

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

Office Use Only

Page 1 of 125

SUMMARY PAGE

1. NAME OF COMMITTEE				
Committee To Elect Jeffrey Kerekes				
2. TREASURER NAME				
Title	First harry	MI I	Last David	Suffix
3. TREASURER ADDRESS				
Street Address 441 Chapel St Apt 1-6		City New Haven	State CT	Zip Code 06511-5844
4. ELECTION DATE	5. OFFICE SOUGHT (if applicable) Mayor			6. DISTRICT CODE (if applicable)
7. CANDIDATE NAME				
Title Mr	First Jeffrey	MI P	Last Kerekes	Suffix
8. TYPE OF REPORT 7th Day Preceding Primary				
9. PERIOD COVERED				
Beginning Date 07/01/2011				
Ending Date 08/30/2011				
thru				
10. CERTIFICATION				
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.				
Electronic Filing SIGNATURE		harry David PRINT NAME OF THE SIGNER		09/06/2011 3:15:57 pm DATE CERTIFIED
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.				

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Committee To Elect Jeffrey Kerekes	09/06/2011	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other		\$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 RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

A. Total Contributions from Small Contributors-Received this Period ONLY

(See instructions for definition of Small Contributor)

Subtotal Section

\$0.00**B. Itemized Contributions from Individuals**

Last Name Winston	First Name Patrick	MI	Name of Employer self-employed			Amount of Contribution
Residential Street Address 1897 Chapel St	City New Haven	State CT	Zip Code 06515	Principal Occupation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No				
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 07/01/2011	Aggregate Contribution \$15.00		
						\$15.00
Last Name Winston	First Name Shirley	MI	Name of Employer			Amount of Contribution
Residential Street Address 1897 Chapel St	City New Haven	State CT	Zip Code 06515	Principal Occupation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No				
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 07/01/2011	Aggregate Contribution \$15.00		
						\$15.00
Last Name Gardner	First Name Bettie	MI F	Name of Employer			Amount of Contribution
Residential Street Address 294 Bassett St	City New Haven	State CT	Zip Code 06517	Principal Occupation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No				
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 07/01/2011	Aggregate Contribution \$10.00		
						\$10.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

B. Itemized Contributions from Individuals

Last Name Lack	First Name Sylvia	MI	Name of Employer				Amount of Contribution
Residential Street Address 60 Lyon St		City New Haven		State CT	Zip Code 06511	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/09/2011	Aggregate Contribution \$25.00	
						\$25.00	

Last Name McArdle	First Name Patricia	MI	Name of Employer						
Residential Street Address 83 Lyon St		City New Haven		State CT	Zip Code 06511	Principal Occupation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/09/2011		Aggregate Contribution \$20.00		
									\$20.00

Last Name Butler	First Name Peter	MI	Name of Employer				Amount of Contribution
Residential Street Address 487 Townsend Ave		City New Haven		State CT	Zip Code 06512	Principal Occupation	
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?			
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 07/09/2011	Aggregate Contribution \$25.00		
						\$25.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

B. Itemized Contributions from Individuals

Last Name Ranney	First Name Pat	MI	Name of Employer			Amount of Contribution	
Residential Street Address 312 St John # 2		City New Haven		State CT	Zip Code 06511		Principal Occupation
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/10/2011		Aggregate Contribution \$10.00
							\$10.00

Last Name Shoop	First Name Donald	MI E	Name of Employer				Amount of Contribution
Residential Street Address 225 Townsend Ave		City New Haven		State CT	Zip Code 06512	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/11/2011	Aggregate Contribution \$10.00	
						\$10.00	

Last Name Bresnick	First Name Johanna	MI	Name of Employer				Amount of Contribution
Residential Street Address 84 Lyon St	City New Haven	State CT	Zip Code 06511	Principal Occupation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with:			<input type="checkbox"/> Executive	<input type="checkbox"/> Legislative			
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 07/11/2011	Aggregate Contribution \$10.00		
						\$10.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

