

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement


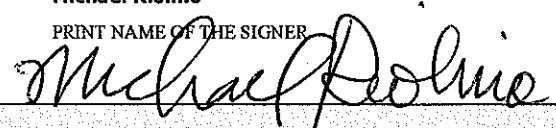
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



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				
April 10 Filing - Original				
9. PERIOD COVERED				
Beginning Date		Ending Date		
01/01/2011		thru 03/31/2011		
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.				
 TOWN CLERK				
Electronic Filing	Michael Riolino	04/11/2011 11:44:41 pm		
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 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
East Haven Democratic Town Committee	Original 04/11/2011	
	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		\$3,797.60
12. Balance on hand at the beginning of Reporting Period	\$3,797.60	
13. Contributions received from Individuals (Section A and B)	\$1,410.00	\$1,410.00
14. Receipts from Other Committees (Sections C1 + C2)	\$1,300.00	\$1,300.00
15. Other Monetary Receipts (Section D-K)	\$0.00	\$0.00
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	\$0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$2,710.00	\$2,710.00
18. Subtotals (add totals in line 12 + line 17 in Column A and in line 11 + 17 in Column B)	\$6,507.60	\$6,507.60
19. Expenses Paid by Committee (Section P)	\$2,960.47	\$2,960.47
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18)	\$3,547.13	\$3,547.13
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 04/11/2011

A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section	\$0.00
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B. Itemized Contributions from Individuals

Last Name SANTINO	First Name JOSEPH	MI	Name of Employer RETIRED	Amount of Contribution
Residential Street Address 338 Coe Ave	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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of 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			Date Received 01/15/2011	Aggregate Contribution \$40.00
				\$25.00

Last Name BRERETON	First Name ANN	MI	Name of Employer RETIRED	Amount of Contribution
Residential Street Address 146 Dodge Ave	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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of 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			Date Received 02/15/2011	Aggregate Contribution \$25.00
				\$25.00

Last Name CAMERA	First Name VINCENT	MI	Name of Employer RETIRED	Amount of Contribution
Residential Street Address 43 Forbes Pl	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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of 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			Date Received 02/15/2011	Aggregate Contribution \$25.00
				\$25.00

L. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
East Haven Democratic Town Committee	Original 04/11/2011

B. Itemized Contributions from Individuals

Last Name CRONK	First Name AL	MI	Name of Employer SELF			Amount of Contribution
Residential Street Address 136 Gene St		City East Haven	State CT	Zip Code 06512	Principal Occupation LAWYER	
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"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 02/15/2011	Aggregate Contribution \$25.00		\$25.00

Last Name DEPALMA	First Name RICHARD	MI	Name of Employer			Amount of Contribution
Residential Street Address 10 Seaview 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"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of 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			Date Received 02/15/2011	Aggregate Contribution \$25.00		\$25.00

Last Name DEPALMA	First Name PATRICIA	MI	Name of Employer			Amount of Contribution
Residential Street Address 10 Seaview 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"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of 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			Date Received 02/15/2011	Aggregate Contribution \$25.00		\$25.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE

FILING DUE DATE

East Haven Democratic Town Committee

Original 04/11/2011

B. Itemized Contributions from Individuals

Last Name MAISANO		First Name CHRISTINE	MI	Name of Employer		Amount of Contribution
Residential Street Address 28 Renshaw 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				Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		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"/> Executive <input type="checkbox"/> Legislative				
Method of 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				Date Received 02/15/2011	Aggregate Contribution \$55.00	\$25.00
Last Name ALBIS		First Name MICHAEL	MI	Name of Employer SELF		Amount of Contribution
Residential Street Address 23 Edward St		City East Haven	State CT	Zip Code 06512	Principal Occupation ATTORNEY	
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				Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 02252011A		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"/> Executive <input type="checkbox"/> Legislative				
Method of 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				Date Received 02/25/2011	Aggregate Contribution \$50.00	\$50.00
Last Name ALBIS		First Name JAMES	MI	Name of Employer STATE OF CONNECTICUT		Amount of Contribution
Residential Street Address 23 Edward St		City East Haven	State CT	Zip Code 06512	Principal Occupation REPRESENTATIVE	
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				Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 02252011A		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"/> Executive <input type="checkbox"/> Legislative				
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 02/25/2011	Aggregate Contribution \$15.00	\$15.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
East Haven Democratic Town Committee	Original 04/11/2011

