## **SEEC FORM 20**

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



Electronic Filing

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Page 1 of 125

## **SUMMARY PAGE**

1. NAME OF COMMITTEE												
Committee To Elect Je	ffrey Kereko	es										
2. TREASURER NAME												
Title	First harry			MI I	Last David			Suffix				
3. TREASURER ADDRESS												
Street Address			City			State		Zip Code				
441 Chapel St Apt 1-6			New I	Haven		СТ		06511-5844				
4. ELECTION DATE			5. O	FFICE SOUG	HT (if applicable)		6. DISTR	ICT CODE (if applicable)				
		Mayor										
7. CANDIDATE NAME							•					
Title <b>Mr</b>	First <b>Jeffrey</b>			MI <b>P</b>	Last <b>Kerekes</b>			Suffix				
8. TYPE OF REPORT	. TYPE OF REPORT											
7th Day Preceding Pri	TYPE OF REPORT th Day Preceding Primary											
9. PERIOD COVERED												
		Beginning Date			Ending Date							
		07/01/2011		thru	08/30/2011							
			10. CER	TIFICATION								
					of the information set forth covered is true, accurate a							
Electronic Filing SIGNATURE		harry David PRINT NAME OF THI	E SIGNE	ER		<b>06/2011 3</b> E CERTIFIED	-	n				
	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	EILING DUE DATE	
NAME OF COMMITTEE	FILING DUE DATE	
Committee To Elect Jeffrey Kerekes	09/06/2011	
	COLUMN A	COLUMN B
	This Period	Aggregate
		1100.0000
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		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$2,349.84	
13. Contributions received from Individuals (Section A and B)	\$6,025.00	\$8,900.00
14. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Section D-K)	\$23,952.00	\$23,952.00
16a. Total Small Food and Beverage Receipts at Fair (Section L1)	\$0.00	\$0.00
16b. Total Proceeds from Small purchases at Tag Sales, Auctions or Other Sales (Section L2)	\$0.00	\$0.00
16c. Total Purchases of Advertising in a Program Book (Section L3)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$29,977.00	\$32,852.00
18. Subtotals (add totals in line 12 + line 17 in Column A and in line 11 + 17 in Column B)	\$32,326.84	\$32,852.00
19. Expenses Paid by Committee (Section P)	\$8,688.47	\$9,213.63
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18)	\$23,638.37	\$23,638.37
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O)	\$0.00	\$0.00
25. Beginning Loan Balance	\$0.00	\$0.00
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c Payments on Loan(s)	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	\$0.00
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

	I	. MONETARY RECE	IPT	S (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes									09/0	06/2011
A. Total Contributions fro	om Small (	Contributors-Received	thi	s Perio	d ON	ILY					
(See instructions for definition of Sma	ll Contributor)				s	ubtotal S	ection		\$0.00		
	B. It	emized Contributions fro	om I	ndividu	als						
Last Name Winston	First Name Patrick		MI	Name of E							Amount of Contribution
						1		ı			
Residential Street Address		City			State	Zip Code		Principal Occ	upation		
1897 Chapel St		New Haven			СТ	06515					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 officer of a municipality does contround contract with said municipality value.	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?	Yes	Is contributor a principal of state c  If yes, indicate which branch or br	ontrac	ctor or prosp		tate contrac	etor?	. $\Box$	Yes No		
If yes, list Event #	x No	government the contract is with:	anche	S 01	L	Executiv	ve L	Legislative	1		
Method of Contribution  Cash  Personal Check	Credit	/Debit Card Payroll Dedu	uction		Mone	y Order	Date Ro 07/01	eceived L/2011	Aggregate Contribution \$15		\$15.00
Last Name Winston	First Name Shirley		MI	Name of E	mploye	r					Amount of
Willstoll	Silliley										Contribution
Residential Street Address		City			State	Zip Code		Principal Occ	upation		
1897 Chapel St		New Haven			СТ	06515					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 officer of a municipality does contround contract with said municipality value.	ributo	r or business	he/she				Yes No		
Is this contribution associated with a	Yes	Is contributor a principal of state c				tate contrac	etor?		Yes No		
fundraising event listed in Section L1? If yes, list Event #	x No	If yes, indicate which branch or br government the contract is with:	anche	s of		Executiv	ve	Legislative			
Method of Contribution				_			Date R	eceived	Aggregate Contribution	on	
Cash X Personal Check	Credit	/Debit Card Payroll Dedu	uction		Mone	y Order	07/01	1/2011	\$15	5.00	\$15.00
Last Name	First Name		MI	Name of E	mploye	r					Amount of
Gardner	Bettie		F								Contribution
Residential Street Address	•	City			State	Zip Code		Principal Occ	upation		
294 Bassett St		New Haven			СТ	06517					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 officer of a municipality does control contract with said municipality value.	ributo	r or business	he/she				Yes No		
Is this contribution associated with a	Yes	Is contributor a principal of state c				tate contrac	etor?		Yes No		
fundraising event listed in Section L1? If yes, list Event #	x No	If yes, indicate which branch or br government the contract is with:	anche	s of		Executi	ve	Legislative			
Method of Contribution  X Cash Personal Check					 		Date R		Aggregate Contribution		
Cash Personal Check	☐ Credit	Debit Card Payroll Dedu	uction		Mone	y Order	U//U1	L/2011	\$10	.00	\$10.00

	I	. MONETARY RECE	IPT	TS (Sectio	n A	-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey Ko	erekes									09/0	06/2011
	B. It	emized Contributions fr	om I	ndividuals	S						
Last Name	First Name		MI	Name of Emp	loyer					T	Amount of
Gardner	Theodore										Contribution
Residential Street Address		City	-			Zip Code		Principal Occup	pation		
22 May St Apt 2		New Haven		C	T	06511					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he	/she as				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ive sta	Executiv	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit/	/Debit Card Payroll Ded	luction	. П	Ioney	Order	Date Re	eceived /2011	Aggregate Contribution		\$10.00
Last Name Balco	First Name Cat		MI	Name of Emp	loyer						Amount of Contribution
Residential Street Address 40 Lyon St		City New Haven		Si		Zip Code 06511		Principal Occup	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he	/she as				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ive sta	ı	_		Yes No		
Method of Contribution  Cash Personal Check	X Credit	/Debit Card Payroll Ded	luction		Ioney	Order	Date Re	eceived /2011	Aggregate Contribution		\$10.00
Last Name Bartlett-Josie	First Name Christine		MI	Name of Emp	loyer						Amount of Contribution
Residential Street Address  1 University Pl		City New Haven		Si	- 1	Zip Code 06511		Principal Occup	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business he more than \$500	/she as 00?	ssociated v	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ive sta		_	Legislative	Yes No		
Method of Contribution  Cash X Personal Check	Credit/	/Debit Card Payroll Ded	luction		Ioney	Order	Date Re	eceived /2011	Aggregate Contributio		\$30.00

	I	. MONETARY RECE	IPT	'S (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey Ko	erekes									09/0	06/2011
	B. It	emized Contributions fr	om I	ndividu	als						
Last Name McGregor	First Name		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 20 Batter Ter		City New Haven	<u> </u>		State CT	Zip Code 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val Is contributor a principal of state of the said of the said municipal of state of the said municipal of said m	ributoi ued at	or business more than \$	he/she 5000?	associated v	with have		Yes No		
fundraising event listed in Section L1?  If yes, list Event #	Yes X No	If yes, indicate which branch or be government the contract is with:			Ective s	Executiv	_	Legislative	Yes No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Re	eceived L/2011	Aggregate Contribution		\$30.00
Last Name Xia	First Name Tian		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 5 Honeycomb Ln		City North Haven	•		State CT	Zip Code 06473		Principal Occu	pation		
1 1 1 1 111 0 1 11 1 10	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ective s	Executiv	_	Legislative	Yes No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Re	eceived 1/2011	Aggregate Contributio		\$50.00
Last Name Battles	First Name Wendy		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 148 A Everit St		City New Haven			State CT	Zip Code 06511		Principal Occu	pation		
or donondont shild of a labbruist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or branch or branch the contract is with:			ective s	_	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Re	eceived 2/2011	Aggregate Contribution		\$10.00

	I	. MONETARY RECE	CIPT	ΓS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey Ke	rekes									09/	06/2011
	B. It	emized Contributions fr	om l	Individu	als						
Last Name	First Name		MI	Name of E	mploye	r					Amount of
Plasse	Bruce										Contribution
Residential Street Address		City	<u>.</u>		State	Zip Code		Principal Occu	pation		
148A Everit St		New Haven			СТ	06511					
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does concontract with said municipality va	tributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	tate contract	_	Legislative	Yes No		
Method of Contribution		government the contract is with.					Date R	eceived	Aggregate Contributi	ion	•
Cash Personal Check	Credit	Debit Card Payroll Dec	luction	. [	Mone	y Order	l	2/2011		0.00	\$10.00
Last Name	First Name		MI	Name of E	mploye	r					Amount of
Sobieski	Danielle										Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
36 Lyon St		New Haven			СТ	06511			-		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does concontract with said municipality va	tributo	r or business	he/she				Yes No		
Is this contribution associated with a	Yes	Is contributor a principal of state	contra	ctor or prosp	ective s	tate contrac	tor?		Yes No		
fundraising event listed in Section L1?  If yes, list Event #	x No	If yes, indicate which branch or b government the contract is with:	ranche	es of		Executi	ve _	Legislative			
Method of Contribution							Date R	eceived	Aggregate Contributi	ion	
Cash X Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	y Order	l	2/2011	** *	5.00	\$25.00
	E' - N		1,,,				<u> </u>		<u> </u>		
	First Name Daniel		MI	Name of E							Amount of Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
36 Lyon St		New Haven			СТ	06511		Project Ana	alyst		
Is contributor a lobbyist, spouse,	Yes	If contribution is in excess of \$400	) to a c	candidate cor	nmittee	for a chief	executive	e	Yes		
or dependent child of a lobbyist?	No	officer of a municipality does con- contract with said municipality va				associated	with have	e a	No No		
Is this contribution associated with a	Yes	Is contributor a principal of state				tate contrac	tor?		Yes No		
fundraising event listed in Section L1?  If yes, list Event #	x No	If yes, indicate which branch or b government the contract is with:	ranche	es of		Executi	ve	Legislative	100		
Method of Contribution		go reminent the contract is with.						eceived	Aggregate Contributi	ion	•
Cash Rersonal Check	Credit	Debit Card Payroll Dec	luction		Mone	v Order	07/03			5.00	\$75.00

	I	. MONETARY RECE	IPT	TS (Section A-K)					
NAME OF COMMITTEE								FILE	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	06/2011
	B. It	emized Contributions fr	om I	Individuals					
Last Name Bixby	First Name Nathan		MI	Name of Employer					Amount of Contribution
Residential Street Address 309 McKinley Ave		City New Haven		State Zip Code CT 06515		Principal Occu	pation		
or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1?	Yes No Yes X	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality vails contributor a principal of state of the said of the	ributor lued at contrac	r or business he/she associated a more than \$5000? ctor or prospective state contracts of	with have	a 🔲	Yes No		
If yes, list Event #  Method of Contribution  Cash Personal Check	X No	government the contract is with:  Debit Card Payroll Ded	luction	☐ Money Order	Date R	Legislative eccived 3/2011	Aggregate Contributio		\$25.00
Last Name Boyce	First Name Don		MI	Name of Employer					Amount of Contribution
Residential Street Address 177 W Rock Ave	ļ.	City New Haven		State Zip Code CT 06515		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:	contrac	ctor or prospective state contrac	_	1	Yes No		
Method of Contribution  Cash X Personal Check	Credit	Debit Card Payroll Ded	luction	Money Order	Date Re 07/04	eceived 1/2011	Aggregate Contributio		\$25.00
Last Name Boyce	First Name Elizabeth		МІ	Name of Employer	-				Amount of Contribution
Residential Street Address 177 W Rock Ave		City New Haven		State Zip Code CT 06515		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributoi lued at	r or business he/she associated t more than \$5000?	with have	e a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:		• •	_	Legislative	Yes No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	luction	Money Order	Date Ro 07/05	eceived 5/2011	Aggregate Contributio		\$25.00

	I	. MONETARY RECE	ПРТ	ΓS (Section	A-K)					
NAME OF COMMITTEE									FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes								09/0	06/2011
	B. It	emized Contributions fr	om I	Individuals						
Last Name Erlanger	First Name Joshua		MI P	Name of Employ	er					Amount of Contribution
Residential Street Address		a.		Ctat	Zin Codo		Principal Occu	pation		
85 Church St Unit 3S		City New Haven		State CT	Zip Code 06510			,		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	or or business he/sh	e associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			state contract	_	Legislative	Yes No		
Method of Contribution  Cash X Personal Check	Credit	Debit Card Payroll Ded	luction	n Mon	ey Order	Date Ro	eceived 5/2011	Aggregate Contributio		\$25.00
Last Name Grennan	First Name Alex		MI	Name of Employ	er	•				Amount of Contribution
Residential Street Address 40 Lyon St		City New Haven	1	State CT	Zip Code 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	or or business he/sh	e associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:		e of	state contrac	_	ı —	Yes No		
Method of Contribution  Cash Personal Check	X Credit	Debit Card Payroll Ded	luction	n Mon	ey Order	Date R	eceived 5/2011	Aggregate Contributio		\$20.00
Last Name Lee	First Name Richard		MI	Name of Employ	er					Amount of Contribution
Residential Street Address 70 Lyon St		City New Haven	1	State CT	Zip Code		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo lued at	or or business he/sh t more than \$5000°	e associated	with have	e a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			Executi	_	Legislative	Yes No		
Method of Contribution  Cash Personal Check	X Credit	Debit Card Payroll Ded	luction	n Mon	ey Order	Date Ro	eceived 5/2011	Aggregate Contributio		\$20.00

	I	. MONETARY RECE	IPT	S (Secti	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes									09/0	06/2011
	B. It	emized Contributions fr	om I	ndividua	als					•	
Last Name Hausladen	First Name Douglas		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 123 York St Apt 20G		City New Haven	<u>I</u>		State CT	Zip Code 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributor	or business more than \$	he/she 5000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes X No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes No		
Method of Contribution  Cash Personal Check	X Credit	Debit Card Payroll Dec	luction		Mone	y Order	Date Re	eceived 5/2011	Aggregate Contribution		\$25.00
Last Name Orefice	First Name Andrew		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 138 Lawncrest Rd		City New Haven	<u>I</u>		State CT	Zip Code 06515		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality va	ributo	or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes No		
Method of Contribution  Cash Personal Check	X Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re 07/06	eceived 5/2011	Aggregate Contribution \$40		\$40.00
Last Name Wilson	First Name Michael		MI P	Name of E	mploye	r					Amount of Contribution
Residential Street Address 57 Pearl St		City New Haven	•		State CT	Zip Code 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributoi lued at	or business more than \$	he/she 5000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	_	_	Legislative	Yes No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re	eceived 7/2011	Aggregate Contribution		\$25.00

										٤
I	. MONETARY RECE	IPT	'S (Sect	ion A	A-K)					
NAME OF COMMITTEE									FILI	NG DUE DATE
Committee To Elect Jeffrey Kerekes									09/0	06/2011
B. It	emized Contributions fro	om I	ndividu	als					•	
Last Name First Name		МІ	Name of E	mplove	r					Amount of
Gacek Paul			Retired	1 -3-						Contribution
Residential Street Address	City			State	Zip Code		Principal Occu	pation		
83 Pearl St	New Haven			СТ	06511					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X No	Is contributor a principal of state of If yes, indicate which branch or but government the contract is with:			ective s	tate contract	_	Legislative	Yes No		
Method of Contribution  Cash X Personal Check Credit	/Debit Card Payroll Ded	uction		Mone	y Order	l	eceived 7/2011	Aggregate Contribution		\$50.00
Last Name First Name		MI	Name of E	mploye	r	1		1		Amount of
Campion Susan		С								Contribution
Residential Street Address 82 Morris Cove Rd	City New Haven			State CT	Zip Code 06512		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X  No	Is contributor a principal of state of If yes, indicate which branch or but government the contract is with:			_	tate contrac	_	Legislative	Yes No		
Method of Contribution  Cash	/Debit Card Payroll Ded	uction		Mone	y Order		eceived 7/2011	Aggregate Contributio		\$35.00
Last Name First Name Siedlarz Lisa		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address	City			State	Zip Code		Principal Occu	pation		
53 Pearl St	City New Haven			СТ	06511		•	•		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Yes  X No	Is contributor a principal of state of If yes, indicate which branch or but government the contract is with:			_	tate contract Executi	_	Legislative	Yes No		
Method of Contribution						Date R	eceived	Aggregate Contribution	on	
Cash X Personal Check Credit	/Debit Card Payroll Ded	uction		Mone	y Order	07/07	7/2011	\$20	.00	\$20.00

	I	. MONETARY RECE	IPT	'S (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	ING DUE DATE
Committee To Elect Jeffrey K	erekes									09/	06/2011
	B. It	emized Contributions fr	om I	ndividu	als						
Last Name Cotlier-Cassell	First Name Moira		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 51 Pope St		City New Haven			State CT	Zip Code 06512		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	or business more than \$	he/she 5000?	associated v	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executiv	_	Legislative	Yes No		
Method of Contribution  Cash X Personal Check	Credit	Debit Card Payroll Ded	luction		Mone	y Order	Date Re	eceived 7/2011	Aggregate Contribution		\$15.00
Last Name Buterbaugh	First Name Kevin		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 8 Townsend Ave		City New Haven			State CT	Zip Code 06512		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executiv	_	Legislative	Yes No		
Method of Contribution  Cash X Personal Check	Credit	Debit Card Payroll Ded	luction		Mone	y Order	Date Re 07/07	eceived 7/2011	Aggregate Contribution		\$40.00
Last Name Buckholz	First Name Michelle		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 108 Kneeland Rd		City New Haven			State CT	Zip Code 06512		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	or business more than \$	he/she 5000?	associated v	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	_	_	Legislative	Yes No		
Method of Contribution  Cash  Personal Check	Credit	Debit Card Payroll Ded	luction		Mone	y Order	Date Re	eceived 7/2011	Aggregate Contribution	on 5.00	\$25.00

	I.	MONETARY RECE	IPT	ΓS (Section A-K)					
NAME OF COMMITTEE								FILE	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	06/2011
	B. Ito	emized Contributions fr	om I	Individuals					
Last Name Marathas	First Name Catherine		MI	Name of Employer					Amount of Contribution
Residential Street Address 845 Robert Treat Ext		City Orange		State Zip Code CT 06477	:	Principal Occu	pation		
1 1 / 1/11 0 1 11 1 / 0	Yes No Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val Is contributor a principal of state of If yes, indicate which branch or bi	ributor lued at contrac	or or business he/she associated t more than \$5000? actor or prospective state contract	with have	a 🔲	Yes No		
If yes, list Event #  Method of Contribution  Cash Personal Check	X No	government the contract is with:  Debit Card Payroll Ded		L Executi	Date R	Legislative eccived 7/2011	Aggregate Contributio		\$20.00
Last Name Cox	First Name Katha		MI	Name of Employer					Amount of Contribution
Residential Street Address 235 Townsend Ave		City New Haven		State Zip Code CT 06512	:	Principal Occu Retired	pation		
4 41:14 1-1:1:0	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	or or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or but government the contract is with:	contrac	ctor or prospective state contract	_	1	Yes No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	luction	n Money Order	Date Re	eceived 7/2011	Aggregate Contributio		\$50.00
Last Name Cronin-Ozyck	First Name Rosemary a	and Christopher	MI	Name of Employer YBHH	•				Amount of Contribution
Residential Street Address 603 Quinnipiac Ave		City New Haven	•	State Zip Code CT 06513		Principal Occu RN	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality val	ributor	or or business he/she associated t more than \$5000?	with have	e a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			_	Legislative	Yes No		
Method of Contribution  Cash  Rersonal Check	Credit/	Debit Card Payroll Ded	luction	n Money Order	Date Ro 07/07	eceived 7/2011	Aggregate Contributio		\$50.00

	I	. MONETARY RECE	IPT	S (Section A-K)					
NAME OF COMMITTEE								FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	06/2011
	B. It	emized Contributions fr	om I	<b>Individuals</b>					
Last Name Landolfi	First Name Frank and A	Amalia	MI	Name of Employer self-employed					Amount of Contribution
Residential Street Address 730 Whitney Ave		City New Haven		State Zip Code CT 06511		Principal Occu Daycare Pr			
1 1 1 111 0 111 10	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality value of state of the contributor a principal of state of the contributor and principal of the contributor and pri	ributor	r or business he/she associated more than \$5000?	with have	e a	Yes No		
fundraising event listed in Section L1? If yes, list Event #	X No	If yes, indicate which branch or b government the contract is with:			_	Legislative	Yes No		
Method of Contribution  Cash X Personal Check	Credit/	/Debit Card Payroll Ded	luction	Money Order	Date R	eceived 7/2011	Aggregate Contribution		\$50.00
Last Name Turcio	First Name Louis		MI	Name of Employer					Amount of Contribution
Residential Street Address 18 Rock St		City New Haven	<u>I</u>	State Zip Code CT 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:	contrac	ctor or prospective state contrac	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	/Debit Card Payroll Ded	luction	Money Order		eceived 7/2011	Aggregate Contribution		\$10.00
Last Name Cox	First Name Bernard		MI J	Name of Employer	•				Amount of Contribution
Residential Street Address 235 Townsend Ave		City New Haven		State Zip Code CT 06512		Principal Occu Retired	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes  X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			_	Legislative	Yes No		
Method of Contribution  Cash  Cash  Personal Check	Credit/	/Debit Card Payroll Ded	luction	Money Order	Date R	eceived 3/2011	Aggregate Contribution		\$50.00