B. Itemized Contributions from Individuals

Last Name Arias		First Name Dimitri		MI	Name of Employer		Amount of Contribution
Residential Street Address 84 Lyon St		City New Haven		State CT	Zip Code 06511	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/11/2011	Aggregate Contribution \$10.00	
Last Name Saracco		First Name Raymond		MI	Name of Employer City of New Haven		Amount of Contribution
Residential Street Address 843 Orange St		City New Haven		State CT	Zip Code 06511	Principal Occupation Fire Fighter	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/11/2011	Aggregate Contribution \$50.00	
Last Name Marathas		First Name Alex		MI	Name of Employer		Amount of Contribution
Residential Street Address 13 Bishop St		City New Haven		State CT	Zip Code 06511	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/11/2011	Aggregate Contribution \$25.00	

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

B. Itemized Contributions from Individuals

Last Name Oppenheimer	First Name Mark	MI	Name of Employer		Amount of Contribution
Residential Street Address 155 W Rock Ave	City New Haven	State CT	Zip Code 06515	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative				
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 07/11/2011	Aggregate Contribution \$10.00	\$10.00

Last Name Abraham	First Name Elizabeth	MI	Name of Employer			Amount of Contribution
Residential Street Address 132 Mansfield St	City New Haven	State CT	Zip Code 06511	Principal Occupation		
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?					
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 07/11/2011	Aggregate Contribution \$25.00	
					\$25.00	

Last Name Stockmann	First Name Jason	MI	Name of Employer			Amount of Contribution
Residential Street Address 132 Mansfield St Apt 2	City New Haven	State CT	Zip Code 06511	Principal Occupation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative					
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 07/11/2011	Aggregate Contribution \$20.00		
					\$20.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

B. Itemized Contributions from Individuals

Last Name Anderson	First Name Edward	MI	Name of Employer			Amount of Contribution	
Residential Street Address 123 York St # 1C		City New Haven		State CT	Zip Code 06511		Principal Occupation
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 07/18/2011	Aggregate Contribution \$25.00		
					\$25.00		

Last Name Carroll	First Name Barbara	MI	Name of Employer				Amount of Contribution
Residential Street Address 165 Hyde St		City New Haven		State CT	Zip Code 06512	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 07/18/2011	Aggregate Contribution \$20.00		
					\$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 CT	Zip Code 06716	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/18/2011	Aggregate Contribution \$25.00	
						\$25.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

B. Itemized Contributions from Individuals

Last Name Hyman	First Name Pam	MI G	Name of Employer				Amount of Contribution
Residential Street Address 8 Woodland Ter		City Prospect		State CT	Zip Code 06712	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 07/19/2011	Aggregate Contribution \$100.00		
					\$100.00		

Last Name Ott	First Name Jeffrey	MI M	Name of Employer			
Residential Street Address 441 Chapel St Apt 1C	City New Haven	State CT	Zip Code 06511	Principal Occupation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 07/20/2011	Aggregate Contribution \$15.00	

\$15.00

Last Name ROSS	First Name F	MI D	Name of Employer				Amount of Contribution
Residential Street Address 111 Park St		City New Haven		State CT	Zip Code 06510	Principal Occupation	
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?			
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/21/2011	Aggregate Contribution \$20.00	
						\$20.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

B. Itemized Contributions from 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 CT	Zip Code 06512	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No					
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 07/21/2011	Aggregate Contribution \$10.00		
					\$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 CT	Zip Code 06515	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/21/2011	Aggregate Contribution \$20.00	\$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 CT	Zip Code 06511	Principal Occupation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/21/2011		Aggregate Contribution \$10.00		
									\$10.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

B. Itemized Contributions from Individuals

Last Name Losty	First Name Douglas	MI	Name of Employer			Amount of Contribution
Residential Street Address PO Box 120713	City East Haven	State CT	Zip Code 06512	Principal Occupation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution				Date Received	Aggregate Contribution	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				07/21/2011	\$25.00	

\$25.00

Last Name Persson	First Name Lynn	MI	Name of Employer						
Residential Street Address 262 Milford Point Rd		City Milford		State CT	Zip Code 06460	Principal Occupation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 07/21/2011		Aggregate Contribution \$100.00			
								\$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 CT	Zip Code 06519	Principal Occupation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with:			<input type="checkbox"/> Executive	<input type="checkbox"/> Legislative			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 07/22/2011	Aggregate Contribution \$10.00			
						\$10.00	