B. Itemized Contributions from Individuals

Last Name BADAMO	First Name JOSEPH	MI	Name of Employer RETIRED	Amount of Contribution	
Residential Street Address 23 Burgess St	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 # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of 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			Date Received 02/25/2011	Aggregate Contribution \$12.00	\$12.00
Last Name BROW	First Name FRED	MI	Name of Employer RETIRED	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 # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of 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			Date Received 02/25/2011	Aggregate Contribution \$24.00	\$24.00
Last Name CAPONE	First Name FRANK	MI	Name of Employer RETIRED	Amount of Contribution	
Residential Street Address 164 Foxon Rd	City East Haven	State CT	Zip Code 06513	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 # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of 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			Date Received 02/25/2011	Aggregate Contribution \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
East Haven Democratic Town Committee	Original 04/11/2011

B. Itemized Contributions from Individuals

Last Name CAPONE	First Name JUDITH	MI	Name of Employer REITRED	Amount of Contribution	
Residential Street Address 164 Foxon Rd	City East Haven	State CT	Zip Code 06513	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 # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of 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			Date Received 02/25/2011	Aggregate Contribution \$30.00	\$30.00
Last Name CAPONE	First Name APRIL	MI	Name of Employer TOWN OF EAST HAVEN	Amount of Contribution	
Residential Street Address 279 Barberrry Rd	City East Haven	State CT	Zip Code 06513	Principal Occupation MAYOR	
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 # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of 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			Date Received 02/25/2011	Aggregate Contribution \$150.00	\$150.00
Last Name CLOUGH	First Name NOREEN	MI	Name of Employer R.C. BIGELOW	Amount of Contribution	
Residential Street Address 32 Chidsey Ave	City East Haven	State CT	Zip Code 06512	Principal Occupation ACCOUNTING MGR	
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 # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of 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			Date Received 02/25/2011	Aggregate Contribution \$15.00	\$15.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
East Haven Democratic Town Committee	Original 04/11/2011

B. Itemized Contributions from Individuals

Last Name CRONK	First Name AL	MI	Name of Employer SELF			Amount of Contribution
Residential Street Address 136 Gene St	City East Haven	State CT	Zip Code 06512	Principal Occupation ATTORNEY		
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 # <u>02252011A</u>	<input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 02/25/2011	Aggregate Contribution \$20.00		\$20.00
Last Name DIMARTINO	First Name CLAIRE	MI	Name of Employer REITRED			Amount of Contribution
Residential Street Address 1270 N High St Apt 118	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 # <u>02252011A</u>	<input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 02/25/2011	Aggregate Contribution \$24.00		\$24.00
Last Name DOYLE	First Name MARIE	MI	Name of Employer CITY OF NEW HAVEN			Amount of Contribution
Residential Street Address 45 Catherine St	City East Haven	State CT	Zip Code 06512	Principal Occupation PSYCHOLOGIST		
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"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of 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			Date Received 02/25/2011	Aggregate Contribution \$24.00		\$24.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
East Haven Democratic Town Committee	Original 04/11/2011

