

SEEC FORM 20

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



RECEIVED FOR FILING
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 TOWN CLERK'S OFFICE
 EAST HAVEN, CONN.

Do Not Mark in This Area For Official Use Only
James N Farrell

SUMMARY PAGE

TOWN CLERK

1. NAME OF COMMITTEE

Finkle for Mayor 2011

2. TREASURER NAME

Title Mr	First James	MI N	Last Farrell	Suffix
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3. TREASURER ADDRESS

Street Address 7 Erico Drive	City East Haven	State CT	Zip Code 06512
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4. ELECTION/REFERENDUM DATE **5. OFFICE SOUGHT (Complete only if Candidate Committee)** **6. DISTRICT NUMBER (if applicable)**

(mm/dd/yyyy) 11/08/2011	Mayor	
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7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

Title Mr	First John	MI T	Last Finkle	Suffix III
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8. TYPE OF REPORT (Check One Box)

- January 10 filing
 - April 10 filing
 - July 10 filing
 - October 10 filing
 - Independent Expenditure
 - Primary
 - Election
 - 7th day preceding primary
 - 30 days following primary
 - 7th day preceding election
 - 12th day preceding election (State Central Committees Only)
 - 45 days following election not held in November
 - 7th day preceding referendum
 - 45 days following referendum
 - Deficit
 - Termination
 - Initial Contribution or Disbursement (PACs ONLY)
 - Amendment to
- Type of Report: _____

9. PERIOD COVERED:

Beginning Date Ending Date

11/29/2010 thru **12/31/2010**

10. CERTIFICATION

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.


 TREASURER OR DEPUTY TREASURER (SIGNATURE)

James N Farrell
 PRINT NAME OF SIGNER

01/09/2011
 DATE (mm/dd/yyyy)

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	
	01/10/2011	
Finkle for Mayor 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 committees		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$0.00	
13. Contributions received from Individuals (Sections A and B)	\$7,000.00	\$7,000.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Sections D-K)	\$0.00	\$0.00
16a. Total Small Food and Beverage Receipts at Fair (Section L1) <i>Town Committees ONLY</i>	\$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) <i>Municipal and Town Committees ONLY</i>	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$0.00	\$0.00
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$0.00	\$0.00
19. Expenses Paid by Committee (Section P)	\$15.90	\$15.90
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	\$6,984.10	\$6,984.10
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	\$0.00	\$0.00
25c. - Payments on Loan	\$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)	\$1,020.08	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE Finkle for Mayor 2011	FILING DUE DATE 01/10/2011
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A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$ 0.00
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B. Itemized Contributions from Individuals

Last Name Farrell	First James	MI N	Principal Occupation CEO	Amount of Contribution	
Residential Street Address 7 Erico Drive	City East Haven	State CT	Zip Code 06512		Name of Employer New Haven County Credit Union
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # 121310A</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 12/18/2010	Aggregate contributions \$1,000.00	\$1,000.00

Last Name Zullo	First Joseph	MI	Principal Occupation Paralegal	Amount of Contribution	
Residential Street Address 357 Horse Pond Road	City Madison	State CT	Zip Code 06443		Name of Employer Zullo & Jacks
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 11/30/2010	Aggregate contributions \$1,000.00	\$1,000.00

Last Name Zullo	First Alfred	MI	Principal Occupation Attorney	Amount of Contribution	
Residential Street Address 357 Horsepond Rd	City Madison	State CT	Zip Code 06443		Name of Employer Zullo & Jacks
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # 121310A</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 12/27/2010	Aggregate contributions \$500.00	\$500.00

Last Name Stumpo	First Kristen	MI	Principal Occupation Paralegal	Amount of Contribution	
Residential Street Address 28 Ozone Road	City East Haven	State CT	Zip Code 06512		Name of Employer Balzano & Tropiano
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # 121310A</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 12/31/2010	Aggregate contributions \$500.00	\$500.00

SUBTOTAL Section B-This Page	\$3,000.00
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TOTAL of additional Section B Pages	\$4,000.00
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 13 of Summary Page)	\$7,000.00
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I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE Finkle for Mayor 2011	FILING DUE DATE 01/10/2011
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C1. Contributions from Other Committees