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

B. Itemized Contributions from Individuals

Last Name Ferrucci	First Name Ralph	MI	Name of Employer		Amount of Contribution
Residential Street Address 201 Summit St	City New Haven	State CT	Zip Code 06513	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 07/22/2011	Aggregate Contribution \$25.00			\$25.00

Last Name Holmes	First Name Jessica	MI	Name of Employer			Amount of Contribution
Residential Street Address 31 Nash St	City New Haven	State CT	Zip Code 06511	Principal Occupation		
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?					
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 07/22/2011	Aggregate Contribution \$20.00	
					\$20.00	

Last Name Sloat	First Name Joshua	MI	Name of Employer			Amount of Contribution
Residential Street Address 111 Clinton Ave	City New Haven	State CT	Zip Code 06513	Principal Occupation		
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?					
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 07/22/2011	Aggregate Contribution \$20.00	\$20.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

B. Itemized Contributions from Individuals

Last Name Stein	First Name Shelley	MI	Name of Employer			Amount of Contribution	
Residential Street Address 652 Prospect St		City New Haven		State CT	Zip Code 06511		Principal Occupation
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 07/22/2011	Aggregate Contribution \$11.00		
					\$11.00		

Last Name Poynter	First Name Catherine	MI	Name of Employer				Amount of Contribution
Residential Street Address 31 Nash St		City New Haven		State CT	Zip Code 06511	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 07/22/2011	Aggregate Contribution \$20.00		
					\$20.00		

Last Name Papantones	First Name Melissa	MI	Name of Employer				Amount of Contribution
Residential Street Address 98 Alden Ave	City New Haven	State CT	Zip Code 06515	Principal Occupation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with:			<input type="checkbox"/> Executive	<input type="checkbox"/> Legislative			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 07/22/2011	Aggregate Contribution \$10.00			
						\$10.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

B. Itemized Contributions from Individuals

Last Name Nash	First Name Virginia	MI	Name of Employer				Amount of Contribution
Residential Street Address 21 Anderson St		City New Haven		State CT	Zip Code 06511	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/31/2011	Aggregate Contribution \$10.00	
						\$10.00	

Last Name Clemens	First Name Kitty	MI	Name of Employer						
Residential Street Address 137 Foster St		City New Haven		State CT	Zip Code 06511	Principal Occupation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				If yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/31/2011		Aggregate Contribution \$10.00		
									\$10.00

Last Name Lemar	First Name Roland	MI	Name of Employer				Amount of Contribution
Residential Street Address 6 Eld	City New Haven	State CT	Zip Code 06511	Principal Occupation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			If yes, indicate which branch or branches of government the contract is with:				
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 07/31/2011	Aggregate Contribution \$25.00	\$25.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

B. Itemized Contributions from Individuals

Last Name Lemar	First Name Anika Singh	MI	Name of Employer			Amount of Contribution
Residential Street Address 6 Eld St	City New Haven	State CT	Zip Code 06511	Principal Occupation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution			Date Received	Aggregate Contribution		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			07/31/2011	\$25.00		

\$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 CT	Zip Code 06511	Principal Occupation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
		If yes, indicate which branch or branches of government the contract is with:			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 07/31/2011	Aggregate Contribution \$15.00		
						\$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 CT	Zip Code 06511	Principal Occupation	
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?					
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/31/2011	Aggregate Contribution \$10.00	
						\$10.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

B. Itemized Contributions from Individuals

Last Name Ye	First Name Pei	MI	Name of Employer			Amount of Contribution	
Residential Street Address 43 Lyon St		City New Haven		State CT	Zip Code 06511		Principal Occupation
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 07/31/2011	Aggregate Contribution \$15.00		
					\$15.00		

Last Name Kerekes	First Name Jeffrey	MI P	Name of Employer			
Residential Street Address 43 Lyon St	City New Haven	State CT	Zip Code 06511	Principal Occupation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 07/31/2011	Aggregate Contribution \$15.00	

\$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 CT	Zip Code 06519	Principal Occupation	
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, indicate which branch or branches of government the contract is with:					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 07/31/2011	Aggregate Contribution \$10.00		
						\$10.00	