B. Itemized Contributions from Individuals

Last Name DOUGHERTY	First Name JAMES	MI	Name of Employer RYAN BUSINESS SYSTEMS, INC.	Amount of Contribution
Residential Street Address 372 Laurel St	City East Haven	State CT	Zip Code 06512	Principal Occupation SALES
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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of 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			Date Received 02/25/2011	Aggregate Contribution \$30.00
				\$30.00
Last Name FUCCI	First Name AL	MI	Name of Employer REITRED	Amount of Contribution
Residential Street Address 20 Cortina Rd	City East Haven	State CT	Zip Code 06513	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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 02/25/2011	Aggregate Contribution \$30.00
				\$30.00
Last Name FUCCI	First Name TEENA	MI	Name of Employer TOWN OF EAST HAVEN	Amount of Contribution
Residential Street Address 178 Kenneth St	City East Haven	State CT	Zip Code 06512	Principal Occupation CROSSING GUARD
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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 02/25/2011	Aggregate Contribution \$15.00
				\$15.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE

FILING DUE DATE

East Haven Democratic Town Committee

Original 04/11/2011

B. Itemized Contributions from Individuals

Last Name GEELAN		First Name BRENDAN		MI	Name of Employer QUINNIPIAC UNIVERISTY			Amount of Contribution
Residential Street Address 35 Cortina Rd		City East Haven		State CT	Zip Code 06513	Principal Occupation TEACHER		
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 <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of 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					Date Received 02/25/2011	Aggregate Contribution \$24.00	\$24.00	
Last Name GIGLIO		First Name SAM		MI	Name of Employer RETIRED			Amount of Contribution
Residential Street Address 41 Robert 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 checked="" type="checkbox"/> Yes <input 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 <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of 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					Date Received 02/25/2011	Aggregate Contribution \$24.00	\$24.00	
Last Name KREBS		First Name JAMES		MI	Name of Employer RETIRED			Amount of Contribution
Residential Street Address 83 Hughes St		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 checked="" type="checkbox"/> Yes <input 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 <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of 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					Date Received 02/25/2011	Aggregate Contribution \$24.00	\$24.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
East Haven Democratic Town Committee	Original 04/11/2011

B. Itemized Contributions from Individuals

Last Name LAWLOR	First Name MICHAEL	MI	Name of Employer STATE OF CONNECTICUT	Amount of Contribution
Residential Street Address 560 Silver Sands Rd	City East Haven	State CT	Zip Code 06512	Principal Occupation UNDERSECRETARY
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 # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of 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			Date Received 02/25/2011	Aggregate Contribution \$100.00
				\$100.00
Last Name LEMONS	First Name CHARLES	MI	Name of Employer RETIRED	Amount of Contribution
Residential Street Address 23 Whalers Pt	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 # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 02/25/2011	Aggregate Contribution \$20.00
				\$20.00
Last Name LONGO	First Name BARBARA	MI	Name of Employer RETIRED	Amount of Contribution
Residential Street Address 31 Nicholas 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 # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of 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			Date Received 02/25/2011	Aggregate Contribution \$12.00
				\$12.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
East Haven Democratic Town Committee	Original 04/11/2011

B. Itemized Contributions from Individuals

Last Name LONGO	First Name JOSEPH	MI	Name of Employer RETIRED	Amount of Contribution	
Residential Street Address 31 Nicholas 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 # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative				
Method of 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			Date Received 02/25/2011	Aggregate Contribution \$12.00	\$12.00
Last Name MAISANO	First Name CHRISTINE	MI	Name of Employer	Amount of Contribution	
Residential Street Address 28 Renshaw 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 # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative				
Method of 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			Date Received 02/25/2011	Aggregate Contribution \$30.00	\$30.00
Last Name MONICO	First Name STACEY	MI	Name of Employer TOWN OF EAST HAVEN	Amount of Contribution	
Residential Street Address 11 Cortina Rd	City East Haven	State CT	Zip Code 06513	Principal Occupation SECRETARY	
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 # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative				
Method of 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			Date Received 02/25/2011	Aggregate Contribution \$54.00	\$54.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
East Haven Democratic Town Committee	Original 04/11/2011