	I. N	MONETARY RECE	IPT	S (Section A-K)					
NAME OF COMMITTEE								FILI	NG DUE DATE
Committee To Elect Jeffrey Kerel	kes							09/0	06/2011
	B. Item	nized Contributions fro	m I	ndividuals					
	st Name dan		MI	Name of Employer					Amount of Contribution
Residential Street Address 229 Townsend Ave	Ci N	ty ew Haven		State Zip Code CT 06512		Principal Occuj	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes I	f contribution is in excess of \$400 officer of a municipality does controutract with said municipality valuates contributor a principal of state of the said in the said municipal of state of the said in the said municipal of state of the said in	ibutor ued at ontrac	r or business he/she associated more than \$5000? etor or prospective state contract	with have	a $\Box$	Yes No		
Method of Contribution  Cash  Personal Check	Credit/De	_	ıction	Money Order	Date Re	eceived 3/2011	Aggregate Contribution		\$30.00
Last Name Firs Virtue Ma	st Name		MI	Name of Employer					Amount of Contribution
Residential Street Address 229 Townsend Ave	Ci N	ty ew Haven		State Zip Code CT 06512		Principal Occuj	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	c	f contribution is in excess of \$400 officer of a municipality does contributed that with said municipality value.	ibutor	r or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X	Is contributor a principal of state of If yes, indicate which branch or bra government the contract is with:			_		Yes No		
Method of Contribution  Cash Personal Check	Credit/Dei	bit Card Payroll Dedu	ıction	Money Order	Date Re	eceived 3/2011	Aggregate Contribution		\$30.00
	st Name exanne		MI	Name of Employer					Amount of Contribution
Residential Street Address 229 Townsend Ave	Ci N	ty ew Haven		State Zip Code CT 06512		Principal Occup	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	) c	f contribution is in excess of \$400 officer of a municipality does contributed the contract with said municipality value.	ibutor ied at	r or business he/she associated more than \$5000?	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes I	Is contributor a principal of state or If yes, indicate which branch or bragovernment the contract is with:		• •	_	Legislative	Yes No		
Method of Contribution  Cash X Personal Check	Credit/Dei	bit Card Payroll Dedu	ıction	Money Order	Date Re 07/08	eceived 3/2011	Aggregate Contribution		\$30.00

	I	. MONETARY RECE	IPT	S (Section A-K)					
NAME OF COMMITTEE								FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	06/2011
	B. It	emized Contributions fr	om I	[ndividuals					
Last Name	First Name		MI	Name of Employer					Amount of
Marino	Kim								Contribution
Residential Street Address  10 S Side Dr		City Wallingford		State Zip Code CT 06492	:	Principal Occu	pation		
1 1 1 111 0 111 10	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes  X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			_	Legislative	Yes X No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Ded	luction	X Money Order	Date Ro 07/08	eceived 3/2011	Aggregate Contribution		\$100.00
Last Name Agostinelli	First Name Blanche		MI	Name of Employer					Amount of Contribution
Residential Street Address 120 Braeside Dr		City Hamden		State Zip Code CT 06514	:	Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:		* *	_	1	Yes No		
Method of Contribution  Cash X Personal Check	Credit	Debit Card Payroll Ded	luction	Money Order	Date Re	eceived 3/2011	Aggregate Contribution		\$25.00
Last Name Braffman	First Name Elaine		MI A	Name of Employer					Amount of Contribution
Residential Street Address 229 Kneeland Rd		City New Haven		State Zip Code CT 06512	:	Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributoi lued at	r or business he/she associated more than \$5000?	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:		* *	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Ded	luction	Money Order	Date Re 07/08	eceived 3/2011	Aggregate Contribution		\$25.00

	I.	MONETARY RECE	IPT	TS (Section A	<b>A-K</b> )					
NAME OF COMMITTEE									FILI	NG DUE DATE
Committee To Elect Jeffrey Kere	kes								09/0	06/2011
	B. Ite	emized Contributions fro	om I	Individuals						
	rst Name /Ivia		MI	Name of Employe	r					Amount of Contribution
Residential Street Address 60 Lyon St		City New Haven		State CT	Zip Code 06511		Principal Occuj	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val Is contributor a principal of state of	ributor ued at	r or business he/she more than \$5000?	associated	with have	a $\Box$	Yes No		
fundraising event listed in Section L1?  If yes, list Event #  Method of Contribution  X Cash Personal Check	X No	If yes, indicate which branch or bigovernment the contract is with:  Debit Card Payroll Ded			Executively Order	Date Re	Legislative	Aggregate Contributio		\$25.00
	rst Name atricia		MI	Name of Employe	r			I		Amount of Contribution
Residential Street Address 83 Lyon St		City New Haven		State CT	Zip Code 06511		Principal Occup	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributoi ued at	r or business he/she more than \$5000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or bugovernment the contract is with:			_	_		Yes No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Ded	uction	n Mone	y Order	Date Re 07/09	eceived 1/2011	Aggregate Contribution \$20.		\$20.00
	rst Name eter		MI	Name of Employe	r					Amount of Contribution
Residential Street Address 487 Townsend Ave		City New Haven		State CT	Zip Code 06512		Principal Occuj	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributoi ued at	r or business he/she more than \$5000?	associated	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or bigovernment the contract is with:			Executi	_	Legislative	Yes No		
Method of Contribution  Cash Personal Check	X Credit/	Debit Card Payroll Ded	uction	n Mone	y Order	Date Re	eceived 1/2011	Aggregate Contributio		\$25.00

											1 age 17 01 123
	I	. MONETARY RECE	IPT	TS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	ING DUE DATE
Committee To Elect Jeffrey K	erekes									09/	06/2011
	B. It	emized Contributions fr	om l	ndividu	als						
Last Name	First Name		MI	Name of E	mnlove	r					
McManus	Leah			rune of E	лирюус						Amount of Contribution
Residential Street Address	•	City			State	Zip Code		Principal Occu	pation		
708 Orange St		New Haven			СТ	06511					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	tate contract		1	Yes No		
Method of Contribution  Cash Personal Check	X Credit	Debit Card Payroll Ded	luction		Mone	ey Order	Date Re	eceived 9/2011	Aggregate Contribution \$10	on 0.00	\$10.00
Last Name	First Name		MI	Name of E	mplove	r					Amount of
Schiavone	Joel			Seck							Contribution
Residential Street Address 740 Quinnipiac Ave		City New Haven			State CT	Zip Code 06512		Principal Occu Real Estate			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	tate contract	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	ey Order	Date Ro 07/09	eceived 9/2011	Aggregate Contribution \$100		\$100.00
Last Name	First Name		MI	Name of E	mploye	r					Amount of
Evans	Deborah										Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
242 Alden Ave		New Haven			СТ	06515					
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business more than S	he/she 55000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	_	_	1	Yes No		
Method of Contribution							Date Re	eceived	Aggregate Contribution	on	
Cash Personal Check	x Credit	Debit Card Payroll Ded	luction		Mone	y Order	l	0/2011	1	5.00	\$25.00

											1 age 10 01 123
	I	. MONETARY RECE	IPT	S (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	ING DUE DATE
Committee To Elect Jeffrey K	Lerekes									09/	06/2011
	B. It	emized Contributions fr	om I	ndividu	als						
Last Name	First Name		MI	Name of E	mnlove	r					
Ranney	Pat			Trume of E	proje	•					Amount of Contribution
Residential Street Address	•	City			State	Zip Code		Principal Occu	pation		
312 St John # 2		New Haven			СТ	06511					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	tate contract		1	Yes No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	ey Order	Date Ro	eceived 0/2011	Aggregate Contribution \$10	on ).00	\$10.00
Last Name	First Name		MI	Name of E	mplove	r					Amount of
Shoop	Donald		Е		1 -3-						Contribution
Residential Street Address 225 Townsend Ave		City New Haven			State CT	Zip Code 06512		Principal Occu	pation		
or donor dont shild of a labbraist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	ey Order	Date Ro 07/11	eceived L/2011	Aggregate Contribution \$10	on ).00	\$10.00
Last Name	First Name		MI	Name of E	mploye	r					Amount of
Bresnick	Johanna	<b>,</b>									Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
84 Lyon St		New Haven			СТ	06511					
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	_	_	1	Yes No		
Method of Contribution		•					Date Re	eceived	Aggregate Contribution	on	
X Cash Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	y Order	l	1/2011	1	0.00	\$10.00

	I	. MONETARY RECE	IPT	ΓS (Section .	A-K)					
NAME OF COMMITTEE									FILI	NG DUE DATE
Committee To Elect Jeffrey Ko	erekes								09/0	06/2011
	B. It	emized Contributions fr	om I	Individuals						
Last Name	First Name		MI	Name of Employe	er				T	Amount of
Arias	Dimitri									Contribution
Residential Street Address		City		State	Zip Code		Principal Occu	pation		
84 Lyon St		New Haven		СТ	06511					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			state contrac		Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Ded	luction	n Mon	ey Order	Date Re 07/11	eceived ./2011	Aggregate Contribution \$10.		\$10.00
Last Name Saracco	First Name Raymond		MI	Name of Employe City of New H						Amount of Contribution
Residential Street Address 843 Orange St		City New Haven		State CT	Zip Code 06511		Principal Occu Fire Fighter			
1 1 1 1 111 0 111 10	Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:		n of	state contrac	_	. —	Yes X No		
Method of Contribution  Cash  Personal Check	Credit	Debit Card Payroll Ded	luction	n Mon	ey Order	Date Re 07/11	eceived ./2011	Aggregate Contributio \$50.		\$50.00
Last Name Marathas	First Name Alex		MI	Name of Employe	er					Amount of Contribution
Residential Street Address 13 Bishop St		City New Haven		State CT	Zip Code 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributoi lued at	or or business he/she t more than \$5000?	associated	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:		os of -	Executi	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Ded	luction	n Mon	ey Order	Date Re 07/11	eceived ./2011	Aggregate Contributio		\$25.00

	I	. MONETARY RECE	IPT	TS (Section	A-K)					
NAME OF COMMITTEE									FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes								09/0	06/2011
	B. It	emized Contributions fr	om I	Individuals						
Last Name	First Name		MI	Name of Employ	er				T	Amount of
Oppenheimer	Mark									Contribution
Residential Street Address	!	City		State	1 *		Principal Occu	pation		
155 W Rock Ave		New Haven		СТ	06515					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he/sh				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			State contract	_	Legislative	Yes No		
Method of Contribution  Cash Personal Check	X Credit	Debit Card Payroll Ded	luction	n Mor	ey Order	Date Ro 07/11	eceived	Aggregate Contributio		\$10.00
Last Name Abraham	First Name Elizabeth		MI	Name of Employ	er	•		-		Amount of Contribution
		Т			_		n: : 10			
Residential Street Address 132 Mansfield St		City New Haven		State CT	Zip Code 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he/sh				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:		o of	Executi	_	1	Yes No		
Method of Contribution  Cash Personal Check	X Credit	Debit Card Payroll Ded	luction	n Mor	ey Order	Date R	eceived	Aggregate Contributio		\$25.00
Last Name Stockmann	First Name Jason		MI	Name of Employ	er					Amount of Contribution
Residential Street Address 132 Mansfield St Apt 2		City New Haven	ļ	State	Zip Code 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he/sh				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			Executi	_	Legislative	Yes No		
Method of Contribution  Cash Personal Check	X Credit	Debit Card Payroll Ded	luction	n	ey Order	Date R	eceived	Aggregate Contributio		\$20.00

											1 age 21 01 123
	I	. MONETARY RECE	IPT	TS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	ING DUE DATE
Committee To Elect Jeffrey K	terekes									09/	06/2011
	B. It	emized Contributions fr	om l	ndividu	als						
Last Name	First Name		MI	Name of E	mnlove	r					
Smart	Jerry			rune of E	лирюус						Amount of Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
21 Lyon St		New Haven			СТ	06511					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	tate contract		1	Yes No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	ey Order	Date Ro 07/12	eceived 2/2011	Aggregate Contribution	on ).00	\$10.00
Last Name	First Name		MI	Name of E	mplove	r					A 4 - F
Adams	David			Traine of L	proje						Amount of Contribution
Residential Street Address 95 Lyon St Fl 3		City New Haven			State CT	Zip Code 06511		Principal Occu	pation		
or dependent shild of a labbraist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes x No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	tate contrac	_	Legislative	Yes No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	ey Order	Date Ro 07/12	eceived 2/2011	Aggregate Contribution \$10	on ).00	\$10.00
Last Name Bishop	First Name Christine		MI	Name of E	imploye	r					Amount of Contribution
Residential Street Address		City	<u> </u>	<u> </u>	State	Zip Code		Principal Occu	pation		
250 Everit St		New Haven			СТ	06511					
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes X No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	_	_	1	Yes No		
Method of Contribution							Date R	eceived	Aggregate Contribution	on	
Cash Personal Check	X Credit	Debit Card Payroll Dec	luction	L	Mone	y Order	07/12	2/2011	\$25	5.00	\$25.00

	I	. MONETARY RECE	ZIPT	S (Section A-K)					
NAME OF COMMITTEE								FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	06/2011
	B. It	emized Contributions fr	om I	ndividuals				•	
Last Name Karagozian	First Name Ohan		MI	Name of Employer					Amount of Contribution
Residential Street Address 62 Asylum St		City New Haven		State Zip Code CT 06519		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No Yes X No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va Is contributor a principal of state. If yes, indicate which branch or b government the contract is with:	tributor lued at contrac	r or business he/she associated more than \$5000? etor or prospective state contract	with have	a	Yes No		
Method of Contribution  Cash Personal Check	Credit/	/Debit Card Payroll Dec	luction	Money Order	Date Re	eceived 2/2011	Aggregate Contribution		\$10.00
Last Name Tortora	First Name Richard		MI	Name of Employer					Amount of Contribution
Residential Street Address 92 Lyon St		City New Haven		State Zip Code CT 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			_		Yes No		
Method of Contribution  Cash X Personal Check	Credit/	/Debit Card Payroll Dec	luction	Money Order	Date Re	eceived 2/2011	Aggregate Contribution		\$10.00
Last Name Virtue	First Name Brian		MI	Name of Employer Christopher Martins R	estaura	int			Amount of Contribution
Residential Street Address 229 Townsend Ave		City New Haven		State Zip Code CT 06512		Principal Occu Restaurant			
	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes  X No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:		* *	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit	/Debit Card Payroll Dec	luction	Money Order	Date Re 07/12	eceived 2/2011	Aggregate Contribution		\$340.00

	I	. MONETARY RECE	IPT	TS (Section A-K)					
NAME OF COMMITTEE								FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	06/2011
	B. It	emized Contributions fr	om I	Individuals					
Last Name Marcuse	First Name Deborah		МІ	Name of Employer					Amount of Contribution
Residential Street Address 93 Lyon St	l	City New Haven		State Zip Code CT 06511		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1?	Yes No Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality value of the contributor a principal of state of the said	ributor lued at contrac	r or business he/she associated t more than \$5000? ctor or prospective state contract	with have	; a	Yes No		
If yes, list Event #  Method of Contribution  Cash Personal Check	X No	government the contract is with:		☐ Executi	Date R	Legislative ecceived 8/2011	Aggregate Contributio		\$25.00
Last Name Klise	First Name Linda		MI	Name of Employer					Amount of Contribution
Residential Street Address 33 Pearl St # 2		City New Haven	<u>I</u>	State Zip Code CT 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			_	1	Yes No		
Method of Contribution  Cash X Personal Check	Credit	Debit Card Payroll Ded	luction	Money Order	Date Ro	eceived 3/2011	Aggregate Contributio		\$20.00
Last Name DeSiato	First Name Laurie		MI	Name of Employer	•				Amount of Contribution
Residential Street Address 1515 State St		City New Haven		State Zip Code CT 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributor	r or business he/she associated t more than \$5000?	with have	e a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes  X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:		• •	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Ded	luction	Money Order	Date Ro 07/13	eceived 3/2011	Aggregate Contributio		\$10.00

	I	. MONETARY RECE	IPT	TS (Section A-K)					
NAME OF COMMITTEE								FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	06/2011
	B. It	emized Contributions fr	om I	Individuals					
Last Name Kalt	First Name Marisa		МІ	Name of Employer					Amount of Contribution
Residential Street Address 172 W Rock Ave	l	City New Haven		State Zip Code CT 06515	,	Principal Occu	pation		
or dependent child of a lobbyist?  Is this contribution associated with a	Yes No Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val Is contributor a principal of state of	ributor	r or business he/she associated t more than \$5000?	with have	; a	Yes No		
fundraising event listed in Section L1? If yes, list Event #  Method of Contribution	X No	If yes, indicate which branch or b government the contract is with:		L Execut	Date R	Legislative	Aggregate Contributio	on	
Cash Personal Check	T	Debit Card Payroll Ded		1	07/13	3/2011	\$15	.00	\$15.00
Last Name Nugent	First Name Patrick		MI	Name of Employer					Amount of Contribution
Residential Street Address 172 W Rock Ave	ļ	City New Haven		State Zip Code CT 06515	,	Principal Occu	pation		
or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:	contrac	ctor or prospective state contra	_	1	Yes No		
Method of Contribution  Cash X Personal Check	Credit	Debit Card Payroll Ded	luction	Money Order	Date R	eceived 3/2011	Aggregate Contributio		\$10.00
Last Name Schimmer	First Name Russell		MI	Name of Employer	-				Amount of Contribution
Residential Street Address 90 William St		City New Haven		State Zip Code CT 06511	•	Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributor	r or business he/she associated t more than \$5000?	with have	e a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Ded	luction	Money Order	Date R	eceived 3/2011	Aggregate Contributio		\$10.00

	I	. MONETARY RECE	ЕІРТ	S (Section A-K)					
NAME OF COMMITTEE								FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	06/2011
	B. It	emized Contributions fr	om I	ndividuals					
Last Name Nelson	First Name Kenneth		MI	Name of Employer					Amount of Contribution
Residential Street Address 79 Lyon St	<u>I</u>	City New Haven	ı	State Zip Code CT 06511		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No Yes X	If contribution is in excess of \$400 officer of a municipality does con contract with said municipality va Is contributor a principal of state If yes, indicate which branch or b	tributor lued at contrac	r or business he/she associated more than \$5000? ctor or prospective state contract	with have	· a	Yes No		
Method of Contribution  X Cash Personal Check		government the contract is with:  Debit Card Payroll Dec	luction		Date Re		Aggregate Contribution		\$10.00
Last Name Wheeler	First Name Britt		MI	Name of Employer					Amount of Contribution
Residential Street Address 233 St John St		City New Haven		State Zip Code CT 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does concontract with said municipality va	tributo	r or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			_	. —	Yes No		
Method of Contribution  X Cash Personal Check	Credit	/Debit Card Payroll Dec	luction	Money Order	Date Re 07/13	eceived 3/2011	Aggregate Contribution \$20		\$20.00
Last Name Harvey	First Name Donald		MI	Name of Employer Yale University					Amount of Contribution
Residential Street Address 23 Bishop St		City New Haven		State Zip Code CT 06511		Principal Occu Professor	pation		
	Yes No	If contribution is in excess of \$400 officer of a municipality does concontract with said municipality va	tributo	r or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			_	Legislative	Yes X No		
Method of Contribution  Cash Personal Check	X Credit	/Debit Card Payroll Dec	luction	Money Order	Date Re	eceived 1/2011	Aggregate Contribution \$250		\$250.00

	I	. MONETARY RECE	ZIPT	TS (Section	A-K)					
NAME OF COMMITTEE									FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes								09/0	06/2011
	B. It	emized Contributions fr	om I	Individuals						
Last Name Bishop	First Name Robert		MI	Name of Emplo	/er					Amount of Contribution
Residential Street Address 250 Everit St		City New Haven	1	Stat CT	Zip Code 06511	;	Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does con contract with said municipality va Is contributor a principal of state	ributor	r or business he/sl more than \$5000	e associated	with have	e a	Yes No		
fundraising event listed in Section L1? If yes, list Event #	X No	If yes, indicate which branch or b government the contract is with:	ranche	es of	Execut	ive _	Legislative	Yes No		
Method of Contribution  Cash Personal Check	X Credit	/Debit Card Payroll Dec	luction	м  Мо	ney Order	Date R	eceived 4/2011	Aggregate Contribution \$15.		\$15.00
Last Name Papa	First Name Susan		MI	Name of Emplo	/er					Amount of Contribution
Residential Street Address 999 Forest Rd	!	City New Haven	<u> </u>	Stat CT	Zip Code 06515	,	Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does concontract with said municipality va	tributo	r or business he/sl	e associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:		o of	state contra	_	ı —	Yes No		
Method of Contribution  Cash Personal Check	X Credit	/Debit Card Payroll Dec	luction	мо Мо	ney Order	Date R	eceived 1/2011	Aggregate Contribution \$10.		\$10.00
Last Name Griffith	First Name Jane		MI	Name of Emplo	/er					Amount of Contribution
Residential Street Address 270 Alden Ave		City New Haven	•	Stat CT	Zip Code 06515		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does concontract with said municipality va	ributor	r or business he/sl more than \$5000	e associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes  X No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:		os of	Execut	_	Legislative	Yes No		
Method of Contribution  Cash Personal Check	X Credit	/Debit Card Payroll Dec	luction	мо Мо	ney Order	Date R	eceived 1/2011	Aggregate Contribution \$10.		\$10.00

	I	. MONETARY RECE	IPT	S (Section A-K)					
NAME OF COMMITTEE								FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	06/2011
	B. It	emized Contributions fro	om I	[ndividuals					
Last Name	First Name		MI	Name of Employer					Amount of
Vantine	Melissa								Contribution
Residential Street Address 204 Wooster St Fl 1		City New Haven	<u>I</u>	State Zip Code CT 06511		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			_	Legislative	Yes No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	luction	Money Order	Date Ro 07/14	eceived 4/2011	Aggregate Contribution		\$10.00
Last Name Smith	First Name Sheri		MI E	Name of Employer					Amount of Contribution
Residential Street Address 92 Clark St		City New Haven	<u>.</u>	State Zip Code CT 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			_	1	Yes No		
Method of Contribution  Cash X Personal Check	Credit	Debit Card Payroll Ded	luction	Money Order	Date R	eceived 5/2011	Aggregate Contribution		\$40.00
Last Name Smith	First Name Mark		MI	Name of Employer	-				Amount of Contribution
Residential Street Address 92 Clark St	•	City New Haven	•	State Zip Code CT 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo lued at	r or business he/she associated more than \$5000?	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:		* *	_	Legislative	Yes No		
Method of Contribution  Cash  Cash  Personal Check	Credit	Debit Card Payroll Ded	luction	Money Order	Date Ro 07/15	eceived 5/2011	Aggregate Contributio		\$35.00

