

SEEC FORM 20

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



Do Not Mark in This Space For
 Official Use Only

SUMMARY PAGE

1. NAME OF COMMITTEE					
Finkle for Mayor 2011					
2. TREASURER NAME					
Title	First	MI	Last	Suffix	
Mr	James	N	Farrell		
3. TREASURER ADDRESS					
Street Address		City	State	Zip Code	
7 Erico Drive		East Haven	CT	06512	
4. ELECTION/REFERENDUM DATE <small>(mm/dd/yyyy)</small>		5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>		6. DISTRICT NUMBER <i>(if applicable)</i>	
11/08/2011		Mayor			
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>					
Title	First	MI	Last	Suffix	
Mr	John	T	Finkle	III	
8. TYPE OF REPORT <i>(Check One Box)</i>					
<input type="checkbox"/> January 10 filing <input type="checkbox"/> 7th day preceding primary <input type="checkbox"/> 7th day preceding referendum <input type="checkbox"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i> <input type="checkbox"/> April 10 filing <input type="checkbox"/> 30 days following primary <input type="checkbox"/> 45 days following referendum <input type="checkbox"/> Amendment to <input type="checkbox"/> July 10 filing <input type="checkbox"/> 7th day preceding election <input type="checkbox"/> Deficit <input type="checkbox"/> Type of Report: _____ <input type="checkbox"/> October 10 filing <input type="checkbox"/> 12th day preceding election <i>(State Central Committees Only)</i> <input type="checkbox"/> Termination <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> Election <input type="checkbox"/> 45 days following election not held in November					
9. PERIOD COVERED					
Beginning Date			Ending Date		
<u>01/01/2011</u>			thru	<u>03/31/2011</u>	
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		04/11/2011 _____ 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.

RECEIVED FOR FILING
APR 11 2011
TOWN CLERK'S OFFICE
EAST HAVEN, CONN.

TOWN CLERK

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	
	04/10/2011	
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		\$6,984.10
12. Balance on hand at the beginning of Reporting Period	\$6,984.10	
13. Contributions received from Individuals (Sections A and B)	\$4,650.00	\$11,650.00
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>	\$1,925.00	\$1,925.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$6,575.00	\$13,575.00
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$13,559.10	\$13,575.00
19. Expenses Paid by Committee (Section P)	\$1,560.46	\$1,576.36
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	\$11,998.64	\$11,998.64
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)	\$0.00	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE Finkle for Mayor 2011	FILING DUE DATE 04/10/2011
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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 Horton	First Lance	MI	Principal Occupation Business Owner	Amount of Contribution
Residential Street Address 6 Cutter Outlook	City East Haven	State CT	Zip Code 06512	
Name of Employer American				
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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>		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="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input checked="" 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 03/14/2011	Aggregate contributions \$1,000.00
				\$1,000.00

Last Name Vestuti	First Loriann	MI	Principal Occupation Real Estate Agent	Amount of Contribution
Residential Street Address 117 Maple Street	City East Haven	State CT	Zip Code 06512	
Name of Employer Unemployed				
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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>		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="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input checked="" 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 03/21/2011	Aggregate contributions \$125.00
				\$125.00

Last Name D'Albero	First Alfred	MI A	Principal Occupation Retired	Amount of Contribution
Residential Street Address 93 View Terrace	City East Haven	State CT	Zip Code 06512	
Name of Employer				
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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>		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="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input checked="" 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 03/25/2011	Aggregate contributions \$175.00
				\$175.00

Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State	Zip Code	
Name of Employer				
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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>		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="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input checked="" 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	Aggregate contributions
				\$1,300.00

SUBTOTAL Section B-This Page \$1,300.00

TOTAL of additional Section B Pages \$3,350.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 13 of Summary Page) \$4,650.00

I. MONETARY RECEIPTS

Section B. Additional Page

NAME OF COMMITTEE Finkle for Mayor 2011	FILING DUE DATE 04/11/2011
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B. Itemized Contributions from Individuals