B. Itemized Contributions from Individuals

Last Name PACELLI	First Name LOUIS	MI	Name of Employer TOWN OF EAST HAVEN	Amount of Contribution
Residential Street Address 107 Foxon Rd	City East Haven	State CT	Zip Code 06513	Principal Occupation LABORER
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 # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of 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			Date Received 02/25/2011	Aggregate Contribution \$45.00
\$45.00				
Last Name PANE	First Name LOUIS	MI	Name of Employer TOWN OF EAST HAVEN	Amount of Contribution
Residential Street Address 34 Whalers Pt	City East Haven	State CT	Zip Code 06512	Principal Occupation DEPT OF RECREATION
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 # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 02/25/2011	Aggregate Contribution \$15.00
\$15.00				
Last Name PEREZ	First Name CARL	MI	Name of Employer REITRED	Amount of Contribution
Residential Street Address 63 Taylor Ave	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 # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 02/25/2011	Aggregate Contribution \$30.00
\$30.00				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
East Haven Democratic Town Committee	Original 04/11/2011

B. Itemized Contributions from Individuals

Last Name PICCIRILLO	First Name STACEY	MI	Name of Employer TOWN OF EAST HAVEN	Amount of Contribution
Residential Street Address 132 Vista Dr	City East Haven	State CT	Zip Code 06512	Principal Occupation TOWN CLERK
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 # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of 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			Date Received 02/25/2011	Aggregate Contribution \$30.00
\$30.00				
Last Name POMPANO	First Name RAYMOND JR	MI	Name of Employer NEW HAVEN PUBLIC SCHOOLS	Amount of Contribution
Residential Street Address 30 Mario Ct	City East Haven	State CT	Zip Code 06512	Principal Occupation TEACHER
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 # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of 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			Date Received 02/25/2011	Aggregate Contribution \$22.00
\$22.00				
Last Name PORRAZZO	First Name NANCY	MI	Name of Employer KIDS CONNECTION	Amount of Contribution
Residential Street Address 495 Foxon Rd	City East Haven	State CT	Zip Code 06513	Principal Occupation DIRECTOR
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 # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of 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			Date Received 02/25/2011	Aggregate Contribution \$27.00
\$27.00				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
East Haven Democratic Town Committee	Original 04/11/2011

B. Itemized Contributions from Individuals

Last Name RIOLINO	First Name MICHAEL	MI	Name of Employer DECAPRIO, FAZZUOLI & DAGOSTINO, PC			Amount of Contribution
Residential Street Address 68 French Ave	City East Haven	State CT	Zip Code 06512	Principal Occupation CPA		
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 L.1? If yes, list Event # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of 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			Date Received 02/25/2011	Aggregate Contribution \$15.00		\$15.00
Last Name ROJAS	First Name CYNTHIA	MI	Name of Employer CLIFFORD BEERS CLINIC			Amount of Contribution
Residential Street Address 1292 N High St	City East Haven	State CT	Zip Code 06512	Principal Occupation DIRECTOR		
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 L.1? If yes, list Event # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of 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			Date Received 02/25/2011	Aggregate Contribution \$30.00		\$30.00
Last Name RUOCCO	First Name GENNARO	MI	Name of Employer REITRED			Amount of Contribution
Residential Street Address 74 Bennett Rd	City East Haven	State CT	Zip Code 06513	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 L.1? If yes, list Event # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of 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			Date Received 02/25/2011	Aggregate Contribution \$24.00		\$24.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
East Haven Democratic Town Committee	Original 04/11/2011

B. Itemized Contributions from Individuals

Last Name RYAN	First Name THERASA	MI	Name of Employer RETIRED	Amount of Contribution
Residential Street Address 1236 Dean St	City New 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 # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of 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			Date Received 02/25/2011	Aggregate Contribution \$24.00
				\$24.00

Last Name SANTINO	First Name JOSEPH	MI	Name of Employer RETIRED	Amount of Contribution
Residential Street Address 388 Coe Ave	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 # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 02/25/2011	Aggregate Contribution \$15.00
				\$15.00