	I	. MONETARY RECE	EIPT	TS (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	ING DUE DATE
Committee To Elect Jeffrey K	erekes									09/	06/2011
	B. It	emized Contributions fr	om I	ndividu	als					•	
Last Name Pillsbury	First Name Charles		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 247 Saint Ronan	<u> </u>	City New Haven	ļ.		State CT	Zip Code 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality va  Is contributor a principal of state	ributo lued at	r or business more than \$	he/she 55000?	associated	with have	: a	Yes No		
fundraising event listed in Section L1?  If yes, list Event #	Yes X No	If yes, indicate which branch or b government the contract is with:				Executi	_	Legislative	Yes No		
Method of Contribution  Cash Personal Check	X Credit	Debit Card Payroll Dec	luction		Mone	y Order	Date Re 07/15	eceived 5/2011	Aggregate Contribution \$10		\$10.00
Last Name Pocengal	First Name Edward		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 218 Willow St		City New Haven	1		State CT	Zip Code 06511		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes No		
Method of Contribution  Cash Personal Check	X Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re 07/15	eceived 5/2011	Aggregate Contribution \$40		\$40.00
Last Name Braffman	First Name Elaine		MI A	Name of E	mploye	r					Amount of Contribution
Residential Street Address 229 Kneeland Rd		City New Haven	•		State CT	Zip Code 06512		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business more than \$	he/she 5000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	_	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re	eceived 5/2011	Aggregate Contribution		\$25.00

	I	. MONETARY RECE	ЕІРТ	TS (Sectio	n A-	-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey Ke	erekes									09/0	06/2011
	B. It	emized Contributions fr	om I	ndividuals	s						
Last Name McIntyre	First Name Magdalena		MI	Name of Emp	oloyer						Amount of Contribution
Residential Street Address 64 Pearl St		City New Haven			- 1	Zip Code 06511		Principal Occuj	pation		
or dependent child of a lobbyist?  Is this contribution associated with a	Yes No Yes	If contribution is in excess of \$400 officer of a municipality does con contract with said municipality va  Is contributor a principal of state	tributo lued at	r or business he more than \$50	/she as 00?	sociated w	vith have	a $\Box$	Yes No		
fundraising event listed in Section L1?  If yes, list Event #  Method of Contribution	x No	If yes, indicate which branch or b government the contract is with:	ranche	s of		Executiv	Date Re	Legislative	Aggregate Contributio	nn.	
Cash X Personal Check	Credit/	/Debit Card Payroll Dec	luction		Money (	Order	07/15		\$10		\$10.00
Last Name DeSiato	First Name Carmen		MI	Name of Emp	loyer						Amount of Contribution
Residential Street Address 119 Linden St		City New Haven			- 1	Zip Code 06511		Principal Occuj	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does concontract with said municipality va	tributo	r or business he	/she as				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:					_		Yes No		
Method of Contribution  Cash Personal Check	X Credit/	/Debit Card Payroll Dec	luction	N	Money (	Order	Date Re	ceived /2011	Aggregate Contribution		\$75.00
Last Name Treat	First Name John		MI	Name of Emp	loyer						Amount of Contribution
Residential Street Address 243 A Front St		City New Haven	•			Zip Code 06513		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does concontract with said municipality va	tributo lued at	r or business he more than \$50	/she as 00?	sociated w	vith have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:					_	Legislative	Yes No		
Method of Contribution  Cash Personal Check	x Credit/	/Debit Card Payroll Dec	luction	П	Money (	Order	Date Re		Aggregate Contribution		\$10.00

	I	. MONETARY RECE	EIPT	S (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes									09/0	06/2011
	B. It	emized Contributions fr	om I	ndividu	als						
Last Name	First Name		MI	Name of E	mnlove	r					
Corden	Cynthia			Name of E	mpioye	1					Amount of Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
3A Hughes Pl		New Haven			СТ	06511					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No Yes X No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va Is contributor a principal of state If yes, indicate which branch or b government the contract is with:	tributor lued at contrac	more than \$	he/she 55000?	associated	with have		Yes No		
Method of Contribution  Cash Personal Check	X Credit	Debit Card Payroll Dec	luction		Mone	y Order	Date Re	eceived 3/2011	Aggregate Contribution \$10		\$10.00
Last Name Cunningham	First Name Jan		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 8 Reservoir St		City New Haven	ļ		State CT	Zip Code 06511		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	tate contrac	_	Legislative	Yes No		
Method of Contribution  Cash Personal Check	X Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re 07/18	eceived 3/2011	Aggregate Contributio		\$10.00
Last Name Diedrich	First Name Mallory		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address	-	City			State	Zip Code		Principal Occu	pation		
116 Townsend Ave		New Haven			СТ	06512					
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business more than \$	he/she 5000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	tate contract  Executi		Legislative	Yes No		
Method of Contribution  Cash Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	y Order	Date Ro	eceived 3/2011	Aggregate Contribution		\$10.00

	I	. MONETARY RECE	IPT	S (Section A-K)					
NAME OF COMMITTEE								FILE	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	06/2011
	B. It	emized Contributions fr	om I	<b>Individuals</b>					
Last Name Anderson	First Name Edward		MI	Name of Employer					Amount of Contribution
Residential Street Address 123 York St # 1C		City New Haven		State Zip Code CT 06511		Principal Occu	pation		
or dependent child of a lobbyist?  Is this contribution associated with a	Yes No Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val  Is contributor a principal of state of	ributor	r or business he/she associated more than \$5000?	with have	· a	Yes No		
fundraising event listed in Section L1?  If yes, list Event #  Method of Contribution  Cash Personal Check	X No	If yes, indicate which branch or be government the contract is with:  Debit Card Payroll Ded		Executi	Date Re	Legislative ecceived 8/2011	Aggregate Contributio		\$25.00
Last Name Carroll	First Name Barbara		MI	Name of Employer	l		<u> </u>		Amount of Contribution
Residential Street Address 165 Hyde St		City New Haven		State Zip Code CT 06512		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			_	. —	Yes No		
Method of Contribution  Cash Personal Check	X Credit	Debit Card Payroll Ded	luction	Money Order	Date Re	eceived 3/2011	Aggregate Contribution \$20		\$20.00
Last Name Sehnal-Hanson	First Name Virginia		MI A	Name of Employer					Amount of Contribution
Residential Street Address 11 Grove Ave		City Wolcott	•	State Zip Code CT 06716		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributor	r or business he/she associated more than \$5000?	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			_	Legislative	Yes No		
Method of Contribution  Cash  X  Personal Check	Credit/	Debit Card Payroll Ded	luction	Money Order	Date Re 07/18	eceived 3/2011	Aggregate Contribution		\$25.00

	I	. MONETARY RECE	IPT	ΓS (Section A-K)					
NAME OF COMMITTEE								FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	06/2011
	B. It	emized Contributions fr	om I	Individuals					
Last Name	First Name		MI	Name of Employer				I	Amount of
Jarema	Jason								Contribution
Residential Street Address 441 Chapel St Apt 2A2		City New Haven	<u>I</u>	State Zip Code CT 06511	:	Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	or or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes  X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Ded	luction	n Money Order		eceived 9/2011	Aggregate Contributio		\$20.00
Last Name Duarte	First Name James		MI F	Name of Employer					Amount of Contribution
Residential Street Address 267 Greene St		City New Haven	•	State Zip Code CT 06511	:	Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	or or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Ded	luction	n Money Order		eceived 9/2011	Aggregate Contributio		\$10.00
Last Name Hamilton	First Name Wendy		MI	Name of Employer					Amount of Contribution
Residential Street Address 267 Greene St		City New Haven	•	State Zip Code CT 06511	;	Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality value of state.	ributoi lued at	or or business he/she associated at more than \$5000?	with have	e a	Yes No		
fundraising event listed in Section L1?  If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Ded	luction	n Money Order		eceived 9/2011	Aggregate Contributio		\$10.00

	I	. MONETARY RECE	IPT	TS (Section A-K)					
NAME OF COMMITTEE								FILE	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	06/2011
	B. It	emized Contributions fr	om I	<b>Individuals</b>					
Last Name Melotti	First Name Christine		MI	Name of Employer					Amount of Contribution
Residential Street Address 138 Wooster St		City New Haven		State Zip Code CT 06511		Principal Occu	pation		
or dependent child of a lobbyist?  Is this contribution associated with a	Yes No Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val Is contributor a principal of state of	ributor	r or business he/she associated t more than \$5000?	with have	; a	Yes No		
fundraising event listed in Section L1? If yes, list Event #  Method of Contribution	X No	If yes, indicate which branch or b government the contract is with:	ranche	es of Executi	Date R	Legislative	Aggregate Contribution	on	
X Cash Personal Check	Credit	Debit Card Payroll Ded	luction	Money Order	07/19	9/2011	\$20	.00	\$20.00
Last Name Dondy	First Name Lise		MI	Name of Employer					Amount of Contribution
Residential Street Address 43 Autumn St		City New Haven		State Zip Code CT 06511	:	Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			_	1	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Ded	luction	Money Order	Date Ro 07/19	eceived 9/2011	Aggregate Contribution \$10		\$10.00
Last Name Kaplan	First Name William		MI	Name of Employer	-				Amount of Contribution
Residential Street Address 43 Autumn St		City New Haven		State Zip Code CT 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributor	r or business he/she associated t more than \$5000?	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:		• •	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Ded	luction	Money Order	Date Ro 07/19	eceived 9/2011	Aggregate Contribution		\$10.00

	I	. MONETARY RECE	EIPT	TS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	ING DUE DATE
Committee To Elect Jeffrey Ko	erekes									09/0	06/2011
	B. It	emized Contributions fr	om l	ndividu	als						
Last Name	First Name		MI	Name of E	mplove	r					Amount of
Hyman	Pam		G		r -5-						Contribution
Residential Street Address		City		<u>.                                    </u>	State	Zip Code		Principal Occu	pation		
8 Woodland Ter		Prospect			СТ	06712					
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does concontract with said municipality va	tributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	tate contract  Executi	_	Legislative	Yes X No		
Method of Contribution		government are contract is with					Date R	eceived	Aggregate Contribution	on	•
Cash X Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	y Order	l	9/2011	\$100		\$100.00
Last Name	First Name		MI	Name of E	mploye	r					Amount of
Ott	Jeffrey		М								Contribution
D :1 < 10					G	7: 6.1		Principal Occu	nation		
Residential Street Address 441 Chapel St Apt 1C		City New Haven			State	Zip Code 06511			F		
1441 Chaper St Apt 1C		ivew riaveir			•	00011					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does concontract with said municipality va	tributo	r or business	he/she				Yes No		
Is this contribution associated with a	Yes	Is contributor a principal of state	contra	ctor or prosp	ective s	tate contrac	tor?		Yes No		
fundraising event listed in Section L1?  If yes, list Event #	x No	If yes, indicate which branch or b government the contract is with:	ranche	es of		Executi	ve _	Legislative	165 🔟 110		
Method of Contribution		government the contract is with.					Date R	agaiyad	Aggregate Contribution	on	•
Cash Rersonal Check	Credit	Debit Card Payroll Dec	luction		Mone	y Order	l	0/2011	1 00 0	5.00	\$15.00
									<u> </u>		Ψ13.00
Last Name	First Name		MI	Name of E	mploye	r					Amount of
Ross	F		D								Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
111 Park St		New Haven			СТ	06510					
	Yes	If contribution is in excess of \$400							Yes		
or dependent child of a lobbyist?	No	officer of a municipality does con- contract with said municipality va				associated	with have	e a	No		
Is this contribution associated with a	Yes	Is contributor a principal of state				tate contrac	tor?		Yes No		
fundraising event listed in Section L1?  If yes, list Event #	x No	If yes, indicate which branch or b government the contract is with:	ranche	es of		Executi	ve _	Legislative			
Method of Contribution		government the contract is with.					Date R		Aggregate Contribution	on	•
X Cash Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	v Order	07/21			0.00	\$20.00

	I	. MONETARY RECE	IPT	ΓS (Section A-K)					
NAME OF COMMITTEE								FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	06/2011
	B. It	emized Contributions fr	om I	Individuals					
Last Name Campion	First Name Paul		MI F	Name of Employer					Amount of Contribution
Residential Street Address 82 Morris Cove Rd		City New Haven		State Zip Code CT 06512		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1?	Yes No Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val  Is contributor a principal of state of the said of t	ributor lued at contrac	or or business he/she associated t more than \$5000? ctor or prospective state contract	with have	· a	Yes No		
If yes, list Event #  Method of Contribution  Cash  Personal Check	X No	If yes, indicate which branch or but government the contract is with:  Debit Card Payroll Ded		L Executi	Date R	Legislative ecceived	Aggregate Contributio		\$10.00
Last Name Newberry	First Name James		MI	Name of Employer					Amount of Contribution
Residential Street Address 30 Ruby St		City New Haven		State Zip Code CT 06515		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	or or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			_	. —	Yes No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Ded	luction	n Money Order	Date Ro 07/21	eceived ./2011	Aggregate Contributio		\$20.00
Last Name Gallagher	First Name Emily		MI	Name of Employer					Amount of Contribution
Residential Street Address 50 Derby Ave	•	City New Haven	•	State Zip Code CT 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val Is contributor a principal of state of the said municipal of said municipa	ributor	or or business he/she associated t more than \$5000?	with have	a	Yes No		
fundraising event listed in Section L1? If yes, list Event #	Yes X No	If yes, indicate which branch or be government the contract is with:			_	Legislative	Yes No		
Method of Contribution  Cash Personal Check	X Credit/	Debit Card Payroll Ded	luction	Money Order	Date Ro 07/21	eceived ./2011	Aggregate Contributio		\$10.00

											1 age 30 01 123
	I	. MONETARY RECE	ІРТ	TS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	ING DUE DATE
Committee To Elect Jeffrey K	Lerekes									09/	06/2011
	B. It	emized Contributions fr	om l	ndividu	als						
Last Name	First Name		MI	Name of E	mplove	r					A
Mensz	Pawel										Amount of Contribution
Residential Street Address	- <u>!</u>	City			State	Zip Code		Principal Occu	pation		
287 W Rock Ave		New Haven			СТ	06515					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	tributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b			ective s	tate contrac	_	1	Yes No		
Method of Contribution		government the contract is with:					Date R		Aggregate Contribution	on	
Cash Personal Check	X Credit	Debit Card Payroll Dec	luction		Mone	ey Order		1/2011	""	5.00	\$25.00
Last Name	First Name		MI	Name of E	mploye	r					Amount of
Pierre	Patrick										Contribution
Residential Street Address 817 Grand Ave # 301	•	City New Haven			State CT	Zip Code 06511		Principal Occu	pation		
or dependent shild of a labbraist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	tributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	tate contrac	_	Legislative	Yes No		
Method of Contribution  Cash Personal Check	X Credit	Debit Card Payroll Dec	luction		Mone	ey Order	Date R	eceived L/2011	Aggregate Contribution	on 5.00	\$25.00
Last Name	First Name		MI	Name of E	mploye	r					Amount of
Ridky	Brad										Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
190 W Rock Ave		New Haven			СТ	06515					
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	tributo lued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			_	tate contract  Executi	_	1	Yes No		
		Sovermment the contract is with:							A		†
Method of Contribution  Cash Personal Check	X Credit	Debit Card Payroll Dec	luction		Mone	y Order	Date R 07/21	L/2011	Aggregate Contribution \$10	on ).00	\$10.00

	I	. MONETARY RECE	IPT	ΓS (Section A-K)					
NAME OF COMMITTEE								FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	06/2011
	B. It	emized Contributions fr	om I	Individuals					
Last Name Losty	First Name Douglas		МІ	Name of Employer					Amount of Contribution
Residential Street Address PO Box 120713		City East Haven		State Zip Code CT 06512		Principal Occup	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No Yes X	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val Is contributor a principal of state of If yes, indicate which branch or be	ributor lued at contrac	or or business he/she associated vit more than \$5000? ctor or prospective state contract	with have	a $\Box$	Yes No		
Method of Contribution  Cash Personal Check	X Credit	government the contract is with:  Debit Card Payroll Ded	luction	n Money Order	Date Re		Aggregate Contribution \$25.		\$25.00
Last Name Persson	First Name Lynn		MI	Name of Employer					Amount of Contribution
Residential Street Address 262 Milford Point Rd		City Milford		State Zip Code CT 06460		Principal Occu	pation		
4 41:14 1-14:0	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	or or business he/she associated v			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			_		Yes X No		
Method of Contribution  Cash Personal Check	X Credit/	Debit Card Payroll Ded	luction	Money Order	Date Re	eceived /2011	Aggregate Contribution \$100.		\$100.00
Last Name Schaefer	First Name Christopher	-	MI	Name of Employer					Amount of Contribution
Residential Street Address 84 Second St 2nd St )		City New Haven	•	State Zip Code CT 06519		Principal Occu	pation		
or dependent child of a lobbyist?  Is this contribution associated with a	Yes No Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val Is contributor a principal of state of the said of the said municipal of state of the said municipal of the said municipal of the said municipal of state of the said municipal of the	ributor lued at contrac	or or business he/she associated vit more than \$5000? ctor or prospective state contract	with have		Yes No		
fundraising event listed in Section L1?  If yes, list Event #  Method of Contribution	x <sub>No</sub>	If yes, indicate which branch or b government the contract is with:	ranche	es of Executiv	ve Date Re	Legislative	Aggregate Contribution	n	
Cash Personal Check	X Credit/	Debit Card Payroll Ded	luction	Money Order		2/2011	\$10.		\$10.00

	I	. MONETARY RECE	IPT	S (Section	A-K)					
NAME OF COMMITTEE									FILI	NG DUE DATE
Committee To Elect Jeffrey Ke	erekes								09/0	06/2011
	B. It	emized Contributions fr	om I	Individuals						
Last Name Ferrucci	First Name Ralph		МІ	Name of Emplo	yer					Amount of Contribution
Residential Street Address 201 Summit St		City New Haven		Sta CT			Principal Occu	pation		
or dependent child of a lobbyist?  Is this contribution associated with a	Yes No Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va  Is contributor a principal of state	ributor	r or business he/s more than \$5000	he associate	d with have	e a	Yes No		
fundraising event listed in Section L1? If yes, list Event #  Method of Contribution	X No	If yes, indicate which branch or b government the contract is with:	ranche	s of	Execu		Legislative	Aggregate Contributio	n	
Cash Personal Check	X Credit/	Debit Card Payroll Dec	luction	М	oney Order	07/22	2/2011	\$25.	.00	\$25.00
Last Name Holmes	First Name Jessica		MI	Name of Emplo	yer					Amount of Contribution
Residential Street Address 31 Nash St		City New Haven	•	Sta CT			Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he/s	he associate			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			Exect	_	Legislative	Yes No		
Method of Contribution  Cash Personal Check	X Credit/	Debit Card Payroll Dec	luction	Мо	oney Order		eceived 2/2011	Aggregate Contributio		\$20.00
Last Name Sloat	First Name Joshua		MI	Name of Emplo	yer					Amount of Contribution
Residential Street Address 111 Clinton Ave		City New Haven	•	Sta CT			Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributoi lued at	r or business he/s more than \$5000	he associate	d with have	e a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes X No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			Execu	_	Legislative	Yes No		
Method of Contribution  Cash Personal Check	X Credit	Debit Card Payroll Dec	luction	м М	oney Order	1	eceived 2/2011	Aggregate Contribution \$20.		\$20.00

	I	. MONETARY RECE	IPT	TS (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey Ke	rekes									09/0	06/2011
	B. It	emized Contributions fr	om I	ndividu	als						
	First Name Shelley		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 652 Prospect St		City New Haven	1		State CT	Zip Code 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality value of the contributor a principal of state of the contributor apprincipal of the contribut	ributo lued at	r or business more than \$	he/she : 5000?	associated v	with have	· a	Yes No		
fundraising event listed in Section L1? If yes, list Event #	X No	If yes, indicate which branch or b government the contract is with:	ranche	es of		Executiv	ve _	Legislative	Yes No		
Method of Contribution  Cash Personal Check	X Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Re	eceived 2/2011	Aggregate Contribution \$11		\$11.00
	First Name Catherine		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 31 Nash St		City New Haven			State CT	Zip Code 06511		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes x No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective st	_	_	. —	Yes No		
Method of Contribution  Cash Personal Check	X Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Re	eceived 2/2011	Aggregate Contributio		\$20.00
	First Name Melissa		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 98 Alden Ave		City New Haven	•		State CT	Zip Code 06515		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business more than \$	he/she : 5000?	associated v	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective st	Executiv	_	Legislative	Yes No		
Method of Contribution  Cash  Rersonal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Re	eceived 2/2011	Aggregate Contribution		\$10.00

	I	. MONETARY RECE	IPT	ΓS (Section A-K)					
NAME OF COMMITTEE								FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	06/2011
	B. It	emized Contributions fr	om I	Individuals					
Last Name	First Name		MI	Name of Employer					Amount of
Sachs	June		Е						Contribution
Residential Street Address	1	City		State Zip Code	;	Principal Occu	pation		
396 Saint Ronan St		New Haven		CT 06511					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	or or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			_	Legislative	Yes No		
Method of Contribution  Cash X Personal Check	Credit	/Debit Card Payroll Ded	luction	n Money Order	Date R	eceived 3/2011	Aggregate Contribution \$10.		\$10.00
Last Name Kafoglis	First Name Chris		MI	Name of Employer					Amount of Contribution
Residential Street Address 20 Autumn Stg	'	City New Haven	<u>I</u>	State Zip Code CT 06511	,	Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	or or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			_	1	Yes No		
Method of Contribution  X Cash Personal Check	Credit	/Debit Card Payroll Ded	luction	n Money Order	Date R	eceived 3/2011	Aggregate Contribution \$10.		\$10.00
Last Name Kafoglis	First Name Nancy		MI B	Name of Employer					Amount of Contribution
Residential Street Address 20 Autumn St	•	City New Haven		State Zip Code CT 06511	;	Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	or or business he/she associated at more than \$5000?	with have	e a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes x No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:		• •	_	Legislative	Yes No		
Method of Contribution  Cash Personal Check	Credit	/Debit Card Payroll Ded	luction	n Money Order	Date R	eceived 3/2011	Aggregate Contribution \$10.		\$10.00