Name of Committee				Name of Treasurer				
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No				Amount of Contribution
City	State CT	Zip Code	Date Received	Aggregate Contributions		\$0.00		
Name of Committee				Name of Treasurer				
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No				Amount of Contribution
City	State CT	Zip Code	Date Received	Aggregate Contributions		\$0.00		
Name of Committee				Name of Treasurer				
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No				Amount of Contribution
City	State CT	Zip Code	Date Received	Aggregate Contributions		\$0.00		
Name of Committee				Name of Treasurer				
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No				Amount of Contribution
City	State CT	Zip Code	Date Received	Aggregate Contributions		\$0.00		
Name of Committee				Name of Treasurer				
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No				Amount of Contribution
City	State CT	Zip Code	Date Received	Aggregate Contributions		\$0.00		

C2. Reimbursements, Payments, or Surplus Distributions from other Committees

Name of Committee				Name of Treasurer				
Address				Date Received				Amount of Receipt
City	State CT	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services		<input type="checkbox"/> Surplus Distribution		\$0.00	
Name of Committee				Name of Treasurer				
Address				Date Received				Amount of Receipt
City	State CT	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services		<input type="checkbox"/> Surplus Distribution		\$0.00	

SUBTOTAL Section C-This Page

\$0.00

TOTAL of additional Section C Pages

\$0.00

TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 14 of Summary Page)

\$0.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE Finkle for Mayor 2011	FILING DUE DATE 01/10/2011
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D. Loans Received this Period

Name of Lender	Source of Loan:	Is there a Cosigner or Guarantor of this loan?	Amount Received
Street Address _____ City _____ State <u>CT</u> Zip Code _____	<input checked="" type="checkbox"/> Bank <input type="checkbox"/> Candidate	<input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input type="checkbox"/> No	\$0.00
Name of Cosigner/Guarantor	<input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		
Street Address _____ City _____ State <u>CT</u> Zip Code _____	Date of Receipt _____		
Name of Lender	Source of Loan:	Is there a Cosigner or Guarantor of this loan?	Amount Received
Street Address _____ City _____ State <u>CT</u> Zip Code _____	<input checked="" type="checkbox"/> Bank <input type="checkbox"/> Candidate	<input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input type="checkbox"/> No	\$0.00
Name of Cosigner/Guarantor	<input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		
Street Address _____ City _____ State <u>CT</u> Zip Code _____	Date of Receipt _____		
Total Section D			\$ 0.00

E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)

Name of Entity _____			
Street Address _____	Date Received _____	Amount Received	
City _____ State <u>CT</u> Zip Code _____	Aggregate Contributions \$0.00	\$0.00	
Name of Entity _____			
Street Address _____	Date Received _____	Amount Received	
City _____ State <u>CT</u> Zip Code _____	Aggregate Contributions \$0.00	\$0.00	
Name of Entity _____			
Street Address _____	Date Received _____	Amount Received	
City _____ State <u>CT</u> Zip Code _____	Aggregate Contributions \$0.00	\$0.00	
Total Section E			\$ 0.00

F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)

Date of Receipt _____	Amount \$0.00	Date of Receipt _____	Amount \$0.00	Total Transfers
Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list: _____</i> <input checked="" type="checkbox"/> No		Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list: _____</i> <input checked="" type="checkbox"/> No		

G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)

Date of Receipt _____	Date of Receipt _____	Total Transfers
Amount \$0.00	Amount \$0.00	

H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt _____	Method of payment:	Date of Receipt _____	Method of payment:	Total Amount Received
Amount \$0.00	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount \$0.00	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE Finkle for Mayor 2011	FILING DUE DATE 01/10/2011
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I. Anonymous Contributions (Specify dollar amount of the bills received)

Date Received	Amount	Date Received	Amount	Total Amount Received
	\$0.00		\$0.00	
\$1 bills <u> \$0.00 </u> \$5 bills <u> \$0.00 </u> coins <u> \$0.00 </u> \$10 bill <u> \$0.00 </u>		\$1 bills <u> \$0.00 </u> \$5 bills <u> \$0.00 </u> coins <u> \$0.00 </u> \$10 bill <u> \$0.00 </u>		