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

B. Itemized Contributions from Individuals

Last Name Naracci		First Name Robert		MI	Name of Employer			Amount of Contribution
Residential Street Address 678 Orange St		City New Haven			State CT	Zip Code 06511	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative						
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/31/2011	Aggregate Contribution \$25.00		
						\$25.00		

Last Name Applegate	First Name Ian	MI	Name of Employer						Amount of Contribution
Residential Street Address 71 William St		City New Haven			State CT	Zip Code 06511	Principal Occupation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative							
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order						Date Received 07/31/2011	Aggregate Contribution \$10.00		
\$10.00									

Last Name Badurek		First Name Gabriel		MI	Name of Employer			Amount of Contribution
Residential Street Address 830 State St		City New Haven			State CT	Zip Code 06511	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/31/2011		Aggregate Contribution \$10.00	
								\$10.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

B. Itemized Contributions from Individuals

Last Name Maccinnus	First Name Jill	MI	Name of Employer			Amount of Contribution	
Residential Street Address 100 Temple St # 215		City New Haven		State CT	Zip Code 06510		Principal Occupation
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 08/02/2011		Aggregate Contribution \$10.00
							\$10.00

Last Name Hogan	First Name Patrick	MI	Name of Employer				Amount of Contribution
Residential Street Address 196 Crown St	City New Haven	State CT	Zip Code 06510	Principal Occupation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			If yes, indicate which branch or branches of government the contract is with:				
			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 08/02/2011	Aggregate Contribution \$10.00	\$10.00	

Last Name Meehein	First Name Michael	MI	Name of Employer				Amount of Contribution
Residential Street Address 357 Central Ave	City New Haven	State CT	Zip Code 06510	Principal Occupation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Method of Contribution				Date Received	Aggregate Contribution		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				08/02/2011	\$10.00		
						\$10.00	

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

B. Itemized Contributions from Individuals

Last Name McDonald	First Name Gene	MI R	Name of Employer			Amount of Contribution	
Residential Street Address 68 Hallock St		City New Haven		State CT	Zip Code 06510		Principal Occupation
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 08/05/2011		Aggregate Contribution \$20.00
							\$20.00

Last Name Hindenlang		First Name Jane		MI	Name of Employer		Amount of Contribution
Residential Street Address 33 Bishop St		City New Haven		State CT	Zip Code 06511	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 08/05/2011	Aggregate Contribution \$20.00	
							\$20.00

Last Name Firla		First Name Mark		MI	Name of Employer		Amount of Contribution
Residential Street Address 32 Chambers St		City New Haven		State CT	Zip Code 06513	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 08/05/2011	Aggregate Contribution \$25.00	
							\$25.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

B. Itemized Contributions from Individuals

Last Name Martson		First Name Olivia		MI	Name of Employer			Amount of Contribution
Residential Street Address 228 Dwight St		City New Haven		State CT	Zip Code 06511	Principal Occupation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No						
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 08/06/2011	Aggregate Contribution \$25.00	\$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 CT	Zip Code 06511	Principal Occupation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No						
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 08/06/2011	Aggregate Contribution \$49.00	\$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 CT	Zip Code 06511	Principal Occupation Engineer/Contractor		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 08/07/2011	Aggregate Contribution \$50.00	\$50.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

B. Itemized Contributions from Individuals

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 CT	Zip Code 11223		Principal Occupation Web Developer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 08/08/2011	Aggregate Contribution \$300.00		
					\$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 CT	Zip Code 06512	Principal Occupation	
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?					
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 08/08/2011	Aggregate Contribution \$10.00	
\$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 CT	Zip Code 06512	Principal Occupation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event #	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			If yes, indicate which branch or branches of government the contract is with:				
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 08/08/2011	Aggregate Contribution \$10.00	\$10.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