Last Name	First	MI	Principal Occupation	Amount of Contribution	
Houston	Donald	F	Managing Partner		
Residential Street Address 145 Frog Pond Lane	City Fairfield	State CT	Zip Code 06824		Name of Employer Durant, Nichols, Houston, Hodgs
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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # 042111A</i>	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="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 03/21/2011	Aggregate contributions \$250.00		\$250.00
Burlakoff	Ronald		Printer		
Residential Street Address 57 Scenic Rd	City Madison	State CT	Zip Code 06443		Name of Employer Self
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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # 042111A</i>	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="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 03/21/2011	Aggregate contributions \$250.00		\$250.00
Lang	Charles		Retired		
Residential Street Address 74 Bradley Avenue	City East Haven	State CT	Zip Code 06512		Name of Employer
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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # 042111A</i>	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="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 03/21/2011	Aggregate contributions \$500.00		\$500.00
Cappelloni	Frank		Retired		
Residential Street Address 122 Allison Way	City East Haven	State CT	Zip Code 06512		Name of Employer
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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # 042111A</i>	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="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 03/25/2011	Aggregate contributions \$250.00		\$250.00
Gaudioso	John		Real Estate Agent		
Residential Street Address 300 Hemingway Avenue	City East Haven	State CT	Zip Code 06512		Name of Employer Gaudioso 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>	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="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 03/25/2011	Aggregate contributions \$100.00		\$100.00
SUBTOTAL Section B-This Page				\$1,350.00	

I. MONETARY RECEIPTS

Section B. Additional Page

NAME OF COMMITTEE Finkle for Mayor 2011	FILING DUE DATE 04/10/2011
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B. Itemized Contributions from Individuals

Last Name Alberino	First Nicholas	MI	Principal Occupation Sales/Service	Amount of Contribution
Residential Street Address 117 Maple Street	City East Haven	State CT	Zip Code 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> 042111A		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="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 03/21/2011	Aggregate contributions \$125.00	\$125.00
<hr/>				
Last Name Vestuti	First Ronald	MI	Principal Occupation Retired	Amount of Contribution
Residential Street Address 117 Maple Street	City East Haven	State CT	Zip Code 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> 042111A		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="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 03/21/2011	Aggregate contributions \$125.00	\$125.00
<hr/>				
Last Name Gravino	First Mark	MI	Principal Occupation Entertainment Promoter	Amount of Contribution
Residential Street Address 218 Elaine Terrace	City New Haven	State CT	Zip Code 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> 042111A		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="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 03/21/2011	Aggregate contributions \$125.00	\$125.00
<hr/>				
Last Name Vestuti	First Vivian	MI	Principal Occupation Retired	Amount of Contribution
Residential Street Address 117 Maple Street	City East Haven	State CT	Zip Code 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> 042111A		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="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 03/21/2011	Aggregate contributions \$125.00	\$125.00
<hr/>				
Last Name Proto	First Angela	MI	Principal Occupation Distribution Coordinator	Amount of Contribution
Residential Street Address 4 Bartlett Rd	City East Haven	State CT	Zip Code 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> 042111A		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="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 03/21/2011	Aggregate contributions \$500.00	\$250.00

SUBTOTAL Section B-This Page **\$750.00**

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE Finkle for Mayor 2011	FILING DUE DATE 04/11/2011
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B. Itemized Contributions from Individuals