Last Name SCALESSE	First Name CAROL	MI	Name of Employer RETIRED	Amount of Contribution
Residential Street Address 19 Thompson Ave	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 # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of 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			Date Received 02/25/2011	Aggregate Contribution \$24.00
				\$24.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
East Haven Democratic Town Committee	Original 04/11/2011

B. Itemized Contributions from Individuals

Last Name SCHLOTTMAN	First Name RALPH	MI	Name of Employer SELF	Amount of Contribution
Residential Street Address 330 Short Beach Rd	City East Haven	State CT	Zip Code 06512	Principal Occupation TRI STATE ENTERTAINMENT
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 # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 02/25/2011	Aggregate Contribution \$15.00
\$15.00				
Last Name SPARACO	First Name MAGDALEN	MI	Name of Employer RETIRED	Amount of Contribution
Residential Street Address 215 Eddon 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 # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of 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			Date Received 02/25/2011	Aggregate Contribution \$30.00
\$30.00				
Last Name STACEY	First Name JOHN	MI	Name of Employer RETIRED	Amount of Contribution
Residential Street Address 82 Forbes Pl	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 # <u>02252011A</u> <input checked="" type="checkbox"/> Yes <input 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"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 02/25/2011	Aggregate Contribution \$30.00
\$30.00				

L. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
East Haven Democratic Town Committee	Original 04/11/2011

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Name of Employer	Amount of Contribution
STENGER	JOAN		N/A	
Residential Street Address	City	State	Zip Code	Principal Occupation
250 Main St	East Haven	CT	06512	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 02252011A	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 <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
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	02/25/2011		\$15.00	\$15.00
THOMPSON	PAUL		REMAX	
Residential Street Address	City	State	Zip Code	Principal Occupation
127 Bennett Rd	East Haven	CT	06513	REALTOR
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 02252011A	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 <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of Contribution	Date Received		Aggregate Contribution	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	02/25/2011		\$30.00	\$30.00
VASTOLA	MICHAEL		RETIRED	
Residential Street Address	City	State	Zip Code	Principal Occupation
66 Massachusetts Ave	East Haven	CT	06512	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 02252011A	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 <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
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	02/25/2011		\$25.00	\$25.00
Total of Section B				\$1,410.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 14 of Summary Page)				\$1,410.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE

East Haven Democratic Town Committee

FILING DUE DATE

Original 04/11/2011

C1. Contributions from Other Committees

Name of Committee

STATE UNIVERSITY ORG. OF ADMIN. FACULTY

Name of Treasurer

ERIC GERMAIN

Address

83 Windham St

Is this contribution associated with a
fundraising event listed in Section L.1?

Yes If yes, list Event #

No

Amount of Contribution

City

Willimantic

State

CT

Zip Code

06226

Date Received

01/26/2011

Aggregate Contributions

\$800.00

\$800.00

Name of Committee

AFT CONNECTICUT- PAC

Name of Treasurer

THOMAS BRUENN

Address

35 Marshall Rd

Is this contribution associated with a
fundraising event listed in Section L.1?

Yes If yes, list Event #

No

Amount of Contribution

City

Rocky Hill

State

CT

Zip Code

06067

Date Received

02/14/2011

Aggregate Contributions

\$500.00

\$500.00

Total of Section C1**\$1,300.00**

II. FUNDRAISING EVENT ACTIVITY

II. FUNDRAISING EVENT ACTIVITY					
NAME OF COMMITTEE				FILING DUE DATE	
East Haven Democratic Town Committee				Original 04/11/2011	
L1. Fundraiser Event Information					
Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 02/25/2011	Letter A Dinner Event	291 Taylor Ave	East Haven	CT	06512
<i>Subpart 1: (All Committees)</i>					
Was this fundraising event hosted at a personal residence?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, go to Section L4</i>
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, go to Section L4</i>
Was this fundraiser a tag sale, auction, or other sale of donated items?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, go to Section L2</i>
<i>Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)</i>					
Were there purchases of advertising space in a program book associated with this fundraiser?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, go to Section L3</i>
<i>Subpart 3: (Town Committees ONLY)</i>					
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, enter Total Receipts from small purchases</i>
					\$0.00
Total of Section L1					\$0.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
East Haven Democratic Town Committee	Original 04/11/2011