B. Itemized Contributions from Individuals

Last Name Bright		First Name Jay		MI	Name of Employer Self employed			Amount of Contribution
Residential Street Address 180 Livingston St		City New Haven		State CT	Zip Code 06511	Principal Occupation Architect		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 08/15/2011	Aggregate Contribution \$50.00	\$50.00	
Last Name Bright		First Name Grace		MI G	Name of Employer Yale University			Amount of Contribution
Residential Street Address 180 Livingston St		City New Haven		State CT	Zip Code 06511	Principal Occupation Librarian		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 08/15/2011	Aggregate Contribution \$50.00	\$50.00	
Last Name Kearney		First Name Patrick		MI	Name of Employer			Amount of Contribution
Residential Street Address 51 Rock Creek Rd		City New Haven		State CT	Zip Code 06515	Principal Occupation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No						
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 08/17/2011	Aggregate Contribution \$25.00	\$25.00	

I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE
Committee To Elect Jeffrey Kerekes					09/06/2011
C1. Contributions from Other Committees					
Name of Committee				Name of Treasurer	
Address		Is this contribution associated with a fundraising event listed in Section L1? <div> Yes If yes, list Event # No </div>			Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

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 A-K)

NAME OF COMMITTEE				FILING DUE DATE				
Committee To Elect Jeffrey Kerekes				09/06/2011				
D. Loans Received this Period								
Name of Lender				Source of Loan: Bank Candidate Individual Other Committee	Is there a cosigner or Guarantor of this loan? Yes No	Amount Received		
Street Address		City					State	Zip Code
Name of Cosigner/Guarantor								
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				09/06/2011	
E. Receipts from Entities other than Individuals or Other Committees (<i>Referendum Committees ONLY</i>)					
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		09/06/2011
F. Amount Transferred from Affiliated Business Treasury (<i>Business Entity Committees ONLY</i>)		
Is this transaction associated with a fundraising event listed in Section L1? Yes No If yes, list Event #	Date of Receipt	Amount
Total of Section F		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE

FILING DUE DATE

Committee To Elect Jeffrey Kerekes

09/06/2011

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

Date of Receipt

Amount

Total of Section G

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE		FILING DUE DATE
Committee To Elect Jeffrey Kerekes		09/06/2011
H. Personal Funds of the Candidate Received this Period (<i>Candidate Committees ONLY</i>)		
Date Received	Amount	Method of Payment <div> <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card </div>
Total of Section H		

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

I. Anonymous Contributions

Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount

Total of Section I	
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I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

J. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount Received
Street Address	<div style="display: flex; justify-content: space-between;"> <div>City</div> <div>State</div> <div>Zip Code</div> </div>	

Total of Section J	
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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		Date of Transaction 08/19/2011		Amount Received \$6,952.00
Street Address 16 Windsor Rd	City North Haven	State CT	Zip Code 06473	
Description Matching Funds				
Name Democracy Fund		Date of Transaction 08/24/2011		Amount Received \$17,000.00
Street Address 16 Windsor Rd	City North Haven	State CT	Zip Code 06473	
Description Grant				
Total of Section K				\$23,952.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE				FILING DUE DATE	
Committee To Elect Jeffrey Kerekes				09/06/2011	
L1. Fundraiser Event Information					
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City	State	Zip Code
<i>Subpart 1: (All Committees)</i>					
Was this fundraising event hosted at a personal residence?			Yes	No	<i>If yes, go to Section L4</i>
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?			Yes	No	<i>If yes, go to Section L4</i>
Was this fundraiser a tag sale, auction, or other sale of donated items?			Yes	No	<i>If yes, go to Section L2</i>
<i>Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)</i>					
Were there purchases of advertising space in a program book associated with this fundraiser?			Yes	No	<i>If yes, go to Section L3</i>
<i>Subpart 3: (Town Committees ONLY)</i>					
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?			Yes	No	<i>If yes, enter Total Receipts from small purchases</i>
Total of Section L1					

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE						FILING DUE DATE	
Committee To Elect Jeffrey Kerekes						09/06/2011	
L2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items							
Name of the Purchaser <i>(Individuals ONLY)</i> Last Name		First Name		MI	Method of payment: Cash Personal Check Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City		State	Zip Code	Date Received	
Items Purchased							
Total of Section L2							

II. FUNDRAISING EVENT ACTIVITY

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

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

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 Received		Event #		

Total of Section L4						
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III. NONMONETARY RECEIPTS