	I	. MONETARY RECE	ЕІРТ	ΓS (Section A	<b>A-K</b> )					
NAME OF COMMITTEE									FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes								09/0	06/2011
	B. It	emized Contributions fr	om I	Individuals						
Last Name	First Name		MI	Name of Employe	r				T	Amount of
Eisenstat	Dana									Contribution
Residential Street Address 55 Autumn St	!	City New Haven		State CT	Zip Code 06511		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No Yes No No	If contribution is in excess of \$400 officer of a municipality does con contract with said municipality va Is contributor a principal of state If yes, indicate which branch or b government the contract is with:	tributor lued at contrac	r or business he/she t more than \$5000? ctor or prospective s	associated	with have	a	Yes No		
Method of Contribution  X Cash Personal Check	Credit	/Debit Card Payroll Dec	luction	n  Mone	ey Order	Date Ro		Aggregate Contributio		\$10.00
Last Name Felder	First Name Allen		MI	Name of Employe	er					Amount of Contribution
Residential Street Address 460 Stevenson Rd		City New Haven		State CT	Zip Code 06515		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does con contract with said municipality va	tributo	r or business he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:		n of -	Executi	_		Yes No		
Method of Contribution  X Cash Personal Check	Credit	/Debit Card Payroll Dec	luction	n Mone	ey Order	Date Re 07/23	eceived 3/2011	Aggregate Contributio		\$20.00
Last Name Berger	First Name Timothy		MI	Name of Employe	er					Amount of Contribution
Residential Street Address 50 Autumn St	•	City New Haven	•	State CT	Zip Code 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does concontract with said municipality value of state.	tributo lued at	or or business he/she t more than \$5000?	associated	with have	a	Yes No		
fundraising event listed in Section L1?  If yes, list Event #	Yes X No	If yes, indicate which branch or b government the contract is with:			Executi	_	Legislative	Yes No		
Method of Contribution  Cash Personal Check	X Credit	/Debit Card Payroll Dec	luction	n	ey Order	Date Re 07/23	eceived 8/2011	Aggregate Contributio		\$10.00

	I	. MONETARY RECE	IPT	ΓS (Section A-l	K)				
NAME OF COMMITTEE								FILIN	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	6/2011
	B. It	emized Contributions fr	om I	Individuals					
Last Name	First Name		MI	Name of Employer					Amount of
Cameron	David		R						Contribution
Residential Street Address		City	-	State Zi	p Code	Principal Occu	pation		
31 Loomis Pl		New Haven		CT 06	6511				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	or or business he/she asso			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:		es of	Executive	Legislative	Yes No		
Method of Contribution  Cash X Personal Check	Credit	Debit Card Payroll Ded	luction	n Money O		Received 23/2011	Aggregate Contribution \$25.		\$25.00
Last Name Eisenstat	First Name Stanley		MI	Name of Employer					Amount of Contribution
Residential Street Address 55 Autumn St		City New Haven			p Code 6511	Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	or or business he/she asso			Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:		es of	Executive	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Ded	luction	n Money O		Received 23/2011	Aggregate Contribution \$10.		\$10.00
Last Name Fitzpatrick	First Name John		MI	Name of Employer					Amount of Contribution
Residential Street Address 1631 Chapel St		City New Haven			p Code 6511	Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributor	or or business he/she asso t more than \$5000?	ociated with h	ave a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes  X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:		es of	Executive	Legislative	Yes No		
Method of Contribution  Cash Personal Check	X Credit	Debit Card Payroll Ded	luction	n Money O		Received 24/2011	Aggregate Contribution \$20.		\$20.00

	I	. MONETARY RECE	IPT	S (Section A-K)					
NAME OF COMMITTEE								FILE	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	06/2011
	B. It	emized Contributions fr	om I	<b>Individuals</b>					
Last Name Oliva	First Name Daniel		МІ	Name of Employer					Amount of Contribution
Residential Street Address 47 Mustang Dr		City Shelton		State Zip Code CT 06484	:	Principal Occu	pation		
or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1?	Yes No Yes X	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val  Is contributor a principal of state of the said of t	ributo: lued at	r or business he/she associated more than \$5000? etor or prospective state contract	with have	e a	Yes No		
If yes, list Event #  Method of Contribution  Cash  Rersonal Check		government the contract is with:  Debit Card Payroll Ded	luction		Date R		Aggregate Contribution		\$25.00
Last Name Morin	First Name Gerald		MI	Name of Employer					Amount of Contribution
Residential Street Address 817 Grand Ave # 303 )		City New Haven	<u>.</u>	State Zip Code CT 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			_	ı —	Yes No		
Method of Contribution  Cash Personal Check	Credit	Debit Card Payroll Ded	luction	Money Order	Date Ro	eceived 4/2011	Aggregate Contribution \$25		\$25.00
Last Name Cohen	First Name Paulette		MI	Name of Employer					Amount of Contribution
Residential Street Address 189 Everit St		City New Haven	<u>I</u>	State Zip Code CT 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val Is contributor a principal of state of the said of the said municipal of state of the said of the sai	ributo lued at	r or business he/she associated more than \$5000?	with have	e a	Yes No		
fundraising event listed in Section L1?  If yes, list Event #	Yes x No	If yes, indicate which branch or branch government the contract is with:		* *	_	Legislative	Yes No		
Method of Contribution  Cash  X  Personal Check	Credit/	Debit Card Payroll Ded	luction	Money Order	Date Ro 07/24	eceived 1/2011	Aggregate Contribution		\$15.00

	I	. MONETARY RECE	ІРТ	S (Sect	ion A	<b>A-K</b> )				_	
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes									09/0	06/2011
	B. It	emized Contributions fr	om I	ndividu	als						
Last Name	First Name		MI	Name of E	mnlove	r					
Perry	Bobsie			Name of E	mpioye	1					Amount of Contribution
Residential Street Address	•	City	•		State	Zip Code		Principal Occu	pation		
71 William St		New Haven			СТ	06511					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes No Yes X No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va Is contributor a principal of state. If yes, indicate which branch or b government the contract is with:	tributor lued at contrac	more than \$	he/she 55000?	associated	with have	Legislative	Yes No  Yes No  Aggregate Contribution	on	
Cash X Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	y Order	l	5/2011	\$10		\$10.00
Last Name Jeter	First Name Nannie		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 99 Brooklawn Cir		City New Haven	<u> </u>		State CT	Zip Code 06515		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	y Order	Date Ro 07/25	eceived 5/2011	Aggregate Contribution		\$10.00
Last Name Jeter	First Name Liz		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address	•	City			State	Zip Code		Principal Occu	pation		
96 Brooklawn Cir		New Haven			СТ	06515					
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business more than \$	he/she 5000?	associated	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	tate contract  Executi		Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	y Order	Date Ro	eceived 5/2011	Aggregate Contribution		\$10.00

	I	. MONETARY RECE	IPT	ΓS (Section A-K)					
NAME OF COMMITTEE								FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	06/2011
	B. It	emized Contributions fr	om I	Individuals					
Last Name Jeter	First Name Nannie		MI	Name of Employer					Amount of Contribution
Residential Street Address  99 Brooklawn Cir		City New Haven		State Zip Code CT 06515		Principal Occup	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No Yes X	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va Is contributor a principal of state If yes, indicate which branch or b government the contract is with:	ributor lued at contrac	or or business he/she associated of t more than \$5000? ctor or prospective state contract	with have	a $\Box$	Yes No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Ded	luction	Money Order	Date Re	eceived 5/2011	Aggregate Contribution \$10.		\$10.00
Last Name Rogers	First Name Margaret		MI L	Name of Employer					Amount of Contribution
Residential Street Address 73 Lyon St		City New Haven		State Zip Code CT 06511		Principal Occup	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	or or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			_		Yes No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	luction	Money Order	Date Re	eceived 5/2011	Aggregate Contribution \$10.		\$10.00
Last Name Lovett-Graff	First Name Sharon		MI	Name of Employer					Amount of Contribution
Residential Street Address 352 W Rock Ave		City New Haven		State Zip Code CT 06515		Principal Occup	pation		
or dependent child of a lobbyist?  Is this contribution associated with a	Yes No Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val Is contributor a principal of state of	ributoi lued at	or or business he/she associated of the more than \$5000?	with have		Yes No		
fundraising event listed in Section L1? If yes, list Event #	x No	If yes, indicate which branch or b government the contract is with:	ranche	es of Executiv	ve _	Legislative	105 LI NO		
Method of Contribution  Cash Personal Check	X Credit	Debit Card Payroll Ded	luction	Money Order	Date Re 07/26	eceived 5/2011	Aggregate Contribution \$10.		\$10.00

											1 age 40 01 123
	I	, MONETARY RECE	IPT	S (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	ING DUE DATE
Committee To Elect Jeffrey K	erekes									09/	06/2011
	B. Ite	emized Contributions fro	om I	ndividu	als						
Last Name	First Name		MI	Name of E	mplove	r					Amount of
Lee	Mary Brett				1 -3						Contribution
Residential Street Address	•	City			State	Zip Code		Principal Occu	pation		
70 Lyon St		New Haven			СТ	06511					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality value.	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state c  If yes, indicate which branch or br government the contract is with:			ective s	tate contract		1	Yes No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Ro 07/26	eceived 5/2011	Aggregate Contribution \$25	on 5.00	\$25.00
Last Name	First Name		MI	Name of E	mplove	r			·		Amount of
Strycharz	Heather				1 -3						Contribution
Residential Street Address 147 Willow St # 2	•	City New Haven	-		State CT	Zip Code 06511		Principal Occu	pation		
or donor dont shild of a labbraist?	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or br government the contract is with:			ective s	tate contrac	_	Legislative	Yes No		
Method of Contribution  Cash Personal Check	X Credit/	Debit Card Payroll Dedi	uction		Mone	ey Order	Date Re 07/26	eceived 5/2011	Aggregate Contribution \$15	on 5.00	\$15.00
Last Name Bailey	First Name Matthew		MI	Name of E B.C. Bai	1 2	r uneral Ho	ome				Amount of Contribution
Residential Street Address	!	City		<u> </u>	State	Zip Code		Principal Occu	pation		
487 Townsend Ave		New Haven			СТ	06492		Funeral Dir	rector		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does control contract with said municipality val	ributoi ued at	r or business more than \$	he/she 5000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state c If yes, indicate which branch or br government the contract is with:			ective s	_	_	1	Yes No		
Method of Contribution  Cash Personal Check	X Credit/	Debit Card Payroll Ded	uction		Mone	ey Order	Date Re	eceived 7/2011	Aggregate Contribution	on ).00	\$50.00

	I	. MONETARY RECE	ZIPT	S (Section	n A-H	K)				
NAME OF COMMITTEE									FILI	NG DUE DATE
Committee To Elect Jeffrey Ke	rekes								09/0	06/2011
	B. It	emized Contributions fr	om I	ndividuals						
	First Name Heather		MI	Name of Empl	oyer					Amount of Contribution
Residential Street Address 462 Poplar St		City New Haven	1	Sta	_ I -	p Code 5513	Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality value of scontributor a principal of state of the state	ributor	r or business he/ more than \$500	she asso 0?	ociated with h	ave a	Yes No		
fundraising event listed in Section L1? If yes, list Event #	X No	If yes, indicate which branch or b government the contract is with:	ranche	s of	П	Executive	Legislative	Yes No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	luction	. Пм	oney Or	- 1	e Received /27/2011	Aggregate Contributio		\$25.00
	First Name Keith		MI	Name of Empl	oyer	·				Amount of Contribution
Residential Street Address 462 Poplar St		City New Haven		St.	_ I -	p Code 5513	Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	tributo	r or business he/	she asso			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			$\overline{}$	contractor?	Legislative	Yes No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Ded	luction	. Пм	oney Or	- 1	e Received /27/2011	Aggregate Contributio		\$25.00
	First Name Cherell		MI	Name of Empl	oyer					Amount of Contribution
Residential Street Address 55 Parker Pl		City New Haven	<u>.                                      </u>	Sta	- 1	p Code 5512	Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributor	r or business he/ more than \$500	she asso 0?	ociated with h		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			$\Box$	contractor?	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Ded	luction	. Пм	oney Or	- 1	e Received /27/2011	Aggregate Contributio		\$10.00

	I	. MONETARY RECE	IPT	S (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes									09/0	06/2011
	B. It	emized Contributions fro	om I	ndividu	als						
Last Name	First Name		МІ	Name of E	mnlove	r				1	
Doyle	Lorraine			Milford							Amount of Contribution
Residential Street Address	1	City	-		State	Zip Code		Principal Occu			
806 State St		New Haven			СТ	06511		Property M	anagement		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val Is contributor a principal of state of	ributoi ued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
fundraising event listed in Section L1?  If yes, list Event #	x No	If yes, indicate which branch or br government the contract is with:	anche	s of		Executi	ve _	Legislative			
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	ey Order	Date R	eceived 7/2011	Aggregate Contributio		\$100.00
Last Name	First Name		MI	Name of E	mploye	r					Amount of
Tureck	Marlene										Contribution
Residential Street Address 76 Winchester Ave		City New Haven			State CT	Zip Code 06511		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or branch or branch or branch the contract is with:			ective s	Executi	_	Legislative	Yes No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	ey Order	Date Ro 07/27	eceived 7/2011	Aggregate Contribution \$25		\$25.00
Last Name Tureck	First Name Jerome		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address		Cit.			State	Zip Code		Principal Occu	pation		
76 Winchester Ave		City New Haven			CT	06511		•	•		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributoi ued at	r or business more than \$	he/she 5000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or but government the contract is with:			ective s	tate contract		Legislative	Yes No		
Method of Contribution  Cash  X  Personal Check	Credit	Debit Card Payroll Ded	uction		Mone	y Order	Date R	eceived 7/2011	Aggregate Contributio		\$25.00

	I	. MONETARY RECE	IPT	TS (Secti	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey Ko	erekes									09/0	06/2011
	B. It	emized Contributions fr	om I	ndividua	als						
Last Name O'Connell	First Name Heather		MI	Name of Er	mploye	r					Amount of Contribution
Residential Street Address 441 Chapel St Apt 1D		City New Haven			State CT	Zip Code 06511		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va  Is contributor a principal of state	ributo lued at	r or business more than \$2	he/she 5000?	associated v	with have	· a	Yes No		
fundraising event listed in Section L1? If yes, list Event #	Yes X No	If yes, indicate which branch or b government the contract is with:	ranche	es of		Executiv	ve _	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re	eceived 7/2011	Aggregate Contribution \$10		\$10.00
Last Name Rountree	First Name Terrence		MI	Name of Er	mploye	r					Amount of Contribution
Residential Street Address 124 Englewood Dr		City New Haven			State CT	Zip Code 06515		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	_	_	. —	Yes No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re	eceived 7/2011	Aggregate Contribution		\$10.00
Last Name Rountree	First Name LaShell		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 124 Englewood Dr		City New Haven			State CT	Zip Code 06515		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business more than \$3	he/she 5000?	associated v	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes  X No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	_	_	Legislative	Yes No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re	eceived 7/2011	Aggregate Contribution		\$10.00

	I	. MONETARY RECE	ПРТ	TS (Section	on A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes									09/0	06/2011
	B. It	emized Contributions fr	om I	ndividua	ls						
Last Name	First Name		MI	Name of Em	nployer	r					Amount of
Messore	Cristi										Contribution
Residential Street Address 425 Whitney Ave Apt 9		City New Haven	<u> </u>		State CT	Zip Code 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business h more than \$5	ne/she a 000?	associated v	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ctive st	Executiv	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	y Order	Date Re	eceived 7/2011	Aggregate Contribution		\$10.00
Last Name Broniek	First Name Paul		MI	Name of Em	nployer	r					Amount of Contribution
Residential Street Address 47 Pearl St		City New Haven			State CT	Zip Code 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business h	ne/she a				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ctive st	-	_	. —	Yes No		
Method of Contribution  Cash X Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	y Order	Date Re	eceived 3/2011	Aggregate Contribution \$25		\$25.00
Last Name Brown	First Name Breisha		MI	Name of Em	nployer	r					Amount of Contribution
Residential Street Address 12 Russo Ter		City New Haven			State CT	Zip Code 06513		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business h more than \$5	ne/she a 000?	associated v	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes  X No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ctive st	Executiv	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	y Order	Date Re	eceived 3/2011	Aggregate Contribution		\$10.00

	I	. MONETARY RECE	IPT	TS (Section A-K)					
NAME OF COMMITTEE								FILII	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	06/2011
	B. It	emized Contributions fr	om I	Individuals					
Last Name Brown	First Name Bernice		MI	Name of Employer					Amount of Contribution
Residential Street Address 12 Russo Ter		City New Haven		State Zip Code CT 06513		Principal Occup	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1?	Yes No Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality value of the contributor a principal of state of the said	ributor lued at contrac	or or business he/she associated of t more than \$5000? ctor or prospective state contract	with have	a	Yes No		
If yes, list Event #  Method of Contribution  X Cash Personal Check	X No	government the contract is with:  Debit Card Payroll Ded		Executiv	Date Re		Aggregate Contribution \$10.		\$10.00
Last Name Brown	First Name Eric		MI	Name of Employer					Amount of Contribution
Residential Street Address 12 Russo Ter		City New Haven		State Zip Code CT 06513		Principal Occuj	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	or or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:				_	Yes No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Ded	luction	Money Order	Date Re		Aggregate Contribution \$10.		\$10.00
Last Name Knezek	First Name Stephen		MI E	Name of Employer					Amount of Contribution
Residential Street Address 151 W Rock Ave		City New Haven	•	State Zip Code CT 06515		Principal Occu	pation		
or dependent child of a lobbyist?  Is this contribution associated with a	Yes No Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val Is contributor a principal of state of	ributo lued at	or or business he/she associated of the more than \$5000?	with have		Yes No		
fundraising event listed in Section L1? If yes, list Event #	x No	If yes, indicate which branch or b government the contract is with:	ranche	es of Executiv	ve	Legislative	ies Li No		
Method of Contribution  Cash  Personal Check	Credit	Debit Card Payroll Ded	luction	Money Order	Date Re		Aggregate Contribution \$10.		\$10.00

	I	. MONETARY RECE	ZIPT	S (Section	A-K)					
NAME OF COMMITTEE									FILI	NG DUE DATE
Committee To Elect Jeffrey Ko	erekes								09/0	06/2011
	B. It	emized Contributions fr	om I	ndividuals						
Last Name Knezek	First Name Victoria		MI	Name of Employ	er					Amount of Contribution
Residential Street Address 151 W Rock Ave		City New Haven		State CT	Zip Code 06515		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality value of the contributor a principal of state.	ributor	r or business he/she more than \$5000?	associated	with have	a —	Yes No		
fundraising event listed in Section L1?  If yes, list Event #	Yes  X No	If yes, indicate which branch or b government the contract is with:	ranche	es of	Executi	ve [	Legislative	Yes No		
Method of Contribution  Cash Representation  Cash Personal Check	Credit	Debit Card Payroll Dec	luction	Mon	ey Order	Date Re 07/28	eceived 3/2011	Aggregate Contributio		\$10.00
Last Name Ebrecht	First Name Ronald		MI	Name of Employ	er					Amount of Contribution
Residential Street Address 254 Everit St		City New Haven	•	State CT	Zip Code 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	tributo	r or business he/sh				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:		e of <b>F</b>	state contrac	_	1	Yes No		
Method of Contribution  Cash  Personal Check	Credit	Debit Card Payroll Dec	luction	Mon	ey Order	Date Re 07/29	eceived 9/2011	Aggregate Contributio		\$25.00
Last Name Smith	First Name Patrick		MI	Name of Employ	er					Amount of Contribution
Residential Street Address 563 Orange St		City New Haven	•	State CT	Zip Code 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributor	r or business he/she more than \$5000?	associated	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes  X No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			Executi	_	Legislative	Yes No		
Method of Contribution  Cash X Personal Check	Credit	Debit Card Payroll Dec	luction	☐ Mon	ey Order	Date R	eceived	Aggregate Contributio		\$25.00

	I	. MONETARY RECE	IPT	TS (Section A-K)					
NAME OF COMMITTEE								FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	06/2011
	B. It	emized Contributions fr	om I	Individuals					
Last Name Nash	First Name Virginia		МІ	Name of Employer					Amount of Contribution
Residential Street Address 21 Anderson St	l	City New Haven		State Zip Code CT 06511		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No Yes X	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val Is contributor a principal of state of If yes, indicate which branch or b	ributor lued at contrac	r or business he/she associated t more than \$5000? ctor or prospective state contract	with have	; a	Yes No		
Method of Contribution  Cash  Response Check		government the contract is with:  Debit Card Payroll Ded	luction		Date R		Aggregate Contribution		\$10.00
Last Name Clemens	First Name Kitty		MI	Name of Employer					Amount of Contribution
Residential Street Address 137 Foster St		City New Haven		State Zip Code CT 06511	:	Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:	contrac	ctor or prospective state contrac	_	1	Yes No		
Method of Contribution  Cash X Personal Check	Credit	Debit Card Payroll Ded	luction	Money Order	Date Ro	eceived	Aggregate Contribution \$10		\$10.00
Last Name Lemar	First Name Roland		MI	Name of Employer	•		-		Amount of Contribution
Residential Street Address 6 Eld		City New Haven		State Zip Code CT 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality value of state of the said municipal of said municip	ributor	r or business he/she associated t more than \$5000?	with have	e a	Yes No		
fundraising event listed in Section L1?  If yes, list Event #	Yes  X No	If yes, indicate which branch or b government the contract is with:		• •	_	Legislative	Yes No		
Method of Contribution  Cash  X  Personal Check	Credit/	Debit Card Payroll Ded	luction	Money Order	Date Ro 07/31	eceived 1/2011	Aggregate Contribution		\$25.00

