

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 27

SUMMARY PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Committee To Elect David Yaccarino				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
Title	First	MI	Last	Suffix	
	Stephen	P	Consiglio		
4. TREASURER ADDRESS					
Street Address		City	State	Zip Code	
147 Sentinel Hill Rd		North Haven	CT	06473	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)		7. DISTRICT CODE (if applicable)	
11/02/2010		State Representative		R087	
8. CANDIDATE NAME					
Title	First	MI	Last	Suffix	
	David	W	Yaccarino		
9. TYPE OF REPORT					
October 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
08/12/2010		thru		09/30/2010	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing		Stephen Consiglio		10/03/2010	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Committee To Elect David Yaccarino	Original 10/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$5,729.89	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$11,370.00
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-1)	\$25,950.04	\$25,950.04
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)	\$25,950.04	\$37,320.04
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$31,679.93	\$37,320.04
20. Expenses Paid by Committee (Section N)	\$8,682.49	\$14,322.60
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$22,997.44	\$22,997.44
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
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)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect David Yaccarino	Original 10/12/2010

A. Total Contributions from Small Contributors-Received this Period ONLY*(See instructions for definition of Small Contributor)***Subtotal Section A****B. Itemized Contributions from Individuals**

Last Name	First Name	MI	Method of contribution:		Contribution ID #	Amount of Contribution
Residential Street Address		City	State	Zip Code	Date Received	
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Yes 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:		Yes	No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions
		Executive	Legislative	Yes		No
Total of Section B						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS						(Sections A & B) <i>(Total on Line 14 of Summary Page)</i>

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE					FILING DUE DATE	
Committee To Elect David Yaccarino					Original 10/12/2010	
C1. Contributions from Other Committees						
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section J1?		Yes No	If yes, list Event #
						Amount of Contribution
City		State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1						

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Committee To Elect David Yaccarino				Original 10/12/2010
C2. Reimbursements or Payments from other Committees				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
Total of Section C2				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect David Yaccarino	Original 10/12/2010

D. Loans Received this Period

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

Total of Section D

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect David Yaccarino	Original 10/12/2010

E. Personal Funds of the Candidate Received this Period

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

Total of Section E

I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE
Committee To Elect David Yaccarino					Original 10/12/2010
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					

I. Monetary Receipts (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Committee To Elect David Yaccarino				Original 10/12/2010
G. Interest from Deposits in Authorized Accounts				
Name of Institution		Date Received		Total Amount Received
Street Address	City	State	Zip Code	
Total of Section G				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect David Yaccarino	Original 10/12/2010

H. Public Grant Funds Received from the Citizen's Election Fund

Purpose of Grant:		Date Received	Amount
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General or Special Election	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	08/12/2010	\$0.04
<input type="checkbox"/> Supplemental/Post Election Deficit <input type="checkbox"/> General or Special Election	<input type="checkbox"/> Supplemental/Excess Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election		
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General or Special Election	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	08/24/2010	\$25,950.00
<input type="checkbox"/> Supplemental/Post Election Deficit <input type="checkbox"/> General or Special Election	<input type="checkbox"/> Supplemental/Excess Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election		
Total of Section H			\$25,950.04

I. MONETARY RECEIPTS (Section A-K)		
NAME OF COMMITTEE	FILING DUE DATE	
Committee To Elect David Yaccarino	Original 10/12/2010	
I. Miscellaneous Monetary Receipts not Considered Contributions		
Name	Date of Transaction	Amount Received
Street Address	City	
	State Zip Code	
Description		
Total of Section I		

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Committee To Elect David Yaccarino	FILING DUE DATE Original 10/12/2010
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J1. Fundraising Event Information

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

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect David Yaccarino	Original 10/12/2010

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

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

Total of Section J2	
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II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect David Yaccarino	Original 10/12/2010

J3. In-Kind Donations Not Considered Contributions

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

Total of Section J3

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect David Yaccarino	Original 10/12/2010

K. In-Kind Contributions

Name				Date Received	Fair Market Value of this Contribution
Street Address		City	State		
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	Yes No Executive Legislative	
Is this contribution associated with a fundraising event listed in Section J1? 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
Committee To Elect David Yaccarino	Original 10/12/2010

L. Refundable Deposit to Telephone Company

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

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Committee To Elect David Yaccarino				Original 10/12/2010	
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee					
Name of Committee			Name of Treasurer		
Street Address				Date Notice Received	Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure		
			A	B	C
			D	E	
Total of Section M					