NAME OF COMMITTEE

FILING DUE DATE

Committee To Elect Jeffrey Kerekes

09/06/2011

M. In-Kind Contributions

Name				Type of Contributor: Individual Committee Other	Fair Market Value of this Contribution
Street Address		City			
State	Zip Code	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more Is contributor a principal of state contractor or prospective state contractor?	Yes No	Date Received	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?			Yes No		
Is this contribution associated with a fundraising event listed in Section J1?		Yes No	Description of In-Kind Contribution		Aggregate contributions
If yes, list Event#					
Total of Section M					

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE					FILING DUE DATE	
Committee To Elect Jeffrey Kerekes					09/06/2011	
N. Refundable Deposit to Telephone Company						
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	State	Zip Code			
Total of Section N						

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Committee To Elect Jeffrey Kerekes				09/06/2011	
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 Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation		Purpose of Expenditure A B C D E			
Total of Section O					

NAME OF COMMITTEE										FILING DUE DATE	
Committee To Elect Jeffrey Kerekes										09/06/2011	
P. Expenses Paid By Committee											
Name of Payee Docuprint and Imaging						Date of Payment 07/01/2011		Method of Payment <input checked="" type="checkbox"/> Check # 114 <input type="checkbox"/> Debit Card		Amount	
Street Address 27 Whitney Ave			City New Haven		State CT	Zip Code 06510	Purpose of Expenditure (bv code) OFFICE				
Description									Event #		
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			Candidate(s) Name (if applicable)			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$0.50	
Name of Payee Staples						Date of Payment 07/01/2011		Method of Payment <input checked="" type="checkbox"/> Check # 103 <input type="checkbox"/> Debit Card		Amount	
Street Address 430 Universal Dr			City North Haven		State CT	Zip Code 06473	Purpose of Expenditure (bv code) OFFICE				
Description									Event #		
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			Candidate(s) Name (if applicable)			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$25.49	
Name of Payee Docuprint and Imaging						Date of Payment 07/05/2011		Method of Payment <input checked="" type="checkbox"/> Check # 114 <input type="checkbox"/> Debit Card		Amount	
Street Address 27 Whitney Ave			City New Haven		State CT	Zip Code 06510	Purpose of Expenditure (bv code) OFFICE				
Description									Event #		
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			Candidate(s) Name (if applicable)			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$3.69	

IV. EXPENDITURES

NAME OF COMMITTEE

FILING DUE DATE

Committee To Elect Jeffrey Kerekes

09/06/2011

P. Expenses Paid By Committee

Name of Payee Staples				Date of Payment 07/07/2011		Method of Payment <input checked="" type="checkbox"/> Check # 114 <input type="checkbox"/> Debit Card		Amount
Street Address 430 Universal Dr		City North Haven		State CT	Zip Code 06473	Purpose of Expenditure (bv code) OFFICE		
Description							Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				Candidate(s) Name (if applicable)				Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed
								\$4.08

Name of Payee	Date of Payment	Method of Payment	Amount			
Staples	07/10/2011	<input checked="" type="checkbox"/> Check # 114				
Street Address	City	State		Zip Code	Purpose of Expenditure (bv code)	<input type="checkbox"/> Debit Card
430 Universal Dr	North Haven	CT		06473	OFFICE	
Description					Event #	
Type of Expenditure (<i>if applicable</i>) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (<i>see Instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	Candidate(s) Name (if applicable)	Office Sought		<input type="checkbox"/> <input type="checkbox"/>	Supported Opposed	
					\$7.94	

Name of Payee Staples						Date of Payment 07/10/2011		Method of Payment <input checked="" type="checkbox"/> Check # 107		Amount
Street Address 430 Universal Dr			City North Haven		State CT	Zip Code 06473	Purpose of Expenditure (bv code) OFFICE	<input type="checkbox"/> Debit Card		
Description Clip Board								Event #		
Type of Expenditure (<i>if applicable</i>) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (<i>see Instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				Candidate(s) Name (if applicable)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$4.25