J. Interest from Deposits in Authorized Accounts

Date Received	Amount	Date Received	Amount	Total Amount Received
	\$0.00		\$0.00	
Name of Institution		Name of Institution		
Street Address		Street Address		
City	State	City	State	\$ 0.00
	CT		CT	

K. Miscellaneous Monetary Receipts not Considered Contributions

Name			Date of Transaction		Amount Received
Street Address			City	State	
				CT	
Description					\$ 0.00
Name			Date of Transaction		Amount Received
Street Address			City	State	
				CT	
Description					\$ 0.00
Name			Date of Transaction		Amount Received
Street Address			City	State	
				CT	
Description					\$ 0.00
Total Section K					\$ 0.00

Summary of Other Monetary Receipts (Sections D-K)

Total Loans Received this Period (Section D)	0.00
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+ 0.00
Total Amount Transferred from Affiliated Business Treasury (Section F)	+ 0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+ 0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+ 0.00
Total Amount of Anonymous Contributions (Section I)	+ 0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+ 0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+ 0.00
Total of Other Monetary Receipts (Add Sections D-K) <i>(Enter total on Line 15 of Summary Page)</i>	0.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Finkle for Mayor 2011	FILING DUE DATE 01/10/2011
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L1. Fundraiser Event Information

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
12/13/2010	A	Campaign Announcmnt	Antonio's: 672 Main St	East Haven	CT	06512

Subpart 1: (All Committees)
 Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information.) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (If yes, go to Section L2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) No

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)
 Were there purchases of advertising space in a program book associated with this fundraiser? Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book and complete required information.) No

Subpart 3: (Town Committees ONLY)
 Did your committee sell food or beverage at a fair or similar mass gathering held within the state? Yes (If yes, enter Total Receipts from small purchases here.) No \$ 0.00

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
					CT	

Subpart 1: (All Committees)
 Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information.) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (If yes, go to Section L2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) No

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)
 Were there purchases of advertising space in a program book associated with this fundraiser? Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book and complete required information.) No

Subpart 3: (Town Committees ONLY)
 Did your committee sell food or beverage at a fair or similar mass gathering held within the state? Yes (If yes, enter Total Receipts from small purchases here.) No \$ 0.00

SUBTOTAL Section L1 (Town Committees ONLY) Total Receipts-This Page	\$0.00
TOTAL of additional Section L1 Pages	+ \$0.00
TOTAL OF ALL RECEIPTS FROM SECTION L1 (Enter total on Line 16a of Summary Page)	\$0.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Finkle for Mayor 2011	FILING DUE DATE 01/10/2011
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L2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						
						\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						
						\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						
						\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						
						\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						
						\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						
						\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						
						\$0.00
SUBTOTAL Section L2-This Page						\$0.00
TOTAL of additional Section L2 Pages						\$0.00
TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS <i>(Enter total on Line 16b of Summary Page)</i>						\$0.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Finkle for Mayor 2011	01/10/2011

L3. Purchases of Advertising in a Program Book (Municipal Candidate and Town Committees ONLY)

Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
Street Address	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
Street Address	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
Street Address	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
Street Address	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
Street Address	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
Street Address	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
Street Address	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
Street Address	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
Street Address	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
Street Address	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
Street Address	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
Street Address	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
Street Address	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
Street Address	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
SUBTOTAL Section L3-This Page				\$0.00
TOTAL of additional Section L3 Pages				\$0.00
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK (Enter total on Line 16c of Summary Page)				\$0.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Finkle for Mayor 2011	FILING DUE DATE 01/10/2011
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L4. In-Kind Donations Not Considered Contributions

Name of Donor	Donation given by:	<input type="checkbox"/> Individual	<input type="checkbox"/> Business Entity	Fair Market Value of Donation	
Street Address	City	State	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received		Event #
Street Address	City	State	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received		Event #
Street Address	City	State	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received		Event #
Street Address	City	State	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received		Event #
Street Address	City	State	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received		Event #
Street Address	City	State	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received		Event #
Street Address	City	State	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received		Event #
Street Address	City	State	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received		Event #
Street Address	City	State	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received		Event #
SUBTOTAL Section L4-This Page				\$0.00	
TOTAL of additional Section L4 Pages				\$0.00	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21 of Summary Page)				\$0.00	