	I	. MONETARY RECI	EIPT	TS (Section A-K)					
NAME OF COMMITTEE								FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	06/2011
	B. It	emized Contributions fr	om l	<b>Individuals</b>					
Last Name Lemar	First Name Anika Singh	h	MI	Name of Employer					Amount of Contribution
Residential Street Address 6 Eld St		City New Haven	1	State Zip Code CT 06511	:	Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No Yes X	If contribution is in excess of \$40 officer of a municipality does concontract with said municipality values of the contributor a principal of state of the contributor and the contributor of the contributor of the contributor and the contributor	tributo dued at contrac	r or business he/she associated t more than \$5000? ctor or prospective state contract	with have	a	Yes No		
Method of Contribution  Cash  Response Formula Personal Check		government the contract is with:  /Debit Card Payroll De-	duction		Date Re	ceived	Aggregate Contribution		\$25.00
Last Name Casella	First Name Diane		MI	Name of Employer					Amount of Contribution
Residential Street Address 563 Orange St		City New Haven		State Zip Code CT 06511	:	Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$40 officer of a municipality does con contract with said municipality va	tributo	r or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:					Yes No		
Method of Contribution  Cash Personal Check	Credit/	/Debit Card Payroll De	duction	Money Order	Date Re		Aggregate Contribution		\$15.00
Last Name Casella	First Name Ed		MI	Name of Employer					Amount of Contribution
Residential Street Address 563 Orange St		City New Haven	_	State Zip Code CT 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$40 officer of a municipality does concontract with said municipality ve	tributo dued at	r or business he/she associated t more than \$5000?	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:		* *		Legislative	Yes No		
Method of Contribution  Cash X Personal Check	Credit/	/Debit Card Payroll De	duction	Money Order	Date Re		Aggregate Contribution \$10		\$10.00

	I	. MONETARY RECE	IPT	ΓS (Section A-K)					
NAME OF COMMITTEE								FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	06/2011
	B. It	emized Contributions fr	om I	Individuals					
Last Name	First Name		MI	Name of Employer					Amount of
Ye	Pei								Contribution
Residential Street Address	•	City		State Zip Code	1	Principal Occup	pation		
43 Lyon St		New Haven		CT 06511					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	or or business he/she associated v		a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or by government the contract is with:	contrac	ctor or prospective state contrac		Legislative	Yes No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	luction	n Money Order	Date Re-		Aggregate Contributio		\$15.00
Last Name Kerekes	First Name Jeffrey		MI P	Name of Employer					Amount of Contribution
Residential Street Address 43 Lyon St		City New Haven		State Zip Code CT 06511	1	Principal Occup	pation		
or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	or or business he/she associated v			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:	contrac	ctor or prospective state contrac		_	Yes No		
Method of Contribution  Cash X Personal Check	Credit	Debit Card Payroll Ded	luction	Money Order	Date Re-		Aggregate Contributio \$15.		\$15.00
Last Name Chieppo	First Name Christian		MI D	Name of Employer					Amount of Contribution
Residential Street Address 142 Greenwich Ave # 1		City New Haven		State Zip Code CT 06519	]	Principal Occup	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality val	ributor	or or business he/she associated v t more than \$5000?	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:				Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Ded	luction	Money Order	Date Re-		Aggregate Contribution \$10.		\$10.00

	I	. MONETARY RECE	IPT	S (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes									09/0	06/2011
	B. It	emized Contributions fr	om l	ndividu	als					•	
Last Name Chedderton	First Name Kerry		MI	Name of E	imploye	r					Amount of Contribution
Residential Street Address 142 Greenwich Ave # 1		City New Haven			State CT	Zip Code 06519		Principal Occu	pation		
or dependent child of a lobbyist?  Is this contribution associated with a	Yes No Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val Is contributor a principal of state of	ributo ued at	r or business more than \$	he/she 55000?	associated	with have	a	Yes No		
fundraising event listed in Section L1? If yes, list Event #  Method of Contribution	x No	If yes, indicate which branch or b government the contract is with:	ranche	es of		Executi	ve Date R	Legislative	Aggregate Contribution	on	
X Cash Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	ey Order	07/31	./2011	\$10	.00	\$10.00
Last Name Lindstrom	First Name Tina		MI	Name of E	imploye	r					Amount of Contribution
Residential Street Address 22 Anderson St		City New Haven	•		State CT	Zip Code 06511		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	ey Order	Date Ro 07/31	eceived ./2011	Aggregate Contribution \$10		\$10.00
Last Name Siedlarz	First Name Kevin		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 53 Pearl St		City New Haven			State CT	Zip Code 06511		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo ued at	r or business more than \$	he/she 55000?	associated	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			Eccuve s	Executi	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	ey Order	Date Ro 07/31	eceived ./2011	Aggregate Contribution		\$10.00

	I	. MONETARY RECE	IPT	S (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes									09/0	06/2011
	B. It	emized Contributions fr	om I	ndividu	als						
Last Name	First Name		Lu	I. an						1	
Naracci	Robert		MI	Name of E	трюуе	Г					Amount of Contribution
Residential Street Address	•	City	•	•	State	Zip Code		Principal Occu	pation		
678 Orange St		New Haven			СТ	06511					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Method of Contribution  X Cash Personal Check	Yes No Yes X No	If contribution is in excess of \$400 officer of a municipality does control contract with said municipality va  Is contributor a principal of state.  If yes, indicate which branch or b government the contract is with:	ributo: lued at contrac ranche	r or business more than \$ ctor or prosp s of	he/she 55000? ective s	associated	etor?	Legislative	Aggregate Contribution		
Cash Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	07/31	1/2011	\$25	.00	\$25.00
Last Name Applegate	First Name Ian		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 71 William St		City New Haven	ļ		State CT	Zip Code 06511		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	y Order	Date Ro 07/31	eceived 1/2011	Aggregate Contribution \$10		\$10.00
Last Name Badurek	First Name Gabriel		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
830 State St		New Haven			СТ	06511					
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business more than \$	he/she 5000?	associated	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executi		Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	y Order	Date Ro	eceived	Aggregate Contribution		\$10.00

	I	. MONETARY RECE	IPT	TS (Section	A-K)					
NAME OF COMMITTEE									FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes								09/0	06/2011
	B. It	emized Contributions fr	om I	Individuals						
Last Name	First Name		MI	Name of Employ	er					Amount of
Gall	Lucinda									Contribution
Residential Street Address 463 Whalley Ave Unit Q		City New Haven		State CT	Zip Code 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributor	r or business he/she more than \$5000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			Executi	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Ded	luction	n 🔲 Mon	ey Order	Date Ro 07/31	eceived L/2011	Aggregate Contributio		\$10.00
Last Name Clemens	First Name Susan		MI	Name of Employ	er					Amount of Contribution
Residential Street Address 80 Vista Ter		City New Haven	<u>I</u>	State CT	Zip Code 06515		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:		es of -	Executi	_	1	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Ded	luction	n Mon	ey Order	Date Ro 07/31	eceived L/2011	Aggregate Contributio		\$10.00
Last Name Heimer	First Name Alison		MI	Name of Employ	er					Amount of Contribution
Residential Street Address 56 Cold Spring St .		City New Haven		State CT	Zip Code 06515		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributoi lued at	r or business he/she more than \$5000?	associated	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes  X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			Executi	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Ded	luction	Mon	ey Order	Date Ro 07/31	eceived	Aggregate Contributio		\$10.00

	I	. MONETARY RECE	ПРТ	TS (Secti	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes									09/0	06/2011
	B. It	emized Contributions fr	om I	ndividua	als						
Last Name Guerrera	First Name Steven		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 1037 Townsend Ave		City New Haven			State CT	Zip Code		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business more than \$2	he/she 5000?	associated v	with have	· a	Yes No		
fundraising event listed in Section L1? If yes, list Event #	Yes x No	If yes, indicate which branch or b government the contract is with:				Executiv	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	y Order	Date Re	eceived ./2011	Aggregate Contribution \$10		\$10.00
Last Name Rogers	First Name Britton		MI	Name of Er	mploye	r					Amount of Contribution
Residential Street Address 817 Grand Ave Unit 403		City New Haven			State CT	Zip Code 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	_	_	. —	Yes No		
Method of Contribution  Cash Personal Check	X Credit	Debit Card Payroll Dec	luction		Mone	y Order	Date Re 08/01	eceived ./2011	Aggregate Contribution		\$20.00
Last Name McClure	First Name Beverly		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 227 St John St	•	City New Haven	•		State CT	Zip Code 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business more than \$3	he/she 5000?	associated v	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	_	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	y Order	Date Re 08/01	eceived ./2011	Aggregate Contribution		\$10.00

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	I	. MONETARY RECE	IPT	S (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	ING DUE DATE
Committee To Elect Jeffrey K	erekes									09/	06/2011
	B. It	emized Contributions fr	om I	ndividu	als						
Last Name	First Name		MI	Name of E	mnlove	r					
Nelson	Glenn			rune of E	impioye						Amount of Contribution
Residential Street Address	_	City			State	Zip Code		Principal Occu	pation		
850 Edgewood Ave		New Haven			СТ	06515					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	tate contract		1	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Ded	luction		Mone	ey Order	Date Ro 08/02	eceived 2/2011	Aggregate Contribution	on ).00	\$10.00
Last Name	First Name		MI	Name of E	mplove	r					
Alechnowicz	Robert			Trume of E	proje						Amount of Contribution
Residential Street Address 848 Edgewood Ave		City New Haven			State CT	Zip Code 06515		Principal Occu	pation		
or donor dont shild of a labbraist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	tate contrac	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	ey Order	Date Ro 08/02	eceived 2/2011	Aggregate Contribution \$10	on ).00	\$10.00
Last Name Piscopo	First Name Jeanette		MI	Name of E	mploye	r					Amount of Contribution
Посоро	Jeanette	<u> </u>									Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
490 Woodward Ave # 2		New Haven			СТ	06512					
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	_	_	1	Yes No		
Method of Contribution							Date Re	anaiwad	Agaragate Contail C		
X Cash Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	l	2/2011	Aggregate Contribution \$20	0.00	\$20.00

	I	. MONETARY RECE	ПРТ	S (Section	n A-	-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes									09/0	06/2011
	B. It	emized Contributions fr	om I	Individuals	S						
Last Name	First Name		MI	Name of Emp	loyer					T	Amount of
Lockery	Gena		R								Contribution
Residential Street Address		City	!	St	tate Z	Zip Code		Principal Occup	pation		
520 Chapel St		New Haven		С	Т	06511					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he	she as				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ive stat	te contract Executiv	_	Legislative	Yes No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	luction	□ м	Ioney (	Order	Date Re		Aggregate Contribution		\$10.00
Last Name Vitale	First Name Elizabeth		MI	Name of Emp	loyer						Amount of Contribution
Residential Street Address 30 Westwood Rd	•	City New Haven	<u> </u>	St		Zip Code 06515		Principal Occup	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he	she as				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes x No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			$\overline{}$		_		Yes No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	luction	□ м	Ioney (	Order	Date Re	ceived /2011	Aggregate Contribution		\$25.00
Last Name MacInnes	First Name Glenn		MI	Name of Emp	loyer						Amount of Contribution
Residential Street Address 100 Temple St # 215	•	City New Haven	<u> </u>	St	- 1	Zip Code 06510		Principal Occuj	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business heat more than \$500	/she as 00?	sociated w	vith have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes  X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			$\overline{}$	Executiv	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Ded	luction	П м	Ioney (	Order	Date Re		Aggregate Contribution		\$10.00

											1 age 02 01 123
	I	. MONETARY RECE	ІРТ	S (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes									09/	06/2011
	B. It	emized Contributions fr	om l	ndividu	als						
Last Name	First Name		MI	Name of E	lmam lavra						
Fisher	James		IVII	Name of E	трюуе	r					Amount of Contribution
Residential Street Address	•	City	•		State	Zip Code		Principal Occu	pation		
105 Marvelwood Dr		New Haven			СТ	06515					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	tributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	tate contract		1	Yes No		
Method of Contribution  Cash Personal Check	X Credit	/Debit Card Payroll Dec	luction		Mone	y Order	Date Re 08/02	eceived 2/2011	Aggregate Contribution \$10	on 0.00	\$10.00
Last Name	First Name		MI	Name of E	mplove	r					Amount of
Hagearty	Kathleen			Trume of E	proje	•					Amount of Contribution
Residential Street Address 11 Raynham Rd		City New Haven			State CT	Zip Code 06512		Principal Occu	pation		
or dependent shild of a labbraist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	tributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes No		
Method of Contribution  Cash Personal Check	X Credit	/Debit Card Payroll Dec	luction		Mone	y Order	Date Ro 08/02	eceived 2/2011	Aggregate Contributi	on 0.00	\$10.00
Last Name Bianchine	First Name David		MI	Name of E	imploye	r					Amount of Contribution
Residential Street Address	1	City		<u> </u>	State	Zip Code		Principal Occu	pation		
1370 Ella T Grasso Blvd		New Haven			СТ	06511					
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	tributo lued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	_	_	1	Yes No		
Method of Contribution  Cash Personal Check	☐ Credit	_	luction	. [	Mone	y Order	Date Re	eceived 2/2011	Aggregate Contribution \$20	on ).00	\$20.00

	I.	MONETARY RECE	IPT	ΓS (Section	A-K)					
NAME OF COMMITTEE									FILI	NG DUE DATE
Committee To Elect Jeffrey Kere	ekes								09/0	06/2011
	B. Ite	emized Contributions fr	om I	Individuals						
Last Name Fin Maccinnus Jil	rst Name		MI	Name of Employ	er					Amount of Contribution
Residential Street Address 100 Temple St # 215		City New Haven		State CT	Zip Code 06510		Principal Occuj	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	· ·	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val Is contributor a principal of state of	ributor	or or business he/shot t more than \$5000?	associated	with have	a $\Box$	Yes No		
fundraising event listed in Section L1?  If yes, list Event #	Yes  X No	If yes, indicate which branch or be government the contract is with:			Executi		Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Ded	luction	n 🔲 Mon	ey Order	Date Re 08/02	eceived 2/2011	Aggregate Contributio		\$10.00
	rst Name atrick		MI	Name of Employ	er					Amount of Contribution
Residential Street Address 196 Crown St		City New Haven	•	State CT	Zip Code 06510		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business he/sh				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:		e of F	Executi	_		Yes No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Ded	luction	n Mon	ey Order	Date Re 08/02	eceived 2/2011	Aggregate Contributio		\$10.00
	rst Name ichael		MI	Name of Employ	er					Amount of Contribution
Residential Street Address 357 Central Ave		City New Haven		State CT	Zip Code 06510		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo lued at	or or business he/shot t more than \$5000?	associated	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:		s of F	Executi	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Ded	luction	n	ey Order	Date Re 08/02	eceived 2/2011	Aggregate Contributio		\$10.00

	I	. MONETARY RECE	ЕІРТ	ΓS (Section A	A-K)					
NAME OF COMMITTEE									FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes								09/0	06/2011
	B. It	emized Contributions fr	om I	Individuals						
Last Name	First Name		MI	Name of Employer					I	Amount of
Elser	Richter									Contribution
Residential Street Address	l.	City		State	Zip Code		Principal Occu	pation		
1980 Chapel St		New Haven		СТ	06515					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does concontract with said municipality va	tributo	r or business he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Is contributor a principal of state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive  Legislative										
Method of Contribution  Cash Personal Check	X Credit	/Debit Card Payroll Dec	luction	Money	y Order	Date Re 08/03	eceived 8/2011	Aggregate Contributio		\$25.00
Last Name	First Name		MI	Name of Employer						Amount of
Schwartz	Edward		S							Contribution
Residential Street Address 854 Quinnipiac Ave # 8		City New Haven		State CT	Zip Code 06513		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does concontract with said municipality va	tributo	r or business he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			-	_	. —	Yes No		
Method of Contribution  X Cash Personal Check	Credit	/Debit Card Payroll Dec	luction	n Money	y Order	Date R6	eceived B/2011	Aggregate Contributio		\$10.00
Last Name Schwartz	First Name Diane		MI	Name of Employer						Amount of Contribution
Residential Street Address 854 Quinnipiac Ave # 8		City New Haven		State CT	Zip Code 06513		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does con contract with said municipality va	tributo lued at	r or business he/she at more than \$5000?	associated v	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			Executiv	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	/Debit Card Payroll Dec	luction	Money	y Order	Date Re	eceived 3/2011	Aggregate Contributio		\$10.00

1 age 03 01 123											
	I	. MONETARY RECE	IPT	'S (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey K	Lerekes									09/	06/2011
	B. It	emized Contributions fro	om I	ndividu	als						
Last Name	First Name		MI	Name of E	mnlove	r					
Smart	Jerry, Jr			Traine of L	proje	•					Amount of Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
314 Shelton Ave		New Haven			СТ						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does control contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or brigovernment the contract is with:			ective s	tate contrac	_	1	Yes No		
Method of Contribution  X Cash Personal Check	Credit	/Debit Card Payroll Ded	uction		Mone	ey Order	Date Ro 08/03	eceived 3/2011	Aggregate Contribution	on ).00	\$10.00
Last Name	First Name		MI	Name of E	mnlove	T			•		
Smith	Nikki			Name of L	лирюус	1					Amount of Contribution
Residential Street Address  1 Brewery Sq # 5327		City New Haven			State CT	Zip Code		Principal Occu	pation		
or donordont shild of a labbraist?	Yes No	If contribution is in excess of \$400 officer of a municipality does controutract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or br government the contract is with:			ective s	tate contrac	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	/Debit Card Payroll Ded	uction		Mone	ey Order	Date Re 08/03	eceived 3/2011	Aggregate Contribution	on ).00	\$10.00
Last Name	First Name		MI	Name of E		r					Amount of
Palm	Noah			Tale Oil	ıv.						Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
152 Temple St		New Haven			СТ	06510		Scientist			
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality val	ributo ued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or brigovernment the contract is with:			_	tate contrac		1	Yes X No		
Method of Contribution  Cash Personal Check	X Credit	/Debit Card Payroll Ded	uction		Mone	ey Order	Date R	eceived 3/2011	Aggregate Contributio	on ).00	\$50.00
						*	ı,		1		Ψ50.00

	I	. MONETARY RECE	ПРТ	S (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes									09/0	06/2011
	B. It	emized Contributions fr	om I	ndividu	als						
Last Name	First Name		MI	Name of E	mploye	r					Amount of
Donohue	William		Т								Contribution
Residential Street Address		City			State	Zip Code		Principal Occu retired	pation		
24 Cottage St		New Haven			СТ	06510		recired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Is contributor a principal of state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive  Legislative											
Method of Contribution  Cash X Personal Check	Credit	Debit Card Payroll Ded	luction		Mone	y Order	Date Re 08/03	eceived B/2011	Aggregate Contribution		\$10.00
Last Name First Name MI Name of Employer James										Amount of Contribution	
Residential Street Address 43 Sylvan Ave	•	City New Haven			State CT	Zip Code 06519		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	_	_	. —	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Ded	luction		Mone	y Order	Date Re 08/04	eceived I/2011	Aggregate Contribution		\$10.00
Last Name James	First Name Jerlene		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 43 Sylvan Ave		City New Haven			State CT	Zip Code 06519		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business more than \$	he/she 5000?	associated v	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes  X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective st	_	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Ded	luction		Mone	y Order	Date Re 08/04	eceived 1/2011	Aggregate Contribution		\$10.00

	I	. MONETARY RECE	IPT	TS (Section	A-K)					
NAME OF COMMITTEE									FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes								09/0	06/2011
	B. It	emized Contributions fr	om I	Individuals						
Last Name	First Name		MI	Name of Employ	er					Amount of
James-Evans	Jacqueline									Contribution
Residential Street Address		City		Stat CT	Zip Code	:	Principal Occu	pation		
78 Orchard St		New Haven		Ci	00311					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he/sh	e associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			state contra	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Dec	luction	мо Мо	ney Order	Date R	eceived 4/2011	Aggregate Contributio		\$10.00
Last Name Green	First Name Sandra		MI	Name of Employ	er					Amount of Contribution
Residential Street Address 78 Orchard St		City New Haven		Stat CT	Zip Code 06519	;	Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he/sh	e associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:		o of	state contra	_	ı —	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Dec	luction	мо Мо	ney Order	Date R 08/04	eceived 1/2011	Aggregate Contributio		\$10.00
Last Name James	First Name Willard		MI	Name of Employ	rer					Amount of Contribution
Residential Street Address 43 Sylvan Ave		City New Haven		Stat CT	Zip Code 06519	;	Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributor	r or business he/sh more than \$5000	e associated	with have	e a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:		n of	Execut	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Dec	luction	мо Пмо	ney Order	Date R	eceived 1/2011	Aggregate Contributio		\$10.00

