

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 1/08

Stacy G. Riolo
 TOWN CLERK



Electronic Filing
 Office Use Only

SUMMARY PAGE

1. NAME OF COMMITTEE				
East Haven Democratic Town Committee				
2. TREASURER NAME				
Title	First	MI	Last	Suffix
	Michael	J	Riolino	
3. TREASURER ADDRESS				
Street Address		City	State	Zip Code
68 French Ave		East Haven	CT	06512
4. ELECTION DATE		5. OFFICE SOUGHT (if applicable)		6. DISTRICT CODE (if applicable)
7. CANDIDATE NAME				
Title	First	MI	Last	Suffix
8. TYPE OF REPORT				
January 10 Filing - Original				
9. PERIOD COVERED				
Beginning Date		Ending Date		
10/20/2010		thru 12/31/2010		
10. 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 SIGNATURE	Michael Riolo		01/10/2011	
<i>Michael Riolo</i>	PRINT NAME OF THE SIGNER		DATE CERTIFIED	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.				

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CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
East Haven Democratic Town Committee	Original 01/10/2011	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other		\$271.17
12. Balance on hand at the beginning of Reporting Period	\$4,419.19	
13. Contributions received from Individuals (Section A and B)	\$50.00	\$20,840.00
14. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$236.79
15. Other Monetary Receipts (Section D-K)	\$500.00	\$500.00
16a. Total Small Food and Beverage Receipts at Fair (Section L1)	\$0.00	\$0.00
16b. Total Proceeds from Small purchases at Tag Sales, Auctions or Other Sales (Section L2)	\$0.00	\$0.00
16c. Total Purchases of Advertising in a Program Book (Section L3)	\$0.00	\$5,475.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$550.00	\$27,051.79
18. Subtotals (add totals in line 12 + line 17 in Column A and in line 11 + 17 in Column B)	\$4,969.19	\$27,322.96
19. Expenses Paid by Committee (Section P)	\$1,171.59	\$23,525.36
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18)	\$3,797.60	\$3,797.60
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O)	\$0.00	\$0.00
25. Beginning Loan Balance	\$0.00	\$0.00
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan(s)	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	\$0.00
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Section A-K)								
NAME OF COMMITTEE						FILING DUE DATE		
East Haven Democratic Town Committee						Original 01/10/2011		
A. Total Contributions from Small Contributors-Received this Period ONLY								
<i>(See instructions for definition of Small Contributor)</i>						Subtotal Section		
						\$0.00		
B. Itemized Contributions from Individuals								
Last Name BROW		First Name FRED		MI	Name of Employer			Amount of Contribution
Residential Street Address 15 Damen Dr		City East Haven		State CT	Zip Code 06512	Principal Occupation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution				Date Received		Aggregate Contribution		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				10/26/2010		\$75.00		
Last Name POMPANO		First Name RAYMOND		MI D	Name of Employer			Amount of Contribution
Residential Street Address 30 Mario Ct		City East Haven		State CT	Zip Code 06512	Principal Occupation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution				Date Received		Aggregate Contribution		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				11/13/2010		\$25.00		
Total of Section B							\$50.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS							\$50.00	
(Sections A & B) <i>(Total on Line 14 of Summary Page)</i>								

I. MONETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE				FILING DUE DATE	
East Haven Democratic Town Committee				Original 01/10/2011	
K. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
CT CORRECTIONS EMPLOYEE UNION P.A.C.			11/05/2010		
Street Address		City	State	Zip Code	\$500.00
90 Court St Ste 200		Middletown	CT	06457	
Description					
Total of Section K					\$500.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
East Haven Democratic Town Committee						Original 01/10/2011	
P. Expenses Paid By Committee							
Name of Payee NOREEN CLOUGH				Date of Payment 11/02/2010		Method of Payment <input checked="" type="checkbox"/> Check # 2257	
Street Address 32 Chidsey Ave		City East Haven		State CT	Zip Code 06512	Purpose of Expenditure (by code) OFFICE <input type="checkbox"/> Debit Card	
Description HQ SUPPLIES						Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Amount \$43.10							
Name of Payee MINERVINI'S				Date of Payment 11/04/2010		Method of Payment <input checked="" type="checkbox"/> Check # 2258	
Street Address 216A Main St		City East Haven		State CT	Zip Code 06512	Purpose of Expenditure (by code) FOOD <input type="checkbox"/> Debit Card	
Description FOR ELECTION DAY						Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Amount \$436.51							
Name of Payee EAST HAVEN HESS				Date of Payment 11/06/2010		Method of Payment <input type="checkbox"/> Check #	
Street Address 22-24 Frontage Rd		City East Haven		State CT	Zip Code 06512	Purpose of Expenditure (by code) OVHD <input checked="" type="checkbox"/> Debit Card	
Description FUEL FOR MOVING HQ EQUIPMENT						Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Amount \$20.38							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
East Haven Democratic Town Committee	Original 01/10/2011

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
THE CT YANKEE COUNCIL	11/10/2010	<input checked="" type="checkbox"/> Check # 2259 <input type="checkbox"/> Debit Card	
Street Address 60 Wellington Rd	City Milford	State CT	Zip Code 06460
Purpose of Expenditure (bv code) A-OTH			
Description FULL PAGE AD			Event #
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	Candidate(s) Name (if applicable)	Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$400.00
Name of Payee	Date of Payment	Method of Payment	Amount
EAST HAVEN PUBLIC TV	12/01/2010	<input checked="" type="checkbox"/> Check # 2260 <input type="checkbox"/> Debit Card	
Street Address PO Box 120363	City East Haven	State CT	Zip Code 06512
Purpose of Expenditure (bv code) MISC *			
Description PATRON SPONSOR			Event #
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	Candidate(s) Name (if applicable)	Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$50.00
Name of Payee	Date of Payment	Method of Payment	Amount
EHYJ INC - 6TH GRADE FOOTBALL	12/01/2010	<input checked="" type="checkbox"/> Check # 2261 <input type="checkbox"/> Debit Card	
Street Address 35 Wheelbarrow Ln	City East Haven	State CT	Zip Code 06512
Purpose of Expenditure (bv code) MISC *			
Description DONATION			Event #
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	Candidate(s) Name (if applicable)	Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$200.00