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE Finkle for Mayor 2011	FILING DUE DATE 01/10/2011
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M. In-Kind Contributions

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution		Aggregate contributions \$0.00	\$0.00

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution		Aggregate contributions \$0.00	\$0.00

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution		Aggregate contributions \$0.00	\$0.00

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution		Aggregate contributions \$0.00	\$0.00

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution		Aggregate contributions \$0.00	\$0.00

SUBTOTAL Section M-This Page \$0.00

TOTAL of additional Section M Pages \$0.00

TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 22 of Summary Page) \$0.00

N. Refundable Deposit to Telephone Company

(NOTE: This section refers only to advances of deposits by individuals from personal funds to benefit the committee, not deposits made by the committee.)

Last Name of Individual		First	MI	Date Deposit Made		Amount of Deposit
Residential Street Address		City	State CT	Zip Code		
Name of telephone company						
Street Address		City	State CT	Zip Code		\$0.00

Total Section N (Enter total on Line 23 of Summary Page) \$0.00

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Finkle for Mayor 2011				01/10/2011	
O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee					
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure (see instructions)		Fair Market Value of Donation
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
					\$0.00
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure (see instructions)		Fair Market Value of Donation
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
					\$0.00
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure (see instructions)		Fair Market Value of Donation
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
					\$0.00
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure (see instructions)		Fair Market Value of Donation
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
					\$0.00
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure (see instructions)		Fair Market Value of Donation
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
					\$0.00
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure (see instructions)		Fair Market Value of Donation
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
					\$0.00
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure (see instructions)		Fair Market Value of Donation
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
					\$0.00
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure (see instructions)		Fair Market Value of Donation
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
					\$0.00
Total Section O (Enter total on Line 24 of Summary Page)					\$0.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Finkle for Mayor 2011	01/10/2011

P. Expenses Paid by Committee

Name of Payee Just A Buck 3				Date of Payment 12/13/2010	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	Amount
Street Address 346 Hemingway Avenue		City East Haven	State CT	Zip Code 06512		
Purpose of Expenditure (by code) FNDR		Description			Event # 121310A	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" 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	\$ 15.90

Name of Payee				Date of Payment	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount
Street Address		City	State CT	Zip Code		
Purpose of Expenditure (by code)		Description			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 checked="" 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	\$ 0.00

Name of Payee				Date of Payment	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount
Street Address		City	State CT	Zip Code		
Purpose of Expenditure (by code)		Description			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 checked="" 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	\$ 0.00

Name of Payee				Date of Payment	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount
Street Address		City	State CT	Zip Code		
Purpose of Expenditure (by code)		Description			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 checked="" 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	\$ 0.00

Name of Payee				Date of Payment	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount
Street Address		City	State CT	Zip Code		
Purpose of Expenditure (by code)		Description			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 checked="" 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	\$ 0.00

SUBTOTAL Section P-This Page						\$15.90
TOTAL of additional Section P Pages						\$0.00
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)						\$15.90

IV. EXPENDITURES

NAME OF COMMITTEE Finkle for Mayor 2011	FILING DUE DATE 01/10/2011
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Q. Campaign Expenses Paid by Candidate

Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State CT	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00
Purpose of Expenditure (by code)				Description	Event #	
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State CT	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00
Purpose of Expenditure (by code)				Description	Event #	
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State CT	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00
Purpose of Expenditure (by code)				Description	Event #	
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State CT	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00
Purpose of Expenditure (by code)				Description	Event #	
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State CT	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00
Purpose of Expenditure (by code)				Description	Event #	
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State CT	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00
Purpose of Expenditure (by code)				Description	Event #	
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State CT	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00
Purpose of Expenditure (by code)				Description	Event #	
SUBTOTAL Section Q-This Page						\$0.00
TOTAL of additional Section Q Pages						\$0.00
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26 of Summary Page)						\$0.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Finkle for Mayor 2011	01/10/2011

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card:
	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other _____