	I	. MONETARY RECE	IPT	S (Section	A-K)					
NAME OF COMMITTEE									FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes								09/0	06/2011
	B. It	emized Contributions fr	om I	ndividuals						
Last Name	First Name		MI	Name of Employ	er					Amount of
Evans	Benjamin									Contribution
Residential Street Address 78 Orchard St		City New Haven		State CT	Zip Code 06519		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributor	r or business he/she more than \$5000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes x No	Is contributor a principal of state of the s			Executi	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Dec	luction	☐ Mon	ey Order	Date R	eceived 4/2011	Aggregate Contributio		\$10.00
Last Name Badus	First Name Alina		MI	Name of Employ	er					Amount of Contribution
Residential Street Address 95 Lyon St # 2		City New Haven		State CT	Zip Code 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:		e of <b>F</b>	Executi	_	Legislative	Yes No		
Method of Contribution  Cash Personal Check	X Credit	Debit Card Payroll Dec	luction	Mon	ey Order	Date Re 08/04	eceived 1/2011	Aggregate Contributio		\$25.00
Last Name DiBenedetto	First Name Kim		MI	Name of Employ	er					Amount of Contribution
Residential Street Address 89 Newhall St		City New Haven		State CT	Zip Code 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business he/she more than \$5000?	associated	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes  X No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:		o of	Executi	_	Legislative	Yes No		
Method of Contribution  Cash X Personal Check	Credit	Debit Card Payroll Dec	luction	Mon	ey Order	Date Ro 08/04	eceived 1/2011	Aggregate Contributio		\$25.00

	I	. MONETARY RECE	ПРТ	TS (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes									09/0	06/2011
	B. It	emized Contributions fr	om l	ndividu	als						
Last Name	First Name		MI	Name of E	mploye	r					Amount of
McCormack	Elizabeth		С								Contribution
Residential Street Address 66 Pendleton St		City New Haven			State CT	Zip Code 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	tributo lued at	r or business more than \$	he/she 55000?	associated v	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes x No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	Executiv	_	Legislative	Yes No		
Method of Contribution  Cash Personal Check	Credit	/Debit Card Payroll Dec	luction		Mone	y Order	Date Re 08/04	eceived 1/2011	Aggregate Contributio		\$10.00
Last Name Concannon	First Name Orla		MI	Name of E	imploye	r					Amount of Contribution
Residential Street Address 2701 2nd Ave N		City Seattle			State WA	Zip Code 98109		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	tributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes X No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:	contra	ctor or prosp		_	_	. —	Yes No		
Method of Contribution  Cash Personal Check	X Credit	/Debit Card Payroll Dec	luction		Mone	y Order	Date Re 08/04	eceived I/2011	Aggregate Contribution		\$40.00
Last Name Donohue	First Name William		MI T	Name of E Retired	imploye	r					Amount of Contribution
Residential Street Address 24 Cottage St		City New Haven			State CT	Zip Code 06510		Principal Occu Retired	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	tributo lued at	r or business more than \$	he/she 55000?	associated v	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes x No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	_	_	Legislative	Yes No		
Method of Contribution  Cash X Personal Check	Credit	/Debit Card Payroll Dec	luction		Mone	y Order	Date Re	eceived 1/2011	Aggregate Contribution		\$50.00

	I	. MONETARY RECE	ПРТ	TS (Sectio	n A	K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes									09/0	06/2011
	B. It	emized Contributions fr	om I	ndividual	s						
Last Name	First Name		MI	Name of Emp	olover						Amount of
McDonald	Gene		R								Contribution
Residential Street Address	1	City	!	s	tate	Zip Code		Principal Occup	pation		
68 Hallock St		New Haven		C	Т	06510					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business he	/she a				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ive sta	Executiv	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Ded	luction	. П	Лопеу	Order	Date Re	eceived 5/2011	Aggregate Contribution		\$20.00
Last Name Hindenlang	First Name Jane		MI	Name of Emp	oloyer						Amount of Contribution
Residential Street Address 33 Bishop St		City New Haven	<u> </u>			Zip Code 06511		Principal Occuj	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business he	/she a				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ive sta		_		Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Ded	luction	. П	Лопеу	Order	Date Re	eceived 5/2011	Aggregate Contribution		\$20.00
Last Name Firla	First Name Mark		MI	Name of Emp	oloyer						Amount of Contribution
Residential Street Address 32 Chambers St		City New Haven			- 1	Zip Code 06513		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo lued at	r or business he more than \$50	/she a 00?	ssociated v	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ive sta	Executiv	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Ded	luction		Money	Order	Date Re	eceived 5/2011	Aggregate Contribution		\$25.00

	I	. MONETARY RECE	IPT	S (Section A-K)					
NAME OF COMMITTEE								FILE	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	06/2011
	B. It	emized Contributions fr	om I	<b>Individuals</b>					
Last Name Wimer	First Name Kathleen		МІ	Name of Employer					Amount of Contribution
Residential Street Address 160 Foster St		City New Haven		State Zip Code CT 06511	:	Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val Is contributor a principal of state of	ributor	r or business he/she associated more than \$5000?	with have	; a	Yes No		
fundraising event listed in Section L1? If yes, list Event #	Yes  X No	If yes, indicate which branch or be government the contract is with:	ranche	s of Executi	ive _	Legislative	Yes L No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Ded	luction	Money Order	Date Re 08/05	eceived 5/2011	Aggregate Contribution \$20		\$20.00
Last Name Griffin	First Name Kellie		MI	Name of Employer	•				Amount of Contribution
Residential Street Address 196 Willard St		City New Haven	•	State Zip Code CT 06515	:	Principal Occu	pation		
or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:	contrac	ctor or prospective state contract	_	1	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Ded	luction	Money Order	Date R	eceived 5/2011	Aggregate Contribution		\$10.00
Last Name Joseph	First Name Annie		MI A	Name of Employer					Amount of Contribution
Residential Street Address 97 Division St		City New Haven		State Zip Code CT 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributor	r or business he/she associated more than \$5000?	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes  X No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:		* *	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Ded	luction	Money Order	Date Re 08/05	eceived 5/2011	Aggregate Contribution \$10		\$10.00

	I	. MONETARY RECE	IPT	TS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes									09/0	06/2011
	B. It	emized Contributions fr	om I	ndividu	als						
Last Name	First Name		MI	Name of E	mnlovo						
Puleo	Joe			rvaine of E	лирюус	1					Amount of Contribution
Residential Street Address		City	•	•	State	Zip Code		Principal Occu	pation		
160 Foster St		New Haven			СТ	06511					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	tate contract	_	Legislative	Yes No		
Method of Contribution		government the contract is with.					Date Re		Aggregate Contribution	nn.	
X Cash Personal Check	Credit	/Debit Card Payroll Dec	luction		Mone	y Order		5/2011	\$20		\$20.00
Last Name	First Name		MI	Name of E	mploye	r					Amount of
Berman	Mona										Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
78 Lyon St		New Haven			СТ	06511					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a	Yes	Is contributor a principal of state	contrac	ctor or prosp	ective s	tate contrac	ctor?		Yes No		
fundraising event listed in Section L1? If yes, list Event #	x No	If yes, indicate which branch or b government the contract is with:	ranche	es of		Executi	ve	Legislative			
Method of Contribution							Date R	eceived	Aggregate Contribution	on	
Cash Personal Check	X Credit	/Debit Card Payroll Dec	luction		Mone	y Order	08/06	5/2011	\$10	.00	\$10.00
Last Name	First Name		MI	Name of E	mploye	r	ı		<u> </u>		Amount of
Strauch	Peter		Е		1 -3-						Contribution
Residential Street Address	-	City			State	Zip Code		Principal Occu	pation		
78 Lyon St		New Haven			СТ	06511					
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does control contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a	Yes	Is contributor a principal of state				tate contrac	ctor?		Yes No		
fundraising event listed in Section L1?  If yes, list Event #	x No	If yes, indicate which branch or b government the contract is with:	ranche	es of		Executi	ve	Legislative			
Method of Contribution							Date R	eceived	Aggregate Contribution	on	
Cash X Personal Check	Credit	/Debit Card Payroll Dec	luction		Mone	y Order		5/2011	\$10		\$10.00

	I	. MONETARY RECE	IPT	S (Section A-K)				
NAME OF COMMITTEE							FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes						09/0	6/2011
	B. It	emized Contributions fr	om I	ndividuals				
Last Name Martson	First Name Olivia		MI	Name of Employer				Amount of Contribution
Residential Street Address 228 Dwight St		City New Haven	<u> </u>	State Zip Code CT 06511	Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No Yes X No	officer of a municipality does cont contract with said municipality va	tributor lued at contrac	tor or prospective state contractor?	e a	Yes No		
Method of Contribution  Cash Personal Check	Credit/	/Debit Card Payroll Ded	luction		eceived 5/2011	Aggregate Contribution \$25.		\$25.00
Last Name Martson	First Name Sven		MI	Name of Employer				Amount of Contribution
Residential Street Address 228 Dwight St	•	City New Haven	•	State Zip Code CT 06511	Principal Occu	pation		
or dependent child of a lobbyist?	Yes No		tributo	andidate committee for a chief executive or business he/she associated with have more than \$5000?		Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:		tor or prospective state contractor?	Legislative	Yes No		
Method of Contribution  Cash X Personal Check	Credit	/Debit Card Payroll Ded	luction		eceived 5/2011	Aggregate Contributio \$49.		\$49.00
Last Name Oetjen	First Name Robert		MI	Name of Employer M&O Corporation				Amount of Contribution
Residential Street Address 109 Linden St		City New Haven		State Zip Code CT 06511	Principal Occur Engineer/C			
or dependent child of a lobbyist?	Yes No	officer of a municipality does cont contract with said municipality va	tributor			Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:		tor or prospective state contractor?	Legislative	Yes X No		
Method of Contribution  Cash Personal Check	X Credit	/Debit Card Payroll Ded	luction		eceived 7/2011	Aggregate Contributio		\$50.00

	I	. MONETARY RECE	IPT	S (Section A-K)					
NAME OF COMMITTEE								FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	06/2011
	B. It	emized Contributions fro	om I	ndividuals					
Last Name Ye	First Name Peihe		MI	Name of Employer Phy Solutions					Amount of Contribution
Residential Street Address 1649 W 2nd St		City Brooklyn		State Zip Code CT 11223		Principal Occu Web Develo			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?									
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Is contributor a principal of state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:    Is contributor a principal of state contractor?   Yes   X   No   Yes   X   Yes   X   No   Yes   X   Yes   Xes   Xe									
Method of Contribution  Cash Personal Check	X Credit	Debit Card Payroll Ded	uction	Money Order	Date R 08/08	eceived 3/2011	Aggregate Contribution		\$300.00
Last Name Guerrera	First Name Lisa		MI	Name of Employer					Amount of Contribution
Residential Street Address 1037 Townsend Ave		City New Haven		State Zip Code CT 06512	:	Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does control contract with said municipality val	ributoı	r or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or branch or branch or branch or branch is with:			_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Ded	uction	Money Order	Date R	eceived 3/2011	Aggregate Contribution \$10		\$10.00
Last Name Guerrera	First Name Stephanie		MI	Name of Employer					Amount of Contribution
Residential Street Address 1037 Townsend Ave		City New Haven		State Zip Code CT 06512	:	Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does control contract with said municipality val	ributor ued at	r or business he/she associated more than \$5000?	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or br government the contract is with:		• •	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit	Debit Card Payroll Ded	uction	Money Order	Date R	eceived 3/2011	Aggregate Contribution \$10		\$10.00

	I	. MONETARY RECE	IPT	S (Section A-K)					
NAME OF COMMITTEE								FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	06/2011
	B. It	emized Contributions fr	om I	[ndividuals					
Last Name	First Name		МІ	Name of Employer				Ī	Amount of
Reddoch	Tom			Project					Contribution
Residential Street Address 218 Willow St		City New Haven		State Zip Code CT 06511		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?									
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Is contributor a principal of state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative									
Method of Contribution  Cash Personal Check	X Credit/	Debit Card Payroll Ded	luction	Money Order	Date Ro 08/10	eceived 0/2011	Aggregate Contribution		\$40.00
Last Name Naclerio	First Name Matthew		MI	Name of Employer					Amount of Contribution
Residential Street Address 235 Wooster St		City New Haven		State Zip Code CT 06511	:	Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			_	1	Yes No		
Method of Contribution  Cash Personal Check	X Credit	Debit Card Payroll Ded	luction	Money Order	Date Ro 08/10	eceived 0/2011	Aggregate Contribution		\$40.00
Last Name Tiernan	First Name Lee		MI K	Name of Employer					Amount of Contribution
Residential Street Address 2 Lincoln St		City New Haven	•	State Zip Code CT 06511	:	Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributoi lued at	r or business he/she associated more than \$5000?	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:		* *	_	Legislative	Yes No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	luction	Money Order	Date Ro 08/11	eceived 1/2011	Aggregate Contribution		\$45.00

	I	. MONETARY RECE	IPT	S (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes									09/0	06/2011
	B. It	emized Contributions fr	om I	ndividu	als						
Last Name Socci	First Name Adrienne		MI	Name of E		r ven Hosp	ital				Amount of Contribution
Residential Street Address 31 Lyon St		City New Haven			State CT	Zip Code 06511		Principal Occu Physician	pation		
1 1 1 1 1 1 1 1 1 1 1 1 1	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val Is contributor a principal of state of	ributo ued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
fundraising event listed in Section L1? If yes, list Event #	X No	If yes, indicate which branch or be government the contract is with:	anche	es of		Executi		Legislative	Yes L No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Ro 08/12	eceived 2/2011	Aggregate Contribution \$50	on ).00	\$50.00
Last Name Lamar-Sterling	First Name Chris		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 108 William St		City New Haven	•		State CT	Zip Code 06511		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ective s	Executi	_	Legislative	Yes No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	ey Order	Date Ro 08/13	eceived 3/2011	Aggregate Contribution \$25	on 5.00	\$25.00
Last Name Greene	First Name Ann		MI	Name of E	imploye	r					Amount of Contribution
Residential Street Address 158 Porter St		City New Haven			State CT	Zip Code 06511		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo ued at	r or business more than \$	he/she 55000?	associated	with have	e a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes x No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ective s	Executi	_	Legislative	Yes No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date R	eceived 1/2011	Aggregate Contribution \$25	on 5.00	\$25.00

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	I	. MONETARY RECE	IPT	S (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes									09/	06/2011
	B. It	emized Contributions fr	om I	ndividu	als						
Last Name	First Name		MI	Name of E	mnlove	r					
Bright	Jay			Self em							Amount of Contribution
Residential Street Address	-	City			State	Zip Code		Principal Occu	pation		
180 Livingston St		New Haven			СТ	06511		Architect			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or but government the contract is with:			ective s	tate contrac		1	Yes X No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	ey Order	Date Re 08/15	eceived 5/2011	Aggregate Contribution \$50	on 0.00	\$50.00
Last Name	First Name		MI	Name of E	mplove	r					Amount of
Bright	Grace		G	Yale Un							Contribution
Residential Street Address 180 Livingston St	•	City New Haven			State CT	Zip Code 06511		Principal Occu Librarian	pation		
or donor dont shild of a labbraist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes  X No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ective s	tate contrac	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	ey Order	Date Ro 08/15	eceived 5/2011	Aggregate Contributi	on 0.00	\$50.00
Last Name	First Name		MI	Name of E	mploye	r					Amount of
Kearney	Patrick										Contribution
Residential Street Address		City			State			Principal Occu	pation		
51 Rock Creek Rd		New Haven			СТ	06515					
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo ued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ective s	_	_	1	Yes No		
Method of Contribution		are contract to with.					Date Re	eceived	Aggregate Contribution	on	
Cash Personal Check	Credit	Debit Card Payroll Ded	uction		Mone	y Order	l	7/2011	1	5.00	\$25.00

	I	. MONETARY RECE	IPT	ΓS (Section A-K)					
NAME OF COMMITTEE								FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes							09/0	06/2011
	B. It	emized Contributions fr	om I	Individuals					
Last Name	First Name		MI	Name of Employer					Amount of
Provenzano	Albert								Contribution
Residential Street Address 200 River Rd		City Stratford		State Zip Code CT 06614	,	Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val Is contributor a principal of state of the said of the said municipal of state of the said municipal of the said	ributor lued at contrac	or or business he/she associated t more than \$5000? actor or prospective state contra	with have	; a	Yes No		
If yes, list Event #	x No	If yes, indicate which branch or b government the contract is with:	ranche	es of Execut	ive	Legislative			
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	luction	n Money Order	Date R	eceived 9/2011	Aggregate Contribution \$100.		\$100.00
Last Name Cocco	First Name Emiliano		MI	Name of Employer					Amount of Contribution
Residential Street Address 2 Hine Pl		City New Haven		State Zip Code CT 06510	,	Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	or or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			_	1	Yes No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Ded	luction	n Money Order	Date R	eceived 3/2011	Aggregate Contributio		\$25.00
Last Name Crispiels	First Name Giada		MI	Name of Employer					Amount of Contribution
Residential Street Address 2 Hine Pl		City New Haven		State Zip Code CT 06511	;	Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality value of the contributor a principal of state of the contributor apprincipal of the contribut	ributoi lued at	or or business he/she associated t more than \$5000?	with have		Yes No		
fundraising event listed in Section L1? If yes, list Event #	X No	If yes, indicate which branch or b government the contract is with:	ranche	es of Execut	ive	Legislative	Yes 🔲 No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Ded	luction	n Money Order	Date R	eceived 3/2011	Aggregate Contributio		\$25.00

	I	. MONETARY RECE	IPT	ΓS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes									09/0	06/2011
	B. It	emized Contributions fr	om l	Individu	als						
Last Name Readal	First Name William		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 883 Orange Ave		City New Haven	•		State CT	Zip Code 06511		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No Yes X No	If contribution is in excess of \$400 officer of a municipality does controuted with said municipality va Is contributor a principal of state. If yes, indicate which branch or b government the contract is with:	tributo lued at contrac	r or business t more than \$ ctor or prosp	he/she 55000?	associated	with have	e a	Yes No		
X Cash Personal Check	Credit	Debit Card Payroll Dec	luction	. [	Mone	y Order		3/2011	Aggregate Contribution \$20		\$20.00
Last Name Jarcho	First Name Laurie		MI	Name of E	imploye	r					Amount of Contribution
Residential Street Address 883 Orange St		City New Haven		•	State CT	Zip Code 06511		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	l	eceived B/2011	Aggregate Contribution \$20		\$20.00
Last Name Henchel	First Name Deborah		MI	Name of E	imploye	r					Amount of Contribution
Residential Street Address 355 Alden Ave Unit E		City New Haven			State CT	Zip Code 06515		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	tributo lued at	r or business more than \$	he/she 55000?	associated	with have	e a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes x No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ccuve s	Executi	_	Legislative	Yes No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	l	eceived 3/2011	Aggregate Contribution \$25	on 5.00	\$25.00

	I	. MONETARY RECE	IPT	S (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
Committee To Elect Jeffrey K	erekes									09/0	06/2011
	B. It	emized Contributions fr	om l	ndividu	als						
Last Name Welbourne	First Name Penny		MI	Name of E							Amount of Contribution
Residential Street Address 47 W Park Ave		City New Haven			State CT	Zip Code 06511		Principal Occu Catalog Lib			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?											
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes x No	Is contributor a principal of state of If yes, indicate which branch or branch or branch or branch the contract is with:			ective s	Executi	_	Legislative	Yes No		
Method of Contribution  Cash Personal Check	X Credit/	/Debit Card Payroll Ded	luction		Mone	y Order	Date Re 08/25	eceived 5/2011	Aggregate Contributio		\$50.00
Last Name Hobbs	First Name Cynthia		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 484 Whitney Ave # 4A		City New Haven	•		State CT	Zip Code 06511		Principal Occu	ıpation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ective s	tate contrac	_	Legislative	Yes No		
Method of Contribution  Cash Personal Check	X Credit	/Debit Card Payroll Ded	luction		Mone	y Order	Date Ro 08/26	eceived 5/2011	Aggregate Contributio		\$40.00
Last Name Naclerio	First Name Matthew		MI	Name of E	mploye	r	•				Amount of Contribution
Residential Street Address 235 Wooster St		City New Haven	ļ		State CT	Zip Code 06511		Principal Occu	apation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ective s	Executi		Legislative	Yes No		
Method of Contribution  Cash Personal Check	X Credit	/Debit Card Payroll Ded	luction		Mone	y Order	Date Ro 08/26	eceived 5/2011	Aggregate Contributio		\$25.00
									Total of Section	on B	\$6,025.00
TOTAL OF ALL CONTRIBU	TIONS FRO	OM INDIVIDUALS		(Sections	A & 1	B)	(Total o	on Line 14 of	Summary Page)		\$6,025.00

I. MO	NETAR	RY RECEIPTS	(Section A	I)		_	
NAME OF COMMITTEE						FILING	DUE DATE
Committee To Elect Jeffrey Kerekes						09/06/2	011
C1. Contri	ibutions	from Other Com	mittees				
Name of Committee				Name of	Treasurer		
Address		Is this contribution asso fundraising event listed			Yes If yes, list Event #	#	Amount of Contribution
City	State	Zip Code	Date Received		Aggregate Contributions		
					Total of S	ection C1	

I. MONETA	I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE				FILING DUE DATE						
Committee To Elect Jeffrey Kerekes 09/0										
C2. Reimbursements. Payments. or Surplus Distributions from other Committees										
Name of Committee			Name of Treasurer							
Address			Date Received	Amount of Receipt						
City	State	Zip Code	Reimbursement for shared expense							
			Payment for goods and services							
			Surplus Distribution							
Total of Section C2										

	I. MONETARY RECEIPTS (Section	n A-K)					
NAME OF COMMITTEE					FILING	DUE DATE	
Committee To Elect Jeffrey Kerekes					09/06/2	011	
	D. Loans Received this Period						
Name of Lender				Source of Loan:	Is there a cosigner or Guarantor of	Amount Received	
Street Address	City	State	Zip Code	Candidate Individual	this loan? Yes		
Name of Cosigner/Guarantor				Other Committee	No		
Street Address	City	State	Zip Code	Date Received			
Total of Section D							

I. MONETARY RECEIPTS (Section A-K)											
NAME OF COMMITTEE				FILING DUE DATE							
Committee To Elect Jeffrey Kerekes 09/06											
E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)											
Name											
Street Address			Date Received	Amount Received							
City	State	Zip Code	Aggregate Contributions								
Total of Section E											

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE		FILING DUE DATE					
Committee To Elect Jeffrey Kerekes	Committee To Elect Jeffrey Kerekes						
F. Amount Transferred from Affiliated Business Treasury (Business	F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ON						
Is this transaction associated with a fundraising event listed in Section L1?  Yes No If yes, list Event #	Amount						