Last Name Houston	First Donald	MI F	Principal Occupation Managing Partner	Amount of Contribution
Residential Street Address 145 Frog Pond Lane	City Fairfield	State CT	Zip Code 06824	
Name of Employer Durant, Nichols, Houston, Hodgs		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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 042111A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <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 03/21/2011	Aggregate contributions \$250.00	\$250.00
Last Name Burlakoff	First Ronald	MI 	Principal Occupation Printer	Amount of Contribution
Residential Street Address 57 Scenic Rd	City Madison	State CT	Zip Code 06443	
Name of Employer Self		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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 042111A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <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 03/21/2011	Aggregate contributions \$250.00	\$250.00
Last Name Lang	First Charles	MI 	Principal Occupation Retired	Amount of Contribution
Residential Street Address 74 Bradley Avenue	City East Haven	State CT	Zip Code 06512	
Name of Employer 		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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 042111A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <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 03/21/2011	Aggregate contributions \$500.00	\$500.00
Last Name Cappelloni	First Frank	MI 	Principal Occupation Retired	Amount of Contribution
Residential Street Address 122 Allison Way	City East Haven	State CT	Zip Code 06512	
Name of Employer 		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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 042111A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <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 03/25/2011	Aggregate contributions \$250.00	\$250.00
Last Name Gaudio	First John	MI 	Principal Occupation Real Estate Agent	Amount of Contribution
Residential Street Address 300 Hemingway Avenue	City East Haven	State CT	Zip Code 06512	
Name of Employer Gaudio Realor		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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <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 03/25/2011	Aggregate contributions \$100.00	\$100.00
SUBTOTAL Section B-This Page				\$1,350.00

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE Finkle for Mayor 2011	FILING DUE DATE 04/11/2011
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B. Itemized Contributions from Individuals

Last Name Torello	First Nicholas	MI	Principal Occupation Self Employed	Amount of Contribution
Residential Street Address 43 Hotchkiss Grove Rd	City Branford	State CT	Zip Code 06405	
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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 042111A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <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 03/25/2011	Aggregate contributions \$250.00	\$250.00
Last Name Gravino	First Mark	MI	Principal Occupation Entertainment Promoter	Amount of Contribution
Residential Street Address 218 Elaine Terrace	City East Haven	State CT	Zip Code 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 042111A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <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 03/31/2011	Aggregate contributions \$250.00	\$125.00
Last Name Hennessey	First Thomas	MI S	Principal Occupation Self employed	Amount of Contribution
Residential Street Address 34 Columbus Avenue	City East Haven	State CT	Zip Code 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 042111A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <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 03/21/2011	Aggregate contributions \$250.00	\$250.00
Last Name Martorella	First Arthur	MI	Principal Occupation Retired	Amount of Contribution
Residential Street Address 42 Saddle Hill Drive	City Guilford	State CT	Zip Code 06437	
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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 042111A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <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 03/31/2011	Aggregate contributions \$375.00	\$125.00
Last Name Depalma	First John	MI	Principal Occupation AVP, IT	Amount of Contribution
Residential Street Address 40 Wood Terrace	City East Haven	State CT	Zip Code 06513	
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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 042111A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <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 03/31/2011	Aggregate contributions \$500.00	\$500.00

SUBTOTAL Section B-This Page **\$1,250.00**

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <p align="center">Finkle for Mayor 2011</p>	FILING DUE DATE <p align="center">04/10/2011</p>
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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 <p align="center">CT</p>	Zip Code	Date Received	Aggregate Contributions <p align="right">\$0.00</p>			
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 <p align="center">CT</p>	Zip Code	Date Received	Aggregate Contributions <p align="right">\$0.00</p>			
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 <p align="center">CT</p>	Zip Code	Date Received	Aggregate Contributions <p align="right">\$0.00</p>			
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 <p align="center">CT</p>	Zip Code	Date Received	Aggregate Contributions <p align="right">\$0.00</p>			
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 <p align="center">CT</p>	Zip Code	Date Received	Aggregate Contributions <p align="right">\$0.00</p>			
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 <p align="center">CT</p>	Zip Code	Date Received	Aggregate Contributions <p align="right">\$0.00</p>			

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

Name of Committee					Name of Treasurer	
Address					Date Received	Amount of Receipt
City	State <p align="center">CT</p>	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus <input type="checkbox"/> Payment for goods and services <input type="checkbox"/> Distribution		\$0.00	
Name of Committee					Name of Treasurer	
Address					Date Received	Amount of Receipt
City	State <p align="center">CT</p>	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus <input type="checkbox"/> Payment for goods and services <input type="checkbox"/> 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 04/10/2011
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D. Loans Received this Period