Name of Vendor	Date of Transaction	Amount								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address</td> <td style="width:20%;">City</td> <td style="width:10%;">State</td> <td style="width:10%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT			\$0.00
Street Address	City	State	Zip Code							
		CT								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Purpose of Expenditure (by code)</td> <td style="width:40%;">Description</td> <td style="width:30%;">Event #</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Purpose of Expenditure (by code)	Description	Event #							
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Street Address	City	State	Zip Code							
		CT								
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Street Address	City	State	Zip Code							
		CT								
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Street Address	City	State	Zip Code							
		CT								
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Street Address	City	State	Zip Code							
		CT								
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Street Address	City	State	Zip Code							
		CT								
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		CT								
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Street Address	City	State	Zip Code							
		CT								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Purpose of Expenditure (by code)</td> <td style="width:40%;">Description</td> <td style="width:30%;">Event #</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Purpose of Expenditure (by code)	Description	Event #							
Purpose of Expenditure (by code)	Description	Event #								

SUBTOTAL Section R- This Page		\$0.00
TOTAL of additional Section R Pages		\$0.00
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27 of Summary Page)		\$0.00

IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE	
Finkle for Mayor 2011					01/10/2011	
S. Expenses Incurred by Committee but Not Paid During this Period						
Name of Creditor Antonio's Restaurant				Date Incurred 12/13/2010		Amount Incurred <i>(Estimate or Actual)</i>
Street Address 672 Main Street				Event # 121310A		
City East Haven		State CT	Zip Code 06512	Candidate(s) Name <i>(if applicable)</i>		Office Sought
Purpose of Expenditure (by code) FNRD		Type of Expenditure <i>(if applicable)</i> : <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <i>(see Instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Description Food/Beverages						
Name of Creditor				Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address				Event #		
City		State	Zip Code	Candidate(s) Name <i>(if applicable)</i>		Office Sought
		CT				
Purpose of Expenditure (by code)		Type of Expenditure <i>(if applicable)</i> : <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <i>(see Instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Description						
Name of Creditor				Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address				Event #		
City		State	Zip Code	Candidate(s) Name <i>(if applicable)</i>		Office Sought
		CT				
Purpose of Expenditure (by code)		Type of Expenditure <i>(if applicable)</i> : <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <i>(see Instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Description						
Name of Creditor				Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address				Event #		
City		State	Zip Code	Candidate(s) Name <i>(if applicable)</i>		Office Sought
		CT				
Purpose of Expenditure (by code)		Type of Expenditure <i>(if applicable)</i> : <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <i>(see Instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Description						
SUBTOTAL Section S-This Page					\$1,020.08	
TOTAL of additional Section S Pages					\$0.00	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28 of Summary Page)</i>					\$1,020.08	
Previously reported Expenses Unpaid and still Outstanding					+ \$0.00	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a of Summary Page)</i>					\$1,020.08	

IV. EXPENDITURES

NAME OF COMMITTEE Finkle for Mayor 2011	FILING DUE DATE 01/10/2011
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T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	Amount
Secondary Payee:			Purpose of Expenditure (by code):	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State CT	Zip Code	
Description					
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) CA CB CC CD CE		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
\$ 0.00					
Secondary Payee:			Purpose of Expenditure (by code):	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State CT	Zip Code	
Description					
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) CA CB CC CD CE		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
\$ 0.00					
Secondary Payee:			Purpose of Expenditure (by code):	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State CT	Zip Code	
Description					
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) CA CB CC CD CE		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
\$ 0.00					
Secondary Payee:			Purpose of Expenditure (by code):	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State CT	Zip Code	
Description					
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) CA CB CC CD CE		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
\$ 0.00					
SUBTOTAL Section T-This Page					\$0.00
TOTAL of additional Section T Pages					\$0.00
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS					\$0.00

CODED PURPOSES FOR EXPENDITURES
(For use with Sections P, Q, R, S, & T of the SEEC Form 20)

(Note: Asterisk * adjacent to the left of an Expenditure Code indicates that Description Field is Mandatory)

(Warning: The existence of a particular expenditure code does not mean that such expenditure is lawful. To determine lawfulness, treasurers must read the committee guide applicable to their type of committee.)