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect David Yaccarino	Original 10/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Peoples Bank - Harland Clarke	08/12/2010	<input type="checkbox"/> Check #		
Street Address 850 Main St	City Bridgeport	State CT		Zip Code 06604
Purpose of Expenditure BNK		<input checked="" type="checkbox"/> Debit Card		
Description Payment for Checks		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 		
			\$48.45	
Citizens Election Fund	08/12/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Trinity St	City Hartford	State CT		Zip Code 06106
Purpose of Expenditure CEF		1015 <input type="checkbox"/> Debit Card		
Description		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 		
			\$4,380.00	
Citizens Electrion Fund	08/12/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Trinity St	City Hartford	State CT		Zip Code 06106
Purpose of Expenditure CEF		1016 <input type="checkbox"/> Debit Card		
Description		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 		
			\$40.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect David Yaccarino	Original 10/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Storytellers Photography	08/12/2010	<input type="checkbox"/> Check #	\$90.10	
Street Address 18 Clintonville Rd	City North Haven	State CT		Zip Code 06473
Purpose of Expenditure Misc *				<input checked="" type="checkbox"/> Debit Card
Description Photography for Candidate				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name _____ Office Sought _____				
Storytellers Photography	08/18/2010	<input type="checkbox"/> Check #	\$79.50	
Street Address 18 Clintonville Rd	City North Haven	State CT		Zip Code 06473
Purpose of Expenditure Misc *				<input checked="" type="checkbox"/> Debit Card
Description Photography for Candidate				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name _____ Office Sought _____				
Big Y Supermarket	08/18/2010	<input type="checkbox"/> Check #	\$3.99	
Street Address 345 Washington Ave	City North Haven	State CT		Zip Code 06473
Purpose of Expenditure FOOD				<input checked="" type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name _____ Office Sought _____				

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect David Yaccarino	Original 10/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Printing Department Inc	09/01/2010	<input checked="" type="checkbox"/> Check #	\$1,141.62	
Street Address 9 Commerce Cir	City Durham	State CT		Zip Code 06422
Purpose of Expenditure A-OTH				<input type="checkbox"/> Debit Card
Description Palm cards to hand out to voters				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		
Graphix Edge	09/02/2010	<input checked="" type="checkbox"/> Check #	\$1,350.00	
Street Address 127 Washington Ave	City North Haven	State CT		Zip Code 06473
Purpose of Expenditure A-SIGN				<input type="checkbox"/> Debit Card
Description				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		
Common Sense Campaigns LLC	09/08/2010	<input checked="" type="checkbox"/> Check #	\$1,000.00	
Street Address 50 West Dist	City Farmington	State CT		Zip Code 06578
Purpose of Expenditure CNSTL				<input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect David Yaccarino	Original 10/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
WQUN 1220AM	09/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address 275 Mount Carmel Ave	City Hamden	State CT		Zip Code 06518
Purpose of Expenditure A-RAD				1020 <input type="checkbox"/> Debit Card
Description				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	
			\$168.00	
ScreenTek	09/10/2010	<input checked="" type="checkbox"/> Check #		
Street Address 355 Sackett Point Rd	City North Haven	State CT		Zip Code 06473
Purpose of Expenditure A-OTH				1021 <input type="checkbox"/> Debit Card
Description Buttons				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	
			\$265.00	
NHTV	09/13/2010	<input checked="" type="checkbox"/> Check #		
Street Address 127 Washington Ave	City North Haven	State CT		Zip Code 06473
Purpose of Expenditure A-TV				1022 <input type="checkbox"/> Debit Card
Description Taping of Town Hall Meeting to be aired on NHTV				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	
			\$40.00	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Committee To Elect David Yaccarino						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Dunkin Donuts					09/13/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
319 Washington Ave		North Haven	CT	06473	FOOD		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$14.83
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Krafty Kakes					09/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1023</u> <input type="checkbox"/> Debit Card	
39 N Plains Ind Rd		Wallingford	CT	06492	FOOD		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$61.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Total of Section N							\$8,682.49

IV. EXPENDITURES	
NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect David Yaccarino	Original 10/12/2010
O. Campaign Expenses Paid By Candidate	
Name of Payee	Date of Payment
Street Address	City
Purpose of Expenditure	Description
Is Reimbursement Claimed?	Amount
Yes	
No	
Event #	
Total of Section O	

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Committee To Elect David Yaccarino					Original 10/12/2010	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card:			
			Visa Master Card Discover American Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description			Event #		
Total of Section P						

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect David Yaccarino	Original 10/12/2010

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

Name of Creditor		Date Incurred	Event #		Amount Incurred (Estimate or Actual)
Street Address	City	State	Zip Code		
Purpose of Expenditure	Description				
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought			
Yes					
No					

Total of Section Q

IV. EXPENDITURES					
NAME OF COMMITTEE					FILING DUE DATE
Committee To Elect David Yaccarino					Original 10/12/2010
R. Itemization of Reimbursements to Committee Workers and Consultants					
Name of Worker/Consultant			Date of Payment	Method of Payment	Amount
Secondary Payee			Purpose of Expenditure	Check #	
Street Address		City	State	Zip Code	
Description				Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought	
Yes					
No					
Total of Section R					

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Committee To Elect David Yaccarino				Original 10/12/2010
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
Total of Section S				