Name of Lender				Source of Loan:		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input type="checkbox"/> No	Amount Received
Street Address	City	State CT	Zip Code	<input type="checkbox"/> Bank	<input type="checkbox"/> Candidate		
Name of Cosigner/Guarantor				<input type="checkbox"/> Individual <input type="checkbox"/> Other Committee			\$0.00
Street Address	City	State CT	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				Date Received		Amount Received
Street Address				Aggregate Contributions		
City	State CT	Zip Code		\$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 Event # _____</i> <input type="checkbox"/> No		Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event # _____</i> <input type="checkbox"/> No		

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

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

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

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

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Finkle for Mayor 2011	FILING DUE DATE 04/10/2011
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L1. Fundraiser Event Information

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

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 04/10/2011
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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
<hr/>					
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
<hr/>					
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
<hr/>					
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
<hr/>					
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
<hr/>					
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
<hr/>					
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
<hr/>					
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 Finkle for Mayor 2011	FILING DUE DATE 04/10/2011
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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
Durant, Nichols, Houston, Hodgson & Cortese-Costa	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	03/20/2011	\$250.00	\$250.00
Street Address: 1057 Broad Street City: Bridgeport State: CT Zip Code: 06607		Event # 042111A		
Minuteman Press	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	03/20/2011	\$250.00	\$250.00
Street Address: 330 Main Street City: East Haven State: CT Zip Code: 06512		Event # 042111A		
East West Productions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	03/15/2011	\$250.00	\$250.00
Street Address: P O Box 120597 City: East Haven State: CT Zip Code: 06512		Event # 042111A		
Deltacom	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	03/14/2011	\$175.00	\$175.00
Street Address: 11 Old Bradley Street City: East Haven State: CT Zip Code: 06512		Event # 042111A		
Law Office of Zullo, Cuoto & Jacks, LLC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	03/31/2011	\$250.00	\$250.00
Street Address: 83 Main Street City: East Haven State: CT Zip Code: 06512		Event # 042111A		
Windy, Inc. DBA The Rib House	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	03/29/2011	\$250.00	\$250.00
Street Address: 16 Main Street City: East Haven State: CT Zip Code: 06512		Event # 042111A		
A F Forbes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	03/29/2011	\$250.00	\$250.00
Street Address: 116 Commerce Street City: East Haven State: CT Zip Code: 06512		Event # 042111A		
New Haven County Credit Union, Inc.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	03/29/2011	\$250.00	\$250.00
Street Address: 450 Universal Drive City: North Haven State: CT Zip Code: 06473		Event # 042111A		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$0.00	\$0.00
Street Address: _____ City: _____ State: CT Zip Code: _____		Event # _____		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$0.00	\$0.00
Street Address: _____ City: _____ State: CT Zip Code: _____		Event # _____		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$0.00	\$0.00
Street Address: _____ City: _____ State: CT Zip Code: _____		Event # _____		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$0.00	\$0.00
Street Address: _____ City: _____ State: CT Zip Code: _____		Event # _____		
SUBTOTAL Section L3-This Page				\$1,925.00
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)				\$1,925.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Finkle for Mayor 2011	FILING DUE DATE 04/10/2011
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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	\$0.00
Description of donation			Aggregate value for this event	
			\$0.00	
			Date Received	Event #
Name of Donor				
Street Address	City	State	Zip Code	\$0.00
Description of donation			Aggregate value for this event	
			\$0.00	
			Date Received	Event #
Name of Donor				
Street Address	City	State	Zip Code	\$0.00
Description of donation			Aggregate value for this event	
			\$0.00	
			Date Received	Event #
Name of Donor				
Street Address	City	State	Zip Code	\$0.00
Description of donation			Aggregate value for this event	
			\$0.00	
			Date Received	Event #
Name of Donor				
Street Address	City	State	Zip Code	\$0.00
Description of donation			Aggregate value for this event	
			\$0.00	
			Date Received	Event #
Name of Donor				
Street Address	City	State	Zip Code	\$0.00
Description of donation			Aggregate value for this event	
			\$0.00	
			Date Received	Event #
Name of Donor				
Street Address	City	State	Zip Code	\$0.00
Description of donation			Aggregate value for this event	
			\$0.00	
			Date Received	Event #
Name of Donor				
Street Address	City	State	Zip Code	\$0.00
Description of donation			Aggregate value for this event	
			\$0.00	
			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 04/10/2011
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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
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
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
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
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
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						
<i>(NOTE: This section refers only to advances of deposits by individuals from personal funds to benefit the committee, not deposits made by the committee.)</i>						
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				04/10/2011	
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)		\$0.00
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
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)		\$0.00
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
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)		\$0.00
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
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)		\$0.00
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
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)		\$0.00
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
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)		\$0.00
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
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)		\$0.00
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
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)		\$0.00
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Total Section O (Enter total on Line 24 of Summary Page)					\$0.00