P. Expenses Paid By Committee

Name of Payee CAROL SCALESSE		Date of Payment 01/02/2011		Method of Payment <input checked="" type="checkbox"/> Check # 2264		Amount
Street Address 19 Thompson Ave		City East Haven	State CT	Zip Code 06512	Purpose of Expenditure (by code) Misc * <input type="checkbox"/> Debit Card	
Description FOR MEETING						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		\$205.91

Name of Payee STOP & SHOP SUPERMARKET CO		Date of Payment 01/03/2011		Method of Payment <input checked="" type="checkbox"/> Check # 2265		Amount
Street Address PO Box 3797		City Boston	State MA	Zip Code 02241	Purpose of Expenditure (by code) OVHD <input type="checkbox"/> Debit Card	
Description UTILITIES FOR HQ						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		\$224.79

Name of Payee NATIONWIDE INSURANCE		Date of Payment 01/13/2011		Method of Payment <input checked="" type="checkbox"/> Check # 2266		Amount
Street Address 333 Boston Post Rd		City Milford	State CT	Zip Code 06460	Purpose of Expenditure (by code) OVHD <input type="checkbox"/> Debit Card	
Description INSURANCE, HEADQUARTERS						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		\$85.62

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
East Haven Democratic Town Committee	Original 04/11/2011

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
SKF MAIN, LLC	01/19/2011	<input checked="" type="checkbox"/> Check # 2267	
Street Address 272 Main St	City East Haven	State CT	Zip Code 06512
Purpose of Expenditure (by code) OVHD <input type="checkbox"/> Debit Card <input type="checkbox"/>			
Description RENT DEPOSIT FOR INTERIM HQ, SPECIAL ELECTION			Event #
Type of Expenditure (if applicable) <input checked="" 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) JAMES ALBIS Office Sought STATE REP	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed \$500.00
USPS	01/22/2011	<input type="checkbox"/> Check #	
Street Address Trolley Square Station	City East Haven	State CT	Zip Code 06512
Purpose of Expenditure (by code) OFFICE <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/>			
Description POSTAGE			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	\$72.00
NATIONWIDE INSURANCE	02/03/2011	<input checked="" type="checkbox"/> Check # 2268	
Street Address 333 Boston Post Rd	City Milford	State CT	Zip Code 06460
Purpose of Expenditure (by code) OVHD <input type="checkbox"/> Debit Card <input type="checkbox"/>			
Description INSURANCE, HEADQUARTERS			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	\$12.38

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
East Haven Democratic Town Committee	Original 04/11/2011

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
LISA THERESAS	02/03/2011	<input checked="" type="checkbox"/> Check # 2269 <input type="checkbox"/> Debit Card	
Street Address 906 W Main St	City Branford	State CT	Zip Code 06405
Purpose of Expenditure (by code) FOOD			
Description DEPOSIT FOR PASTA DINNER			Event # 02252011A
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	\$100.00
Name of Payee	Date of Payment	Method of Payment	Amount
CAPAD COMMUNICATIONS	02/14/2011	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 7805 Karen Forrest Dr	City McLean	State VA	Zip Code 22102
Purpose of Expenditure (by code) POLLS			
Description FOR EH SPECIAL ELECTION			Event #
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" 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) JAMES ALBIS	Office Sought STATE REP <input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$1,000.00
Name of Payee	Date of Payment	Method of Payment	Amount
MINERVINI'S	02/26/2011	<input checked="" type="checkbox"/> Check # 2270 <input type="checkbox"/> Debit Card	
Street Address 216A Main St	City East Haven	State CT	Zip Code 06512
Purpose of Expenditure (by code) FOOD			
Description FOOD FOR VOLUNTEERS			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	\$345.00

