fundraiser	64 Arrowwood Ln	Bloomfield	CT	

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

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
09/25/2009 Letter A	Party Event	1429 Park St	Hartford	CT	

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 10/13/2009

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
			Cash	Personal Check	Credit/Debit Card	
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Total of Section J2						

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

J3. In-Kind Donations Not Considered Contributions

Name of the Donor				Donation Given by: Individual Business Entity		Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event		
Description of Donation		Date Received	Event #			
Total of Section J3						

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

K. In-Kind Contributions

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State			
Type of Contributor:	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative			
Individual Committee						
Is this contribution associated with a fundraising event listed in Section II? 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 10/13/2009

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 10/13/2009	
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 10/13/2009	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
No Vet Left Behind, Inc.					07/08/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1002	<input type="checkbox"/> Debit Card	
59 Elizabeth St # 204A	Derby	CT		ATT *			
Description					Event #		
Admission to No Vet Left Behind, Inc., Fundraiser on 07/18/2009							
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							\$100.00
Name of Payee					Date of Payment	Method of Payment	Amount
Richard Twilley					07/10/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1003	<input type="checkbox"/> Debit Card	
221 Trumbull St	Hartford	CT		RCW			
Description					Event #		
Reimbursement for postage, printing and copying							
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							\$57.86
Name of Payee					Date of Payment	Method of Payment	Amount
Technivision LLC					07/22/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1004	<input type="checkbox"/> Debit Card	
112 New Rd	Tolland	CT		WEB			
Description					Event #		
Logo and web layout mock-ups; logo creation							
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							\$500.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Corey Brinson				07/23/2009	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1005</u>	
8E Westview Dr	Bloomfield	CT		RCW	<input type="checkbox"/> Debit Card	
Description					Event #	
Rental of Room at The 600 Apartments					07252009A	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
\$150.00						

Name of Payee				Date of Payment	Method of Payment	Amount
Corey Brinson				07/28/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1006</u>	
8E Westview Dr	Bloomfield	CT		RCW	<input type="checkbox"/> Debit Card	
Description					Event #	
Printing of Contributor Certification Forms						
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name	Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						
						\$14.31

Name of Payee				Date of Payment	Method of Payment	Amount
Corey Brinson				07/28/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1007</u>	
8E Westview Dr	Bloomfield	CT		RCW	<input type="checkbox"/> Debit Card	
Description					Event #	
Supplies for 07/25/2009 Fundraiser					07252009A	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$354.44

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Sounds Good Entertainment					07/29/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1008</u>	
16 Fiske St		Waterbury	CT		FNDR	<input type="checkbox"/> Debit Card	
Description						Event #	
Entertainment for 07/25/2009 Fundraiser						07252009A	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$200.00							
Name of Payee					Date of Payment	Method of Payment	Amount
TransFirst					07/31/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
12120 Shamrock Plz		Omaha	NE		BNK	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Credit Card Payment Services Installation and Monthly Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$251.97							
Name of Payee					Date of Payment	Method of Payment	Amount
Star Capital LLC					07/31/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1009</u>	
39 Barry Cir		Bloomfield	CT		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?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$240.00							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