Advertising – Each expenditure code beginning with "A-" is to be used to identify the delivery method for paid advertising, which includes advertising to solicit committee funds. Include the costs for *both* the **development and the delivery** of the message. A payment to a professional consultant to develop a message should be coded to the main advertising delivery method below, *not* as **Professional Consultant (CNSLT)**, which is a code that should only be used when no other expenditure code applies. If a single advertising message is developed for several of the delivery mechanisms listed below, use **A-OTH** for the cost of developing the message and then use the applicable code for the payments associated with the several delivery methods used. **Note:** The one exception to this advertising rule is when advertising content includes, as part of the message, an invitation to individuals to attend a fundraising event in return for a contribution or attendance fee. **Fundraising Event** advertising must be coded **FNDR** (see explanation below) irrespective of the advertising delivery method.

A-DM-expenditure to advertise through direct mail.

A-MAG-expenditure to advertise through a magazine.

A-NEWS –expenditure to advertise through a newspaper.

A-ATM - expenditure to advertise using an automated telephone/fax message, or an automated telemarketing message.

A-PH-BNK-expenditure for the use of **phone banks**, where people are speaking as distinguished from pre-recorded messages (above) and polls and surveys (below).

A-RAD –expenditure to advertise on radio.

A-SIGN-expenditure for the cost of preparing, printing, producing or distributing lawn or billboard signs visible from any street or highway.

A-TV–expenditure to advertise on television.

A-WEB –expenditure to advertise on the **World Wide Web**. This includes Webcasting (sending audio and/or video live over the Internet), or any other form of advertising on the web. See WEB for other web related expenditures.

A-OTH –any expenditure for any **other advertising**, not listed above, like the cost of (a) posters, stickers, streamers, banners, *etc.* for distribution on or in buildings or vehicles (i.e. cars, buses, boats, aircraft, *etc.*); (b) campaign paraphernalia, such as pins, hats, portholders, tee shirts and other campaign giveaway items; (c) audio messages and the cost of transmitting them by speakers from vehicles or buildings; (d) ad placed in ad books, in schools or civic organizations' pamphlets or bulletins, or (e) ad books for fundraising events held by other committees.

***ATT** – expenditure for **attendance fee or entrance fee** for any person to a (1) fundraiser held by *any* committee; (2) an inaugural event of any candidate; (3) a charitable event; (4) an educational course or training seminar; *etc.* In the text box of the **Description Field**, which is **mandatory** under this expenditure category, identify the name and address of the individual who is attending the event as well as the date and location of the event and the name of the sponsoring committee or entity sponsoring the event.

BNK - expenditure to record any payment of **BANK fees, interest charges, or penalties** assessed by the bank on the committee's checking account only. Similar fees assessed by a credit card company should be listed under credit card charges in Sec. R of the Form 20, entitled "Expenses Incurred on Committee Credit Card".

CCP - expenditure to record **any payment of the Credit Card bill**, including partial payments, finance charges, and mid-cycle payments. See Sec. R of the Form 20, entitled "Expenses Incurred on Committee Credit Card", to record actual charges made against the credit card account, including any finance charges.

CEF - expenditure to record any payment to the State of Connecticut's **Citizens Election Fund ("CEF")**. Checks should be made payable to the **Citizens' Election Fund** and sent to the **State Elections Enforcement Commission, 20 Trinity Street, Hartford, CT 06106**. This expenditure code does not apply to the **SRPLS** (Surplus Distribution) expenditure code explained below.

CHAR – expenditure for a payment of committee funds to a tax-exempt **charitable organization** (26 U.S. Code 501(c)(3)).

CNSLT – expenditures to a **professional consultant**. Professional consultants are individuals or entities that are paid by the committee as independent contractors for their professional advice. They are not salaried employees and they are not individuals who are serving the committee as volunteers. Examples: management firms, public relations firms, lawyers and accountants, *etc.* However, for payments to professional consultants who design polls and surveys, or advertising messages, use the more specific code (ex. **A-DM, A-OTHR, POLLS**). If the payment to a professional consultant includes costs paid or incurred to some other vendor, following completion of the entry of this expenditure, go immediately to Section T, "Itemization of Reimbursements to Committee Workers and Consultants," and follow the instructions for reporting of **Secondary Payees**.