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE		FILING DUE DATE						
Committee To Elect Jeffrey Kerekes	09/06/2011							
G. Amount Transferred from Affi	LY)							
Date of Receipt								

I. MONETARY RECEIPTS (Section A-K)									
NAME OF COMMITTEE FILING DUE DATE									
Committee To Elect Jeffre	Committee To Elect Jeffrey Kerekes 09/06/2011								
	H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)								
Date Received	Date Received Amount Method of Payment  Cash Personal Check Credit/Debit Card								
Total of Section H									

I. MONETARY RECEIPTS (Section A-K)									
NAME OF COMMITTE	FILING DUE DATE								
Committee To Elect J	effrey Kerekes				09/06/2011				
	I.	Anonymous Contributi	ons						
Date Received \$1 bills \$5 bills \$10 bill coins Amount									

I. Monetary Receipts (Section A-I)									
NAME OF COMMITTEE FILIN									
Committee To Elect Jeffrey Kerekes					09/06/2011				
J. Interest from Deposits in Authorized Accounts									
Name of Institution		Date Received			Amount Received				
Street Address City State Zip Code									
Total of Section J									

I. MONETARY RECEIPTS (Section A-K)								
NAME OF COMMITTEE				FILING DUE DATE				
Committee To Elect Jeffrey Kerekes				09/06/2011				
K. Miscellaneous Monetary Receipts not Considered Contributions								
Name Democracy Fund								
Street Address	City	State	Zip Code					
16 Windsor Rd  Description	North Haven	СТ	06473	_				
Matching Funds				\$6,952.00				
Name  Democracy Fund		Date of Transa		Amount Received				
Street Address 16 Windsor Rd	City North Haven	State CT	Zip Code <b>06473</b>					
Description Grant				\$17,000.00				
			Total of Section	K \$23,952.00				

	II. FUNDR	AISING EVENT ACTIVITY	Y				
NAME OF COMMITTEE						FILING DU	E DATE
Committee To Elect Jeff	rey Kerekes				(	09/06/2011	
		L1. Fundraiser Event II	nformation	1			
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City		State	Zip Code
Subpart 1: (All Committees) Was this fundraising event hosted a	a personal residence?		Yes	No	If yes, go to Section	on L4	
Did this fundraiser include items do individual of up to \$50?	nated by a business entity of up to	\$100 or items donated by an	Yes	No	If yes, go to Section	on L4	
Was this fundraiser a tag sale, auction	on, or other sale of donated items?		Yes	No	If yes, go to Section	on L2	
Subpart 2: (Town Committees and M Were there purchases of advertising			Yes	No	If yes, go to Section	on L3	
Subpart 3: (Town Committees ONL) Did your committee sell food or bev		nering held within the state?	Yes	No	If yes, enter Total If		
					Total of Section L1		

II. FUNDRAISING EVENT ACTIVITY								
NAME OF COMMITTEE							FIL	ING DUE DATE
Committee To Elect Jeffrey Kerekes							09/0	06/2011
L2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items								
Name of the Purchaser (Individuals ONLY)  Last Name	First Name	MI		of payment:	Aggregate Amount of Purchases			
Residential Street Address	City		State	Zip Code	Date Received	Event #		
Items Purchased						•		
Total of Section L2								

II. FU	NDRAISING EVENT	ACTIVITY						
NAME OF COMMITTEE FILING								
Committee To Elect Jeffrey Kerekes 09/06/2011								
L3. Purchases of Advertising in a Program Book (Municipal Candidate and Town Committees ONLY)								
Name of Purchaser for All Events Business Entity Event # Date Received Amount of Purchase Yes No								
Street Address City State Zip Code Aggregate Purchases for All Events								
Total of Section L3								

	II. FUNDRAISING EVENT AG	CTIV	VITY			
NAME OF COMMITTEE					FILIN	NG DUE DATE
Committee To Elect Jeffrey Kerekes					09/06	5/2011
L4. In-Kind Donations Not Considered Contributions						
Name of the Donor				Donation given by:  Individual Business	Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event		
Description of Donation		Date F	Received	Event #		
				Total of Sect	ion L4	

III. NONMONETARY RECEIPTS										
NAME OF CO	NAME OF COMMITTEE FILING DUE DATE									
Committee T	o Elect Jeffrey Kerekes						09/06/	2011		
			M. In-K	ind Contributions						
Name						Type of Contr		Fair Market Value of this Contribution		
Street Address				City						
State	Zip Code	exe	ecutive officer of a mu	ss of \$400 to a candidate committee for a chief unicipality does contributor or business he/she is ontract with said municipality valued at more	Yes No	Date Received				
Is Contributor a lob dependent child of ε		ls c	contributor a principal c	f state contractor or prospective state contractor?	Yes No					
listed in Section J19	ssociated with a fundraising event		Yes No	Description of In-Kind Contribution		Aggregate contri	butions			
If yes, list Event#										
						Total of Se	ction M			

NAME OF COMMITTEE		FILING DUE DATE					
Committee To Elect Jeffrey Kerekes							09/06/2011
N. Re							
Last Name (Individuals Only)		First Name			MI Date Received		Amount of Deposit
Residential Street Address		City	State	Zip Code			
Name of Telephone company							
Street Address	City						

III. NONMONETARY RECEIPTS											
NAME OF COMMITTEE				FILI	NG DUE DATE						
Committee To Elect Jeffrey Kerekes				09/06	5/2011						
O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee											
Name of Committee	Name of Treasurer										
Street Address			Date Notice Receive	ed	Fair Market Value of Donation						
City	State	Zip Code	Aggregate Donation	s							
Description of Donation		Purpose of Expenditure  A B	C D	Е							
			Total of Sec	tion O							

IV. EXPENDITURES											
NAME OF COMMITTEE								FILING DU	E DATE		
Committee To Elect Jeffrey Kerekes								09/06/2011			
	P. Ex	penses Paid By Commit	tee								
Name of Payee				Date of Paymen	t	Method of Pa	ayment		Amount		
Docuprint and Imaging				07/01/2011		X Check #	114				
Street Address 27 Whitney Ave	City New Have	n		Zip Code 06510	Purpose of Expenditure (by code) OFFICE	Debit Ca	ard				
Description					011102		Event	t #			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Supported Opposed				
Organization (see Instructions)  A B C D E									\$0.50		
Name of Payee Staples				Date of Paymen 07/01/2011		Method of Pa			Amount		
Street Address 430 Universal Dr	City North Hav	en		Zip Code 06473	Purnose of Expenditure (by code) OFFICE	Debit Ca					
Description							Event	t #			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Supported Opposed				
Organization (see Instructions)  A B C D E									\$25.49		
Name of Payee  Docuprint and Imaging				Date of Paymen 07/05/2011		Method of Pa			Amount		
Street Address 27 Whitney Ave	City New Have	n		Zip Code 06510	Purpose of Expenditure (by code) OFFICE	Debit Ca					
Description	•				•	•	Event	t #			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supported Opposed				
$\square$ A $\square$ B $\square$ C $\square$ D $\square$ E									\$3.69		

	Γ	V. EXPENDITURES								
NAME OF COMMITTEE								FILIN	G DUE DATE	3
Committee To Elect Jeffrey Kerekes								09/06/2	2011	
	P. Ex	penses Paid By Commit	tee							
Name of Payee				Date of Paymen	t	Method of Pa	nyment		Amount	
Staples				07/07/2011		X Check #	114			
Street Address 430 Universal Dr	City North Hav	en		Zip Code 06473	Purpose of Expenditure (by code) OFFICE	Debit Ca	ard			
Description	•		1 1			ı	Even	t #		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed			
A B C D E										\$4.08
Name of Payee				Date of Paymen	t	Method of Pa	nyment		Amount	
Staples				07/10/2011		X Check #	114			
Street Address 430 Universal Dr	City North Hav	en		Zip Code 06473	Purpose of Expenditure (by code) OFFICE	Debit Ca	ard			
Description	•				•		Even	t #		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed			
Organization (see Instructions)  A B C D E										\$7.94
Name of Payee				Date of Paymen		Method of Pa			Amount	
Staples	a:		I I	07/10/2011	Purnose of	X Check #	107			
Street Address 430 Universal Dr	City North Hav	en		Zip Code 06473	Expenditure (by code) OFFICE	Debit Ca	ard			
Description Clip Board							Even	t #		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed			
$\square$ A $\square$ B $\square$ C $\square$ D $\square$ E								- 1		\$4.25

IV. EXPENDITURES										
NAME OF COMMITTEE								FILIN	NG DUE DATE	
Committee To Elect Jeffrey Kerekes								09/06	/2011	
	P. Ex	penses Paid By Commit	tee							
Name of Payee				Date of Paymen	ıt	Method of Pa	nyment		Amount	
Signals - 37 Signals, LLC			_	07/13/2011		X Check #	114			
Street Address 30 N Racine Ste 300	City Chicago		State IL	Zip Code 60607	Purpose of Expenditure (by code) Misc *	Debit Ca	ard			
Description Software	•		•		•		Ever	nt #		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	ht		Support Opposed			
A B C D E				_		•			\$24.00	
Name of Payee				Date of Paymen	ıt	Method of Pa	nyment		Amount	
Gary Doyens	_			07/13/2011		X Check #	108			
Street Address 30 Birch Dr	City New Have	า	State CT	Zip Code 06515	Purpose of Expenditure (by code) OFFICE	Debit Ca	ard			
Description STaples, rentals			•		•	•	Ever	nt #		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Support			
Organization (see Instructions)  A B C D E									\$108.97	
Name of Payee				Date of Paymen		Method of Pa			Amount	
Amazon	1		I. I	07/13/2011	Purnose of	X Check #	114			
Street Address 1200 12th Ave Sou	City Seattle			Zip Code 98144	Expenditure (by code) OFFICE	Debit Ca	ard			
Description							Ever	nt #		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	ht		Support Opposed			
									\$52.89	

	Г	V. EXPENDITURES							
NAME OF COMMITTEE								FILIN	IG DUE DATE
Committee To Elect Jeffrey Kerekes								09/06/	/2011
	P. Ex	penses Paid By Commit	tee						
Name of Payee				Date of Paymen	t	Method of Pa	yment		Amount
Docuprint and Imaging				07/15/2011		X Check #	114		
Street Address 27 Whitney Ave	City New Have	า	State CT	Zip Code 06510	Purpose of Expenditure (by code) OFFICE	Debit Ca	nrd		
Description						•	Even	nt #	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	it		Supporte Opposed		
ABCDE						1			\$7.42
Name of Payee				Date of Paymen	t	Method of Pa	yment		Amount
Staples	1			07/15/2011	1	X Check #	114		
Street Address 430 Universal Dr	City North Have	en	State CT	Zip Code 06473	Purpose of Expenditure (by code) OFFICE	Debit Ca	ard		
Description	•		•				Even	nt #	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte		
Organization (see Instructions)  A B C D E									\$7.56
Name of Payee				Date of Paymen		Method of Pa	-		Amount
Discount Office Items	a.		G	07/16/2011	Purnose of	X Check #	114		
Street Address 302 Industrial Dr	City Columbus		WI	Zip Code 53925	Expenditure (by code) OFFICE	Debit Ca	ard		
Description							Even	nt #	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		
$\square$ A B C D E									\$149.00

IV. EXPENDITURES											
NAME OF COMMITTEE	_							Ente	IC DUE DATE		
NAME OF COMMITTEE									NG DUE DATE		
Committee To Elect Jeffrey Kerekes								09/06	/2011		
	P. Ex	penses Paid By Commit	tee								
Name of Payee				Date of Paymen	t	Method of Pa	nyment		Amount		
Vertical Response				07/16/2011		X Check #	114				
Street Address	City		State	Zip Code	Purnose of Expenditure	1					
501 2nd St Ste 700	San Franci	sco	CA	94107	(by code) OFFICE	Debit Ca	ard				
Description					OTTICE	1	Evei	nt #			
Type of Expenditure (if applicable)		Candidate(s) Name		Office Sough	nt		Support	ed			
Coordinated with reimbursement sought		(if applicable)					Oppose	d			
Coordinated without reimbursement sought											
Independent Organization (see Instructions)											
A B C D E									\$46.00		
Name of Payee				Date of Paymen	t	Method of Pa	nyment		Amount		
Staples				07/22/2011		X Check #	114				
Street Address	City		State	Zip Code	Purnose of	<u> </u>					
430 Universal Dr	North Hav	en	СТ	06473	Expenditure (bv code) OFFICE	Debit Ca	ard				
Description						-	Evei	nt #			
		1									
Type of Expenditure (if applicable)		Candidate(s) Name		Office Sough	nt		Support	ed			
Coordinated with reimbursement sought		(if applicable)				Ш	Oppose	d			
Coordinated without reimbursement sought  Independent											
Organization (see Instructions)											
A B C D E									\$21.04		
Name of Payee				Date of Paymen	t	Method of Pa	nyment		Amount		
Fedex Office				07/25/2011		X Check #	114				
Street Address	City		State	Zip Code	Purnose of Expenditure	1					
30 Whitney Ave	New Have	n	СТ	06477	(by code) OFFICE	Debit Ca	ard				
Description copies	•				•		Evei	nt #			
copies											
Type of Expenditure (if applicable)		Candidate(s) Name		Office Sough	nt		Support	ed			
Coordinated with reimbursement sought		(if applicable)					Oppose	d			
Coordinated without reimbursement sought Independent											
Organization (see Instructions)											
$\square$ A $\square$ B $\square$ C $\square$ D $\square$ E									\$1.44		

	Г	V. EXPENDITURES							
NAME OF COMMITTEE								FILIN	NG DUE DATE
Committee To Elect Jeffrey Kerekes								09/06	/2011
	P. Ex	penses Paid By Commit	tee						
Name of Payee				Date of Payment		Method of Pa	•		Amount
Grand Vin Fine Wines			_	07/25/2011		X Check #	114		
Street Address 28 E Grand Ave	City New Haver	ו	State	Zip Code 06513	Purpose of Expenditure (bv code) FOOD	Debit Ca	ard		
Description Wine							Even	nt#	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		
A B C D E						1		<u> </u>	\$35.21
Name of Payee				Date of Paymen	t	Method of Pa	yment		Amount
BJ's				07/25/2011		X Check #	114		
Street Address 555 Universal Dr	City North Have	en	State CT	Zip Code	Purpose of Expenditure (by code) FOOD	Debit Ca	ard		
Description Food							Even	nt#	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte		
Organization (see Instructions)  A B C D E									\$75.95
Name of Payee				Date of Payment		Method of Pa			Amount
Docuprint and Imaging	l		T.	07/26/2011	Purpose of	X Check #	114		
Street Address  27 Whitney Ave	City New Have	1	CT	Zip Code 06510	Expenditure (by code) OFFICE	Debit Ca	ard		
Description Copies							Even	nt#	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposec		
$\square_A \square_B \square_C \square_D \square_F$									\$24.46

IV. EXPENDITURES											
NAME OF COMMITTEE								FILIN	NG DUE DATE		
Committee To Elect Jeffrey Kerekes								09/06	/2011		
	P. Ex	penses Paid By Commit	tee								
Name of Payee				Date of Paymen	t	Method of Pa	nyment		Amount		
Staples				07/26/2011		X Check #	114				
Street Address 80 Boston Post Rd	City Orange		State CT	Zip Code 06477	Purpose of Expenditure (by code) OFFICE	Debit Ca	ard				
Description Flexi Name Bdg wht	•		•		•		Ever	nt #			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Support Opposed				
A B C D E						1			\$7.98		
Name of Payee				Date of Paymen	t	Method of Pa	nyment		Amount		
Trader Joe's				07/26/2011		X Check #	114				
Street Address 560 Boston Post Rd	City Orange		State CT	Zip Code	Purpose of Expenditure (by code) FOOD	Debit Ca	ard				
Description Food and Drinks	•		•		•	•	Ever	nt #			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Support Opposed				
Organization (see Instructions)  A B C D E									\$57.94		
Name of Payee				Date of Paymen	t	Method of Pa	nyment		Amount		
Docuprint and Imaging	1		ı	07/26/2011	,	X Check #	114				
Street Address 27 Whitney Ave	City New Have	ı	State	Zip Code 06510	Purnose of Expenditure (by code) OFFICE	Debit Ca	ard				
Description			•				Ever	nt#			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Support				
$\square$ , $\square$ <sub>p</sub> $\square$ <sub>c</sub> $\square$ <sub>p</sub> $\square$ <sub>r</sub>									\$42.32		

IV. EVENDANDENDO											
	I`	V. EXPENDITURES									
NAME OF COMMITTEE								FILIN	NG DUE DATE		
Committee To Elect Jeffrey Kerekes								09/06	/2011		
	P. Ex	penses Paid By Commit	tee								
Name of Payee				Date of Paymen	t	Method of Pa	nyment		Amount		
Trader Joe's				07/26/2011		X Check #	114				
Street Address 560 Boston Post Rd	City Orange		State CT	Zip Code	Purpose of Expenditure (by code) FOOD	Debit Ca	ard				
Description							Ever	nt#			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Support Opposed		<b>*</b> 160.10		
ABCDE				1		1			\$169.10		
Name of Payee				Date of Paymen	t	Method of Pa	nyment		Amount		
Docuprint and Imaging				07/27/2011	1	X Check #	109				
Street Address 27 Whitney Ave	City New Have	1	State CT	Zip Code 06510	Purnose of Expenditure (by code) OFFICE	Debit Ca	ard				
Description Copies	•		•		•		Ever	nt #			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Support				
Organization (see Instructions)  A B C D E									\$9.57		
Name of Payee Harry David				Date of Paymen 07/29/2011		Method of Pa			Amount		
Street Address 441 Chapel St	City New Have	1	State CT	Zip Code 06511	Purpose of Expenditure (by code) OFFICE	X Check #					
Description copies	•		•		•	•	Ever	nt #			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Support Opposed				
$\bigcap$ A $\bigcap$ B $\bigcap$ C $\bigcap$ D $\bigcap$ E									\$107.86		

	Г	V. EXPENDITURES							
NAME OF COMMITTEE								FILIN	NG DUE DATE
Committee To Elect Jeffrey Kerekes								09/06	/2011
	P. Ex	penses Paid By Commit	tee						
Name of Payee				Date of Payment	t	Method of Pa	yment		Amount
Staples				07/30/2011		X Check #	114		
Street Address 430 Universal Dr	City North Have	en		Zip Code 06473	Purpose of Expenditure (bv code) OFFICE	Debit Ca	ard		
Description Clasp env							Even	nt #	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		
A B C D E				<u> </u>		<u> </u>			\$1.38
Name of Payee				Date of Payment	t	Method of Pa	yment		Amount
Staples	_			07/30/2011		X Check #	114		
Street Address 430 Universal Dr	City North Have	en		Zip Code 06473	Purpose of Expenditure (by code) OFFICE	Debit Ca	ard		
Description env	•				•	•	Even	nt #	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		
Organization (see Instructions)  A B C D E									\$16.47
Name of Payee  Robin Hayes				Date of Payment 07/30/2011		Method of Pa			Amount
Street Address 21 Lyon St	City New Haver	1		Zip Code 06511	Purnose of Expenditure (by code)	X Check #			
Description Food					FOOD		Even	nt #	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	ıt		Supporte		
$\square_A \square_B \square_C \square_D \square_E$									\$21.98

IV. EXPENDITURES											
NAME OF COMMITTEE								FILIN	NG DUE DATE		
Committee To Elect Jeffrey Kerekes								09/06	//2011		
	P. Ex	penses Paid By Commit	tee				·				
Name of Payee				Date of Paymen	t	Method of Pa	yment		Amount		
Staples	_			07/30/2011		X Check #	114				
Street Address 430 Universal Dr	City North Have	en		Zip Code 06473	Purpose of Expenditure (by code) OFFICE	Debit Ca	ard				
Description Ltr Lgl							Even	nt#			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposec				
Organization (see instructions)  A B C D E									\$19.33		
Name of Payee Harry David				Date of Paymen 08/01/2011		Method of Pa			Amount		
Street Address 441 Chapel St	City New Have	n		Zip Code 06511	Purpose of Expenditure (by code) OFFICE	Debit Ca	ard				
Description copies						,	Even	nt#			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte				
Organization (see Instructions)  A B C D E									\$9.57		
Name of Payee  Docuprint and Imaging				Date of Paymen 08/01/2011		Method of Pa			Amount		
Street Address 27 Whitney Ave	City New Have	n		Zip Code 06510	Purpose of Expenditure (by code) OFFICE	Debit Ca	ard				
Description copies							Even	nt#			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		¢16.40		
A B C D E									\$16.48		

	Г	V. EXPENDITURES							
NAME OF COMMITTEE								FILIN	NG DUE DATE
Committee To Elect Jeffrey Kerekes								09/06	/2011
	P. Ex	penses Paid By Commit	tee						
Name of Payee				Date of Payment		Method of Pa	•		Amount
Staples	1		1	08/03/2011	Purpose of	X Check #	114		
Street Address 430 Universal Dr	North Have	en		Zip Code 06473	Expenditure (bv code) OFFICE	Debit Ca	ard		
Description Black Ink							Even	it #	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	ıt		Supporte Opposed		
ABCDE				<u> </u>		ı		<u> </u>	\$111.64
Name of Payee				Date of Payment	t	Method of Pa	yment		Amount
Staples				08/03/2011		X Check #	114		
Street Address 430 Universal Dr	City North Have	en		Zip Code 06473	Purpose of Expenditure (by code) OFFICE	Debit Ca	ard		
Description Legal							Even	ıt #	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		
Organization (see Instructions)  A B C D E									\$24.49
Name of Payee				Date of Payment		Method of Pa			Amount
Fedex Office	l		T. 1	08/04/2011	Purnose of	X Check #	114		
Street Address 30 Whitney Ave	City New Haver	1		Zip Code 06477	Expenditure (by code) OFFICE	Debit Ca	ard		
Description copies							Even	ıt #	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		
$\square_{A} \square_{B} \square_{C} \square_{D} \square_{E}$									\$6.59