IV. EXPENDITURES

NAME OF COMMITTEE Finkle for Mayor 2011	FILING DUE DATE 04/10/2011
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P. Expenses Paid by Committee

Name of Payee Antonio's Ristorante				Date of Payment 1/20/2011	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	Amount \$ 1,020.09
Street Address 672 Main Street		City East Haven	State CT	Zip Code 06512	Event # 123110A	
Purpose of Expenditure (by code) FNRD		Description Campaign Announcement			Event # 123110A	
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) A B C D E		Candidate(s) Name (if applicable) Office Sought			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Name of Payee Minuteman Press				Date of Payment 2/2/2011	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	Amount \$ 76.78
Street Address 330 Main Street		City East Haven	State CT	Zip Code 06512	Event # 121310A	
Purpose of Expenditure (by code) FNRD		Description Tickets			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 type="checkbox"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable) Office Sought			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Name of Payee Branford Elks				Date of Payment 2/9/2011	Method of Payment <input checked="" type="checkbox"/> Check # 101 <input type="checkbox"/> Debit Card	Amount \$ 200.00
Street Address 158 South Montowese Street		City Branford	State CT	Zip Code 06405	Event # 072311A	
Purpose of Expenditure (by code) FNRD		Description Deposit for Rental			Event # 072311A	
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) A B C D E		Candidate(s) Name (if applicable) Office Sought			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Name of Payee Minuteman Press				Date of Payment 3/17/2011	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	Amount \$ 37.00
Street Address 330 Main Street		City East Haven	State CT	Zip Code 06512	Event # 042111A	
Purpose of Expenditure (by code) FNRD		Description Tickets			Event # 042111A	
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) A B C D E		Candidate(s) Name (if applicable) Office Sought			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Name of Payee Staples				Date of Payment 2/11/2011	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	Amount \$ 35.48
Street Address 420 Universal Drive		City North Haven	State CT	Zip Code 06473	Event #	
Purpose of Expenditure (by code) Office		Description Supplies			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable) Office Sought			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
SUBTOTAL Section P-This Page						\$1,369.35
TOTAL of additional Section P Pages						\$191.11
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)						\$1,560.46