N. Expenses Paid By Committee

Name of Payee People's Bank					Date of Payment 07/31/2009	Method of Payment <input type="checkbox"/> Check #	Amount \$0.92
Street Address 850 Main St	City Bridgeport	State CT	Zip Code	Purpose of Expenditure BNK	<input checked="" type="checkbox"/> Debit Card		
Description Service Charge					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought		
Name of Payee Technivision LLC					Date of Payment 08/10/2009	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$1,074.75
Street Address 112 New Rd	City Tolland	State CT	Zip Code	Purpose of Expenditure WEB	<u>1010</u> <input type="checkbox"/> Debit Card		
Description Social Networking and Web Development, Other Supplies					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought		
Name of Payee Julie Corrado					Date of Payment 08/14/2009	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$35.94
Street Address 22 Charter Oak Pl # 1N	City Hartford	State CT	Zip Code	Purpose of Expenditure RCW	<u>1013</u> <input type="checkbox"/> Debit Card		
Description Reimbursement for Decorations for 08/21/2009 Fundraiser					Event # 08212009A		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Star Capital LLC				08/14/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1011</u>	
39 Barry Cir	Bloomfield	CT		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	\$240.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Name of Payee				Date of Payment	Method of Payment	Amount
LAZ Parking Management, Ltd.				08/17/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1014</u>	
15 Lewis St	Hartford	CT		FNDR	<input type="checkbox"/> Debit Card	
Description					Event #	
Parking Validations for 06/26/2009 Kickoff Event						
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Other Candidate(s) Name	Office Sought	\$150.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Name of Payee				Date of Payment	Method of Payment	Amount
The Riverhouse at Goodspeed Station, Inc.				08/20/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1015</u>	
55 Bridge Rd	Haddam	CT		FNDR	<input type="checkbox"/> Debit Card	
Description					Event #	
Food and Services for 08/21/2009 Fundraiser					08212009A	
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Other Candidate(s) Name	Office Sought	\$1,740.96
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Corey Brinson				08/25/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1016</u>	
8E Westview Dr	Bloomfield	CT		RCW	<input type="checkbox"/> Debit Card	
Description					Event #	
Printing of Handouts for 08/21/2009 Fundraiser					08212009A	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$78.97

Name of Payee				Date of Payment	Method of Payment	Amount
TransFirst				09/02/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
12120 Shamrock Plz	Omaha	NE		BNK		
Description					Event #	
Credit Card Payment Services Fees						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$49.17

Name of Payee				Date of Payment	Method of Payment	Amount
Star Capital LLC				09/11/2009	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1019</u>	
39 Barry Cir	Bloomfield	CT		CNSLT		
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		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						
						\$480.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Corey Brinson				09/11/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1020</u>	
8E Westview Dr	Bloomfield	CT		RCW	<input type="checkbox"/> Debit Card	
Description					Event #	
Reimbursement for Attendance at Republican Fundraiser						
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						
						\$100.00

Name of Payee				Date of Payment	Method of Payment	Amount
Timeless Weddings by Georgia, LLC				09/11/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1017</u>	
13 Peachbrooke Dr	South Windsor	CT		FNDR	<input type="checkbox"/> Debit Card	
Description					Event #	
Event Planning for 08/21/2009 Fundraiser					08212009A	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
\$181.25						

Name of Payee				Date of Payment	Method of Payment	Amount
People's Bank				09/18/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
850 Main St	Bridgeport	CT		BNK		
Description					Event #	
Banking Fees						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$60.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
PBDOLLA Entertainment LLC				09/23/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1021</u>	
PO Box 2121	Hartford	CT		FNDR	<input type="checkbox"/> Debit Card	
Description					Event #	
Fundraiser Expenses for 09/25/2009 Event at Barca's, Hartford					09252009A	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div> <div> <input type="checkbox"/> Yes </div> <div> <input checked="" type="checkbox"/> No </div>						
\$400.00						

Name of Payee				Date of Payment	Method of Payment	Amount
Julie Corrado				09/27/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1022</u> <input type="checkbox"/> Debit Card	
22 Charter Oak Pl # 1N		Hartford	CT		RCW	
Description					Event #	
Reimbursement for 09/18/2009 Fundraiser					09182009A	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>						
Other Candidate(s) Name			Office Sought			
						\$152.13

Name of Payee				Date of Payment	Method of Payment	Amount
Star Capital LLC				09/27/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1023</u>	
39 Barry Cir	Bloomfield	CT		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		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						
						\$618.00