	Г	V. EXPENDITURES							
NAME OF COMMITTEE								FILIN	NG DUE DATE
Committee To Elect Jeffrey Kerekes								09/06	/2011
	P. Ex	penses Paid By Commit	tee						
Name of Payee  Docuprint and Imaging				Date of Payment 08/04/2011		Method of Pa	•		Amount
Street Address 27 Whitney Ave	City New Have	1		Zip Code 06510	Purnose of Expenditure (by code) OFFICE	Debit Ca			
Description Copies			1 1		0102		Even	nt #	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)  A  B  C  D  E		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte		\$13.83
Name of Payee		<u> </u>		Date of Payment	t	Method of Pa	vment		Amount
Fedex Office				08/05/2011		X Check #			Amount
Street Address 30 Whitney Ave	City New Haver	١		Zip Code 06477	Purpose of Expenditure (by code) OFFICE	Debit Ca	ard		
Description B&W S/S copies	•				•	•	Even	nt #	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	it		Supporte		
Organization (see Instructions)  A B C D E									\$5.32
Name of Payee Modern Pizza				Date of Payment 08/07/2011		Method of Pa			Amount
Street Address State Street	City New Haver	1	State CT	Zip Code	Purnose of Expenditure (by code) FOOD	Debit Ca	ard		
Description							Even	nt#	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	it		Supporte		
									\$40.00

Name of Payee Harry David  Street Address 441 Chapel St New Haven  City New Ha	IV. EXPENDITURES										
Date of Payment   Date of Payment   State of Payment   Supported   Date of Payment	NAME OF COMMITTEE								FILIN	IG DUE DATE	
Name of Payer   Page	Committee To Elect Jeffrey Kerekes								09/06/	/2011	
Planet Pizza		P. Ex	penses Paid By Commit	tee							
State Address   City   State   City   Conditioned without reinfuncement sought   Conditioned without reinfuncement sought   Conditioned with reinfuncement sought   Conditioned with reinfuncement sought   Conditioned with reinfuncement sought   Conditioned with reinfuncement sought   Conditioned without reinfuncement sought   Conditioned without reinfuncement sought   Conditioned without reinfuncement sought   Conditioned without reinfuncement sought   City   Conditioned without reinfuncement sought   City   Conditioned without reinfuncement sought   Conditioned with reinfuncement sought										Amount	
Pieze of Expenditure (if applicable)	Street Address		1		ļ	Purpose of Expenditure (by code)					
Coordinated with reimbursement sought   Coordinated without reimbursement sought   Independent   Organization (see Instructions)    Name of Payce						1000		Ever	nt #		
Name of Payee Harry David  City New Haven City New Haven City New Haven City Office Sought Coordinated without reimbursement sought Independent Office Sought New Haven Cord and Supported Office Sought Office Soug	Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions)				Office Sough	nt				\$40.00	
Alarry David  Street Address 441 Chapel St  New Have   City   New Have   Candidate(s) Name (if applicable)   Opgosed with out reimbursement sought   Independent   Opgosed   Opg			I		Date of Paymen	t	Method of Pa	nyment			
Street Address   City   New Have   CT   Office Sought   Date of Payment   Ogranization (see Instructions)   Date of Payment   Ogranization (see Instructions)   Ogranization (se										Amount	
Pizza for meeting  Type of Expenditure (if applicable) Coordinated with reimbursement sought Independent Organization (see Instructions) A B C D D E  Date of Payment O6510 OFFICE  Description Coordinated without reimbursement sought Independent O792000000000000000000000000000000000000			1		Zip Code	Purpose of Expenditure (by code)					
Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Orsanization (see Instructions) A B C D B E  Date of Payment Docuprint and Imaging  Street Address 27 Whitney Ave  Description Copies  Candidate(s) Name Coordinated without reimbursement sought Independent  Office Sought Opposed  Opposed  Opposed  Amount  Amount  Amount  Amount  Office Sought Opposed  Opposed  Opposed  Opposed  Opposed  State Independent  Opposed	_						•	Ever	nt#		
Name of Payee Docuprint and Imaging  City New Haven  City New Haven  Candidate(s) Name Coordinated without reimbursement sought Independent  Date of Payment  Method of Payment  Method of Payment  Method of Payment  X Check # 114  Description Copes  Event #  Candidate(s) Name (if applicable)  (if applicable)  Coordinated without reimbursement sought Independent  Date of Payment  Method of Payment  X Check # 114  Description Copes  Amount  Amount  Amount  OB/10/2011  X Check # 114  Debit Card OFFICE  Event #  Opposed  Opposed	Coordinated with reimbursement sought Coordinated without reimbursement sought Independent				Office Sough	nt					
Docuprint and Imaging    Street Address   City   New Haven   CT   O6510   OFFICE     Debit Card   Opposed										\$40.00	
27 Whitney Ave New Haven CT 06510 Expenditure (by code) OFFICE Description copies  Type of Expenditure (if applicable) Candidate(s) Name (if applicable) (if applicable) (if applicable) Opposed (if applicable) Opposed										Amount	
Type of Expenditure (if applicable) Coordinated with reimbursement sought Coordinated without reimbursement sought Independent  Candidate(s) Name Office Sought Opposed Opposed Opposed			1			Expenditure (by code)	Debit Ca	ard			
Coordinated with reimbursement sought Coordinated without reimbursement sought Independent  Coordinated without reimbursement sought								Ever	nt #		
	Coordinated with reimbursement sought Coordinated without reimbursement sought				Office Sough	nt				\$7.00	

IV. EXPENDITURES										
NAME OF COMMITTEE								FILIN	NG DUE DATE	
Committee To Elect Jeffrey Kerekes								09/06	/2011	
	P. Ex	penses Paid By Commit	tee							
Name of Payee  Docuprint and Imaging				Date of Paymen 08/11/2011		Method of Pa			Amount	
Street Address 27 Whitney Ave	City New Have	1		Zip Code 06510	Purpose of Expenditure (by code) OFFICE	Debit Ca				
Description copies							Even	nt #		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)  A B C D E		Candidate(s) Name (if applicable)		Office Sough	ut		Supporte Opposed		\$34.56	
Name of Payee		ı		Date of Paymen	t	Method of Pa	ayment		Amount	
Docuprint and Imaging				08/11/2011		X Check #	114			
Street Address 27 Whitney Ave	City New Have	1		Zip Code 06510	Purpose of Expenditure (by code) OFFICE	Debit Ca	ard			
Description							Even	nt #		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed			
Organization (see Instructions)  A B C D E									\$34.55	
Name of Payee Yale Station				Date of Paymen 08/12/2011		Method of Pa			Amount	
Street Address Elm Street	City New Have	1		Zip Code 06511	Purnose of Expenditure (by code) POST	Debit Ca				
Description stamps			-				Even	nt #		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	ut		Supporte Opposed		\$1.08	

	Γ	V. EXPENDITURES							
NAME OF COMMITTEE								FILIN	NG DUE DATE
Committee To Elect Jeffrey Kerekes								09/06/	/2011
	P. Ex	penses Paid By Commit	tee						
Name of Payee				Date of Paymen	ıt	Method of Pa	yment		Amount
Interlogy				08/13/2011		X Check #	114		
Street Address www.interlogy.com	City Wwwinterl	ogycom	State IL	Zip Code	Purpose of Expenditure (by code) Misc *	Debit Ca	ard		
Description software	•					•	Even	nt #	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	ht		Supporte Opposed		
A B C D E									\$9.95
Name of Payee S37Signals				Date of Paymen 08/13/2011		Method of Pa			Amount
Street Address 30 N Racine Ave	City Chicago		State IL	Zip Code	Purpose of Expenditure (by code) Misc *	X Check #			
Description Software					Tilde		Even	nt #	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	ht		Supporte Opposed		
Organization (see Instructions)  A B C D E									\$24.00
Name of Payee  Interlogy				Date of Paymen 08/13/2011		Method of Pa			Amount
Street Address www.interlogy.com	City Wwwinterl	ogycom	State IL	Zip Code	Purnose of Expenditure (by code) OFFICE	X Check #			
Description						1	Even	nt #	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		
Organization (see Instructions)  A B C D E									\$9.95

IV. EXPENDITURES											
NAME OF COMMITTEE								FILIN	NG DUE DATE		
Committee To Elect Jeffrey Kerekes								09/06			
	P. Ex	penses Paid By Commit	tee								
Name of Payee				Date of Paymen	t	Method of Pa	yment		Amount		
Envelope Mall				08/17/2011		X Check #	114				
Street Address 238 N Oakley Blvd	City Chicago		State IL	Zip Code 60612	Purpose of Expenditure (by code) OFFICE	Debit Ca	ard				
Description			•			•	Ever	nt #			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Support Opposed				
ABCDE						1			\$88.08		
Name of Payee				Date of Paymen	t	Method of Pa	yment		Amount		
Modern Pizza				08/17/2011		X Check #	114				
Street Address State Street	City New Have	า	State CT	Zip Code	Purpose of Expenditure (by code) FOOD	Debit Ca	ard				
Description Pizza						!	Ever	nt #			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Support				
Organization (see Instructions)  A B C D E									\$34.83		
Name of Payee				Date of Paymen		Method of Pa	yment		Amount		
Shogun Screenprinting	Ī		1_	08/18/2011	Purnose of	Check #					
Street Address 41 Stevens St Bldg 1 ,Floor 4	City Waterbury		CT	Zip Code 06704	Expenditure (by code) A-SIGN	X Debit Ca	ard				
Description T Shirts							Ever	nt#			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Support Opposed				
$\bigcap$ A $\bigcap$ B $\bigcap$ C $\bigcap$ D $\bigcap$ E									\$587.00		

	Г	V. EXPENDITURES							
NAME OF COMMITTEE								FILIN	NG DUE DATE
Committee To Elect Jeffrey Kerekes								09/06	/2011
	P. Ex	penses Paid By Commit	tee						
Name of Payee				Date of Paymen	t	Method of Pa	yment		Amount
Fedex Office				08/21/2011		X Check #	114		
Street Address 400 Boston Post Rd	City Orange		State CT	Zip Code 06477	Purpose of Expenditure (by code) OFFICE	Debit Ca	ard		
Description Supplies			•				Ever	nt #	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		
ABCDE				T		1			\$148.89
Name of Payee				Date of Paymen	t	Method of Pa	yment		Amount
JM Signs				08/21/2011		X Check #	114		
Street Address 6304 S Tex Pt	City Homosassa	а	State FL	Zip Code 34448	Purpose of Expenditure (by code) A-SIGN	Debit Ca	ard		
Description Step Stakes							Ever	nt #	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte		
Organization (see Instructions)  A B C D E									\$1,525.50
Name of Payee Target Stores				Date of Payment 08/22/2011		Method of Pa	yment		Amount
Street Address 200 Universal Dr	City North Have	en	State CT	Zip Code 06473	Purnose of Expenditure (by code) OFFICE	X Debit Ca	ard		
Description Cell Phone							Ever	nt#	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		
									\$53.15

	Г	V. EXPENDITURES							
NAME OF COMMITTEE								FILIN	NG DUE DATE
Committee To Elect Jeffrey Kerekes								09/06	/2011
	P. Ex	penses Paid By Commit	tee						
Name of Payee Target Stores				Date of Payment 08/23/2011		Method of Pa	yment		Amount
Street Address 200 Universal Dr	City North Have	en	State CT	Zip Code 06473	Purnose of Expenditure (by code) OFFICE	X Debit Ca	ard		
Description Cell Phones					0102		Ever	nt#	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)  A  B  C  D  E		Candidate(s) Name (if applicable)		Office Sough	ıt		Support		\$42.52
		<u> </u>							
Name of Payee p48HourPrint				Date of Payment 08/24/2011		Method of Pa			Amount
Street Address 33 Farnsworth St Fl 2	City Boston		State MA	Zip Code 02210	Purpose of Expenditure (by code) A-SIGN	Debit Ca			
Description Door Hangers							Ever	nt#	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	ıt		Support		
Organization (see Instructions)  A B C D E									\$1,262.19
Name of Payee STop & Shop				Date of Payment 08/25/2011		Method of Pa	yment		Amount
Street Address Whalley Avenue	City New Haver	1	State CT	Zip Code 06510	Purnose of Expenditure (by code) OFFICE	X Debit Ca	ard		
Description Stamps							Ever	nt #	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Support		
									\$26.40

	Г	V. EXPENDITURES							
NAME OF COMMITTEE								FILIN	NG DUE DATE
Committee To Elect Jeffrey Kerekes								09/06	/2011
	P. Ex	penses Paid By Commit	tee						
Name of Payee Staples				Date of Payment 08/26/2011		Method of Pa	yment		Amount
•	a:		<b>I</b> a		Purpose of	Check #			
Street Address 430 Universal Dr	City North Have	en	CT	Zip Code 06473	Expenditure (bv code) OFFICE	X Debit Ca	ard		
Description Legal Paper							Ever	nt#	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	ut		Supporte		
A B C D E				<u> </u>		1			\$10.41
Name of Payee				Date of Payment	t	Method of Pa	yment		Amount
BJ's	-			08/26/2011		Check #			
Street Address 555 Universal Dr	City North Have	en	State CT	Zip Code	Purpose of Expenditure (by code) OFFICE	X Debit Ca	nrd		
Description Pouch						•	Ever	nt #	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte		
Organization (see Instructions)  A B C D E									\$27.63
Name of Payee				Date of Payment		Method of Pa			Amount
Claire's corner copia				08/30/2011		X Check #	114		
Street Address 1000 Chapel St	City New Have	า	State	Zip Code 06510	Purnose of Expenditure (by code) FOOD	Debit Ca	ard		
Description						•	Ever	nt#	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	it		Supporte		
$\square_{A} \square_{B} \square_{C} \square_{D} \square_{E}$									\$12.74

IV. EXPENDITURES											
NAME OF COMMITTEE								FILIN	NG DUE DATE		
Committee To Elect Jeffrey Kerekes								09/06	/2011		
	P. Ex	penses Paid By Commit	tee								
Name of Payee				Date of Paymen	t	Method of Pa	nyment		Amount		
p48HourPrint				08/30/2011		Check #					
Street Address 33 Farnsworth St Fl 2	City Boston		State MA	Zip Code 02210	Purpose of Expenditure (by code) A-SIGN	X Debit Ca	ard				
Description							Ever	nt #			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		±200.05		
ABCDE				<u> </u>		1		<u> </u>	\$399.86		
Name of Payee				Date of Paymen	t	Method of Pa	nyment		Amount		
Docuprint and Imaging				08/30/2011	1	X Check #	114				
Street Address 27 Whitney Ave	City New Have	n	State CT	Zip Code 06510	Purnose of Expenditure (by code) OFFICE	Debit Ca	ard				
Description	•		•		•	•	Ever	nt #			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Supporto				
Organization (see Instructions)  A B C D E									\$7.42		
Name of Payee				Date of Paymen 08/30/2011		Method of Pa			Amount		
Street Address 33 Farnsworth St Fl 2	City Boston		State MA	Zip Code 02210	Purnose of Expenditure (by code) OFFICE	Debit Ca					
Description	•				•	•	Ever	nt #			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte				
$\square$ A $\square$ B $\square$ C $\square$ D $\square$ E									\$37.39		

IV. EXPENDITURES										
NAME OF COMMITTEE								FILIN	IG DUE DATE	
Committee To Elect Jeffrey Kerekes								09/06	/2011	
	P. Ex	penses Paid By Commit	tee							
Name of Payee				Date of Paymen	ıt	Method of Pa	yment		Amount	
p48HourPrint				08/30/2011		X Check #	114			
Street Address 33 Farnsworth St Fl 2	City Boston		State MA	Zip Code 02210	Purpose of Expenditure (by code) OFFICE	Debit Ca	ard			
Description	•		•		•	•	Ever	nt #		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Support Opposed		\$866.87	
A B C D E		<u> </u>		<u> </u>		<u> </u>				
Name of Payee				Date of Paymen		Method of Pa			Amount	
JM Signs			1	08/30/2011		X Check #	114			
Street Address 6304 S Tex Pt	City Homosass	a	State	Zip Code 34448	Expenditure (by code) A-SIGN	Debit Ca	ard			
Description	•		•		•	•	Ever	nt #		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Support			
Organization (see Instructions)  A B C D E									\$1,525.50	
Name of Payee Tyco				Date of Paymen 08/30/2011		Method of Pa			Amount	
Street Address 262 Elm St	City New Have	n	State	Zip Code 06511	Purnose of Expenditure (by code) OFFICE	Debit Ca				
Description	•		-		•	•	Ever	nt #		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	ht		Support			
$\square$ A $\square$ B $\square$ C $\square$ D $\square$ E									\$10.60	

IV. EXPENDITURES											
NAME OF COMMITTEE								FILIN	NG DUE DATE		
Committee To Elect Jeffrey Kerekes								09/06	/2011		
	P. Ex	penses Paid By Commit	tee				,				
Name of Payee  Yale Station				Date of Paymen 08/30/2011		Method of Pa			Amount		
Street Address Elm St	City New Havei	1		Zip Code 06511-0099	Purpose of Expenditure (by code) OFFICE	X Check #					
Description							Ever	nt #			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)  A  B  C  D  E		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte		\$44.00		
Name of Payee		l		Date of Paymen	t	Method of Pa	yment		Amount		
Staples				08/30/2011		X Check #	114				
Street Address 430 Universal Dr	City North Have	en	State CT	Zip Code 06473	Purpose of Expenditure (by code) OFFICE	Debit Cε					
Description			· · · · ·		0102		Ever	nt #			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Supporto				
Organization (see Instructions)  A B C D E									\$80.54		
Name of Payee  Vertical Response				Date of Paymen 08/30/2011		Method of Pa	•		Amount		
Street Address 501 2nd St Ste 700	City San Franci	sco	State CA	Zip Code 94107	Purpose of Expenditure (by code) OFFICE	Debit Ca	ard				
Description							Ever	nt #			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte				
A B C D E									\$46.00		

IV. EXPENDITURES										
NAME OF COMMITTEE								FILIN	NG DUE DATE	
Committee To Elect Jeffrey Kerekes								09/06/	/2011	
	P. Ex	penses Paid By Commit	tee							
Name of Payee				Date of Paymen	t	Method of Pa	yment		Amount	
Interlogy				08/30/2011		X Check #	114			
Street Address www.interlogy.com	City Wwwinterl	ogycom	State :	Zip Code	Purpose of Expenditure (by code) OFFICE	Debit Ca	ard			
Description						•	Even	it #		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed			
A B C D E									\$9.95	
Name of Payee				Date of Paymen	t	Method of Pa	yment		Amount	
Interlogy	_			08/30/2011		X Check #	114			
Street Address www.interlogy.com	City Wwwinterl	ogycom	State :	Zip Code	Purpose of Expenditure (by code) OFFICE	Debit Ca	nrd			
Description	•				•	•	Even	ıt #		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed			
Organization (see Instructions)  A B C D E									\$19.00	
Name of Payee				Date of Paymen		Method of Pa			Amount	
Fast Signs Street Address	City		State	08/30/2011 Zip Code	Purnose of	X Check #	114			
310 Washington Ave	North Hav	en		06473	Expenditure (by code) A-SIGN	Debit Ca	ard			
Description	<u> </u>		<u> </u>		7. 010.1		Even	ıt #		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed			
$\square$ A $\square$ B $\square$ C $\square$ D $\square$ E									\$303.17	

	Г	V. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE			
Committee To Elect Jeffrey Kerekes								09/06/2011	
P. Expenses Paid By Committee									
Name of Payee  Media Temple				Date of Payment 08/30/2011		Method of Pa	•		Amount
Street Address 8520 National Blvd Bldg A	City Culver City	,		Zip Code 90232	Purpose of Expenditure (by code) OFFICE	Debit Ca	ard		
Description							Even	nt #	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		<b>*</b> 26.00
ABCDE									\$36.00
						Tot	al of Secti	on P	\$8,688.47

IV. EXPENDITURES									
NAME OF COMMITTEE FILING							FILING DUE DATE		
Committee To Elect Jeffrey Kerekes							09/06/2	9/06/2011	
Q. Campaign Expenses Paid By Candidate									
Name of Payee (Name of Vendor who candidate paid directly)			Date of Payment		Purpose of Expenditure (by code)	Is Reimbursement Claimed? Yes No		Amount	
Street Address	City		State Zi		ip Code	Event #			
Description			•		,				
						Total of S	ection Q		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Committee To Elect Jeffrey Kerekes						09/06	/2011	
R. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution			Type of Credit Card:  Visa Master Card Discover  Other				n Express	
Name of Vendor			Purpose of Expenditure (by code)  Date of Transaction				Amount	
Street Address	City	State Zip Code		Event #				
Description					•			
					Total of Se	ction R		

	IV. EXPENDITURES						
NAME OF COMMITTEE FIL						FILING DUE DATE	
Committee To Elect Jeffrey Kerekes					09/0	09/06/2011	
S. Expenses Incurred By Committee but Not Paid During this Period							
Name of Creditor			Event #	Date Incurred		Amount Incurred (Estimate or Actual)	
Street Address	City	Zip Code	Purpose of Expenditure (by code)				
Description							
Type of Expenditure (if applicable)  Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions)  A B C D E	Candidate(s) Name (if applicable)	Name (if applicable) Office Sought			d d		
				Total of Secti	ion S		

	IV. E	XPENDITURES						
NAME OF COMMITTEE	F	FILING DUE DATE						
Committee To Elect Jeffrev Kerekes					09	09/06/2011		
T. Itemization of	Reimbursem	nents to Committee Worker	s and Consultants					
Name of Worker/Consultant		Date of Payment Metho			Amount			
Secondary Payee		Purpose of Expenditure		Debit Card				
Street Address	City							
Description				•				
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)  A B C D E	Other Candidate(	didate(s) Name Office Sought		Supported Opposed				
				T	otal of Section	on T		