IV. EXPENDITURES
Section P. Additional Page

NAME OF COMMITTEE				FILING DUE DATE			
Finkle for Mayor 2011				04/11/2011			
P. Expenses Paid by Committee							
Name of Payee United States Postal Service				Date of Payment		Method of Payment	Amount
Street Address Trolley Square		City East Haven	State CT	Zip Code 06512		<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) POST		Description Postage				Event # 042111A	
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) A B C D E		Candidate(s) Name (if applicable) Office Sought				<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
							S 42.70
Name of Payee Staples				Date of Payment		Method of Payment	Amount
Street Address 420 Universal Drive		City North Haven	State CT	Zip Code 06473		<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) Office		Description Supplies				Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable) Office Sought				<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
							S 52.99
Name of Payee Staples				Date of Payment		Method of Payment	Amount
Street Address 420 Universal Drive		City North Haven	State CT	Zip Code 06473		<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) Office		Description Supplies				Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable) Office Sought				<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
							S 46.62
Name of Payee United States Postal Service				Date of Payment		Method of Payment	Amount
Street Address Trolley Square		City East Haven	State CT	Zip Code 06512		<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) POST		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) A B C D E		Candidate(s) Name (if applicable) Office Sought				<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
							S 48.80
Name of Payee				Date of Payment		Method of Payment	Amount
Street Address		City	State	Zip Code		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
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 type="checkbox"/> Organization (see Instructions)		Candidate(s) Name (if applicable) Office Sought				<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
							S 0.00
SUBTOTAL Section P-This Page							\$191.11

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Finkle for Mayor 2011	04/10/2011

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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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	04/10/2011

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
Street Address	City	State	Zip Code		
		CT			\$0.00
Purpose of Expenditure (by code)	Description		Event #		
Name of Vendor				Date of Transaction	\$0.00
Street Address	City	State	Zip Code		
		CT			\$0.00
Purpose of Expenditure (by code)	Description		Event #		
Name of Vendor				Date of Transaction	\$0.00
Street Address	City	State	Zip Code		
		CT			\$0.00
Purpose of Expenditure (by code)	Description		Event #		
Name of Vendor				Date of Transaction	\$0.00
Street Address	City	State	Zip Code		
		CT			\$0.00
Purpose of Expenditure (by code)	Description		Event #		
Name of Vendor				Date of Transaction	\$0.00
Street Address	City	State	Zip Code		
		CT			\$0.00
Purpose of Expenditure (by code)	Description		Event #		
Name of Vendor				Date of Transaction	\$0.00
Street Address	City	State	Zip Code		
		CT			\$0.00
Purpose of Expenditure (by code)	Description		Event #		
Name of Vendor				Date of Transaction	\$0.00
Street Address	City	State	Zip Code		
		CT			\$0.00
Purpose of Expenditure (by code)	Description		Event #		
Name of Vendor				Date of Transaction	\$0.00
Street Address	City	State	Zip Code		
		CT			\$0.00
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 Finkle for Mayor 2011	FILING DUE DATE 04/10/2011
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S. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor		Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address		Event #		
City	State CT	Zip Code	Candidate(s) Name <i>(if applicable)</i>	Office Sought
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				\$0.00
Name of Creditor		Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address		Event #		
City	State CT	Zip Code	Candidate(s) Name <i>(if applicable)</i>	Office Sought
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				\$0.00
Name of Creditor		Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address		Event #		
City	State CT	Zip Code	Candidate(s) Name <i>(if applicable)</i>	Office Sought
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				\$0.00
Name of Creditor		Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address		Event #		
City	State CT	Zip Code	Candidate(s) Name <i>(if applicable)</i>	Office Sought
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				\$0.00
Name of Creditor		Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address		Event #		
City	State CT	Zip Code	Candidate(s) Name <i>(if applicable)</i>	Office Sought
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				\$0.00
SUBTOTAL Section S-This Page				\$0.00
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>				\$0.00
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>				\$0.00

IV. EXPENDITURES

NAME OF COMMITTEE Finkle for Mayor 2011	FILING DUE DATE 04/10/2011
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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)		Check # 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) <input checked="" 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
Secondary Payee	Purpose of Expenditure (by code)		Check # 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) <input checked="" 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
Secondary Payee	Purpose of Expenditure (by code)		Check # 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) <input checked="" 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
Secondary Payee	Purpose of Expenditure (by code)		Check # 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) <input checked="" 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 T-This Page					\$ 0.00
TOTAL of additional Section T Pages					\$ 0.00
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS					\$ 0.00