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Corey For Connecticut						Original 10/13/2009	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
PBDOLLA Entertainment LLC					09/28/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1024	<input type="checkbox"/> Debit Card	
PO Box 2121	Hartford	CT		FNDR			
Description						Event #	
Fundraiser Expenses for 09/25/2009 Event at Barca's, Hartford						09252009A	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	
<input type="checkbox"/> Yes						Office Sought	
<input checked="" type="checkbox"/> No							
						\$1,100.00	
Name of Payee					Date of Payment	Method of Payment	Amount
People's Bank					09/30/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
850 Main St	Bridgeport	CT		BNK			
Description						Event #	
Service Charge							
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	
<input type="checkbox"/> Yes						Office Sought	
<input checked="" type="checkbox"/> No							
						\$0.95	
Total of Section N						\$8,331.62	

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Corey For Connecticut						Original 10/13/2009	
O. Campaign Expenses Paid By Candidate							
Name of Payee Bloomfield 600 Associates, L.P.				Date of Payment 07/22/2009		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$150.00
Street Address Westview Drive		City Bloomfield		State CT	Zip Code		
Purpose of Expenditure FNDR	Description Rental of Room at The 600 Apartments for 07/25/2009 Fundraiser				Event # 07252009A		
Name of Payee BJ's Wholesale Club				Date of Payment 07/24/2009		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$189.23
Street Address 507 New Park Ave		City West Hartford		State CT	Zip Code		
Purpose of Expenditure FNDR	Description Purchase of Food and Supplies for 07/25/2009 Fundraiser				Event # 07252009A		
Name of Payee Aldi				Date of Payment 07/24/2009		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$28.92
Street Address 801 Silver Ln		City East Hartford		State CT	Zip Code		
Purpose of Expenditure FNDR	Description Purchase of Food and Supplies for 07/25/2009 Fundraiser				Event # 07252009A		
Name of Payee Dollar Tree Stores, Inc.				Date of Payment 07/24/2009		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$9.36
Street Address 81 William Shorty Campbell St		City Hartford		State CT	Zip Code		
Purpose of Expenditure FNDR	Description Purchase of Food and Supplies for 07/25/2009 Fundraiser				Event # 07252009A		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

O. Campaign Expenses Paid By Candidate

Name of Payee FedEx Kinko's			Date of Payment 08/21/2009	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$78.97
Street Address 544 Farmington Ave	City Hartford	State CT	Zip Code		
Purpose of Expenditure FNDR	Description Printing of Handouts for 08/21/2009 Fundraiser		Event # 08212009A		

Name of Payee Republican Party of Connecticut			Date of Payment 09/10/2009	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$100.00
Street Address 321 Ellis St # 501	City New Britain	State CT	Zip Code		
Purpose of Expenditure ATT *	Description Attendance at Connecticut Republicans Federal Fundraiser		Event #		

Name of Payee Cos Cob Republican Club			Date of Payment 09/20/2009	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$70.00
Street Address 198 Valley Rd	City Cos Cob	State CT	Zip Code		
Purpose of Expenditure ATT *	Description Attendance at Cos Cob Republican Fundraiser		Event #		

Name of Payee FedEx Kinko's			Date of Payment 09/24/2009	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$77.91
Street Address 544 Farmington Ave	City Hartford	State CT	Zip Code		
Purpose of Expenditure PRNT	Description Printing of Color Handouts and Contribution Forms		Event #		

Total of Section O

\$845.63

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Corey For Connecticut					Original 10/13/2009	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card: Visa Master Card Discover American Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description			Event #		
Total of Section P						

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

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

Name of Creditor Corey Brinson		Date Incurred 09/18/2009	Event #		Amount Incurred (Estimate or Actual)
Street Address 8E Westview Dr		City Bloomfield	State CT	Zip Code	
Purpose of Expenditure POST	Description Postage Stamps for General Committee Mailings				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	\$44.00

Name of Creditor Corey Brinson		Date Incurred 09/20/2009	Event #		Amount Incurred (Estimate or Actual)
Street Address 8E Westview Dr		City Bloomfield	State CT	Zip Code	
Purpose of Expenditure ATT *	Description Attendance at Cos Cob Republican Fundraiser, 09/20/2009				
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	\$70.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