CNTRB- expenditures that are **contributions to another committee**. The expenditure of a committee's funds to make a contribution to another committee is to be distinguished from an expenditure of committee funds to **pay the other committee (POC)** for shared expenses or fair market value of goods or services provided to the committee by another committee acting as a vendor. See explanation of **POC** below.

***EFV** – expenditures for **equipment, furniture, and vehicles**. Record only the portion of the cost that is actually paid. Cost includes any costs associated with the delivery or installation of the item. Equipment includes computers, printers, phones, *etc.* The text box of the **Description Field**, which is **mandatory** in this situation, must list the item, and whether the expenditure is a purchase, rental or lease. **Note:** Vehicles may only be leased and may not be purchased.

FOOD - expenditures paid directly to a vendor for food and beverage, **except** if the vendor is paid for these items in association with the committee's own sponsored fundraiser (see **FNDR** below) or the committee's own sponsored **inaugural event** (see **INAUG** below.)

CODED PURPOSES FOR EXPENDITURES
(For use with Sections P, Q, R, S, & T of the SEEC Form 20)

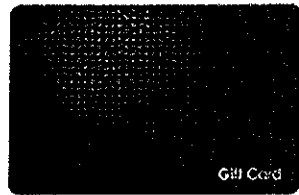
(Note: Asterisk * adjacent to the left of an Expenditure Code indicates that Description Field is Mandatory)

(Warning: The existence of a particular expenditure code does not mean that such expenditure is lawful. To determine lawfulness, treasurers must read the committee guide applicable to their type of committee.)