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

Name of Creditor Corey Brinson		Date Incurred 09/24/2009	Event #		Amount Incurred (Estimate or Actual)
Street Address 8E Westview Dr		City Bloomfield	State CT	Zip Code	
Purpose of Expenditure PRNT	Description Printing of Color Handouts and Contribution Forms				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Name of Creditor Corey Brinson		Date Incurred 09/25/2009	Event #		Amount Incurred (Estimate or Actual)
Street Address 8E Westview Dr		City Bloomfield	State CT	Zip Code	
Purpose of Expenditure ATT *	Description Mileage to Events in Norwalk and Greenwich, 346 mi @ \$0.55/mi				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

\$77.91

\$190.30

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

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

Name of Creditor James Hollins		Date Incurred 09/29/2009	Event #		Amount Incurred (Estimate or Actual)
Street Address 136C Maple Ave		City Hartford	State CT	Zip Code	
Purpose of Expenditure A-WEB	Description Promotional Services for Campaign on New Social Media				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Name of Creditor Steven Levy		Date Incurred 09/29/2009	Event #		Amount Incurred (Estimate or Actual)
Street Address 59 Peckslan Rd		City Greenwich	State CT	Zip Code	
Purpose of Expenditure REF	Description Refund of Contribution in Excess of State CEP Limits				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Total of Section Q					\$582.21

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corev For Connecticut	Original 10/13/2009

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Richard Twilley	Date of Payment 07/10/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1003	Amount	
Secondary Payee United States Postal Service	Purpose of Expenditure POST	<input type="checkbox"/> Debit Card		
Street Address 141 Weston St	City Hartford	State CT		Zip Code
Description Postage Stamps for General Committee Mailings				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
<input type="checkbox"/> Yes	Other Candidate(s) Name	Office Sought		
<input checked="" type="checkbox"/> No			\$15.84	

Name of Worker/Consultant Richard Twilley		Date of Payment 07/10/2009	Method of Payment <input checked="checked" type="checkbox"/> Check # 1003	Amount
Secondary Payee FedEx Kinko's		Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card	
Street Address 196A Trumbull St	City Hartford	State CT	Zip Code	
Description Printing and Copying Expenses for Filing July 10 Report			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
				\$42.02

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Corey Brinson		Date of Payment 08/25/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1016	Amount
Secondary Payee FedEx Kinko's		Purpose of Expenditure FNDR	<input type="checkbox"/> Debit Card	
Street Address 544 Farmington Ave	City Hartford	State CT	Zip Code	
Description Printing of Handouts for 08/21/2009 Fundraiser			Event # 08212009A	
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	
				\$78.97

Name of Worker/Consultant Corey Brinson	Date of Payment 09/21/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1020
Secondary Payee Connecticut Republicans	Purpose of Expenditure ATT *	<input type="checkbox"/> Debit Card
Street Address 321 Ellis St	City New Britain	State CT
Description Attendance at Conn. Republicans Federal fundraiser	Zip Code 	Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name 	Office Sought

\$100.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Corey For Connecticut	Original 10/13/2009

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Julie Corrado		Date of Payment 09/27/2009	Method of Payment <input checked="checked" type="checkbox"/> Check # 1022	Amount
Secondary Payee Stop & Shop		Purpose of Expenditure FNDR	<input type="checkbox"/> Debit Card	
Street Address 1739 Ellington Rd	City South Windsor	State CT	Zip Code	
Description Food and Snacks for 09/18/2009 Fundraiser, plus tax			Event # 09182009A	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$52.13

[illegible]**Total of Section R**

\$424.90

IV. EXPENDITURES

IV. EXPENDITURES				
NAME OF COMMITTEE			FILING DUE DATE	
Corey For Connecticut			Original 10/13/2009	
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				