- *FNDR** - expenditures associated with holding a committee fundraising event (i.e. payments to restaurants, hotels, caterers, food and beverage vendors, invitations, entertainers performing at the event, paid speakers, etc.) Advertising content that includes as part of the message invitations to individuals to attend a committee fundraising event in return for a contribution or attendance fee must, however, be coded **FNDR** irrespective of the advertising delivery method. Note: This expenditure category **must not include** expenditures of the committee's funds for the **ATT (Attendance fees)** of any persons attending *any* other committee's fundraising event.
- *GIFT** - record the purchase of any item that is to be given as a gift to any individual or entity. Gifts to committee workers are limited to an aggregate of \$100 per recipient. The text box of the **Description Field**, which is mandatory in this situation, must identify the item purchased as well as the name and address of the individual or entity who is the recipient of the committee's gift.
- INAUG** - expenditures relating to the committee's costs for hosting an **inaugural event** for the committee's own candidate. This code does not include expenditures by the committee for attendance fees of individuals to another committee's inaugural event, which must be coded as **ATT-Attendance fee** (see above).
- LOAN** - expenditures to record the payment of committee's **LOAN**, whether principal, interest or both. (Note: Any penalties assessed for non-payment on a loan, if not paid by the payment due date, must be disclosed as additional "Expenses Incurred by Committee but not Paid During This Period" in Sec. S of the Form 20.
- OFFICE** - expenditures for **office supplies** such as paper, pens, printer cartridges, etc.
- OVHD** - expenditures of **overhead operating costs**, including the cost of renting office space, parking spaces, repairing or servicing office furniture and equipment used in connection with committee activities, related insurance, utility payments for committee headquarters, subscriptions and similar overhead operating expenses.
- PETTY** - expenditure to replenish the committee's petty cash fund.
- POC** - expenditures to record a **payment to another committee** at fair market value for goods, services or other things of value provided by that other committee acting as a vendor or as a reimbursement of a shared expense. Examples: payment for a mail list, contact list or email distribution list prepared and produced by the other committee, or for the cost of the salaries of the other committee's salaried employees who were loaned to the committee, etc. Absent payment to the other committee at fair market value for such benefits received, **within 45 days of receipt**, the committee would be receiving an **In-Kind Contribution** from the other committee. (Note: **In-Kind contributions** do not require an expenditure code because they are receipts of the committee, not expenditures.) The **POC** expenditure code category must be distinguished from expenditures that are coded as **CNTR (contributions to another committee)**.
- POLLS** - expenditures associated with **conducting polls and surveys**. This category is to be distinguished from **A-PH-BNK** (phone banks) because the information isn't just delivered to the public but opinion is carefully being sought and collected from the public in some manner to produce a poll or survey result or report. If a professional consultant is both designing *and* conducting the poll or survey, uses **POLLS** as the expenditure code, not "**CNSLT**" (see above).
- POST** - expenditures for **postage**, such as stamps, bulk mail permits, post office boxes and envelopes, United Parcel Service, Federal Express, etc.
- PRNT** - expenditures associated with the costs of **printing**, photocopying or reproducing literature, stationery, invitations and the like.
- RCW** - Expenditures to **Reimburse Committee Workers**, which may include a candidate. This is when the cost of payment for something needed by the committee is advanced by the committee worker and reimbursement is sought and obtained from the committee's treasurer who authorized the payment within 45 days of receipt of the paid for item. Note: Absent reimbursement to the committee worker **within 45 days of receipt** of the paid for item, the committee would be receiving an **In-Kind Contribution** from the committee worker. After making payment to the worker, reporting this item also requires full reporting of the **Secondary Payees** appearing on the payment slip of the committee worker. Go immediately to Section T, "Itemization of Reimbursements to Committee Workers and Consultants," and follow the instructions for reporting of Secondary Payees. Further Note: When reimbursing the candidate, report the purchase in Section Q of the Form 20, entitled "Campaign Expenses Paid by the Candidate."
- REF** - **Refunds** are expenditures of any committee funds that were deposited into the committee's checking account and then returned to a contributor or any other revenue source for any reason.
- SRPLS** - expenditures which are **surplus distributions** in connection with the termination and dissolution of the committee.
- TRVL** - expenditures for an individual's **transportation costs and lodging** authorized by the treasurer, such as the cost of gasoline, other transportation fare, and lodging. The cost of **attending any event** should be coded as **ATT (Attendance)** (see above) and any **separate payment for food** outside the cost of the attendance fee should be coded as **FOOD**.
- WAGE** - expenditures for **Wages and benefits** paid to the committee's staff. This is to be distinguished from payments to professional consultants "**CNSLT**" who are independent contractors.
- WEB** - Expenditures for accessing and having a presence on the **WEB**. This includes payments to develop or maintain: (a) a committee web site and homepage; (b) an internet provider; (c) a domain name on the internet; (d) payments to a merchant account processor or a payment gateway provider to enable the committee to receive online credit and debit card contributions over the internet; and (e) similar costs relating to use of the internet. This is not to be used for any costs related to advertising on the web - see **A-WEB** above.
- *MISC** - expenditures of **Miscellaneous items** that are not listed above. The text box of the **Description Field**, which is mandatory in this situation, must explain in narrative form, with sufficient clarity, the purpose of this expenditure.

[View Cart \(512 items\)](#)

[Cart](#) -> [Shipping Info](#) -> [Billing Info](#) -> [Confirmation/Payment Details](#)



GC031 - Brown Texture Card

Quantity: 500

Finalizing Your Card Order:

Use this Design Tool to modify/confirm your card and to finalize your order. Express your business by personalizing your card. You have the option to include additional text, such as your address, website or phone number.

Start by double-clicking the text box below and format your text with the easy-to-use menu options. *For more detailed instructions on standard cards, click here.*

What's next? Confirm Your Card to Place Order

If you are happy with your design, please follow the steps below to confirm your card order:

1. Confirm card design and make sure all text is spelled correctly
2. Double-click the text box to make necessary changes
3. Click the **Terms of Use** checkbox to confirm that you have read and agree to the Terms of Use
4. Click the **Update card** button once you are satisfied with your card
5. *You will automatically be directed to the shopping cart, where you will need to finalize your order by selecting **Submit card order***

Font Option **B** *I* U Rotate X [Clipboard] [Undo] [Redo] Add TextBox [Zoom In] [Zoom Out] [Refresh] [Reset]

Change Product

The Rib House
16 Main Street
East Haven, CT 06512
www.theribhouseeh.com
(203)-469-RIBS Gift Card

Please check this box to indicate that you have read and agree to the Terms of Use

Update card

To procure cards with this web tool, the text appearing on your card must be your registered trademarks, trademarks, logo, trade name or other such name to which you own or have all necessary rights to use in this manner.