IV. EXPENDITURES								
NAME OF COMMITTEE							FILING DUE DATE	
Committee To Elect Jeffrey Kerekes							09/06/2011	
P. Expenses Paid By Committee								
Name of Payee Signals - 37 Signals, LLC					Date of Payment 07/13/2011		Method of Payment <input checked="" type="checkbox"/> Check # 114	
Street Address 30 N Racine Ste 300		City Chicago		State IL	Zip Code 60607	Purpose of Expenditure (bv code) Misc *	<input type="checkbox"/> Debit Card	
Description Software							Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
								\$24.00
Name of Payee Gary Doyens					Date of Payment 07/13/2011		Method of Payment <input checked="" type="checkbox"/> Check # 108	
Street Address 30 Birch Dr		City New Haven		State CT	Zip Code 06515	Purpose of Expenditure (bv code) OFFICE	<input type="checkbox"/> Debit Card	
Description STaples, rentals							Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
								\$108.97
Name of Payee Amazon					Date of Payment 07/13/2011		Method of Payment <input checked="" type="checkbox"/> Check # 114	
Street Address 1200 12th Ave Sou		City Seattle		State WA	Zip Code 98144	Purpose of Expenditure (bv code) OFFICE	<input type="checkbox"/> Debit Card	
Description							Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
								\$52.89

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Committee To Elect Jeffrey Kerekes						09/06/2011	
P. Expenses Paid By Committee							
Name of Payee Docuprint and Imaging				Date of Payment 07/15/2011		Method of Payment <input checked="" type="checkbox"/> Check # 114 <input type="checkbox"/> Debit Card	
Street Address 27 Whitney Ave		City New Haven		State CT	Zip Code 06510	Purpose of Expenditure (bv code) OFFICE	
Description						Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
						\$7.42	
Name of Payee Staples				Date of Payment 07/15/2011		Method of Payment <input checked="" type="checkbox"/> Check # 114 <input type="checkbox"/> Debit Card	
Street Address 430 Universal Dr		City North Haven		State CT	Zip Code 06473	Purpose of Expenditure (bv code) OFFICE	
Description						Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
						\$7.56	
Name of Payee Discount Office Items				Date of Payment 07/16/2011		Method of Payment <input checked="" type="checkbox"/> Check # 114 <input type="checkbox"/> Debit Card	
Street Address 302 Industrial Dr		City Columbus		State WI	Zip Code 53925	Purpose of Expenditure (bv code) OFFICE	
Description						Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
						\$149.00	

IV. EXPENDITURES

NAME OF COMMITTEE

FILING DUE DATE

Committee To Elect Jeffrey Kerekes

09/06/2011

P. Expenses Paid By Committee

Name of Payee				Date of Payment		Method of Payment		Amount
Vertical Response				07/16/2011		<input checked="checked" type="checkbox"/> Check # 114 <input type="checkbox"/> Debit Card		
Street Address		City		State	Zip Code	Purpose of Expenditure (bv code)		
501 2nd St Ste 700		San Francisco		CA	94107	OFFICE		
Description							Event #	
Type of Expenditure (<i>if applicable</i>) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (<i>see Instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				Candidate(s) Name (if applicable)			Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
								\$46.00

[illegible]

Name of Payee Fedex Office				Date of Payment 07/25/2011	Method of Payment <input checked="" type="checkbox"/> Check # 114 <input type="checkbox"/> Debit Card		Amount
Street Address 30 Whitney Ave		City New Haven		State CT	Zip Code 06477	Purpose of Expenditure (by code) OFFICE	
Description copies						Event # 	
Type of Expenditure (<i>if applicable</i>) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (<i>see Instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			Candidate(s) Name (if applicable)				Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed
							\$1.44

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Committee To Elect Jeffrey Kerekes						09/06/2011	
P. Expenses Paid By Committee							
Name of Payee Grand Vin Fine Wines				Date of Payment 07/25/2011		Method of Payment <input checked="" type="checkbox"/> Check # 114	
Street Address 28 E Grand Ave		City New Haven		State CT	Zip Code 06513	Purpose of Expenditure (bv code) FOOD	<input type="checkbox"/> Debit Card
Description Wine						Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
\$35.21							
Name of Payee BJ's				Date of Payment 07/25/2011		Method of Payment <input checked="" type="checkbox"/> Check # 114	
Street Address 555 Universal Dr		City North Haven		State CT	Zip Code	Purpose of Expenditure (bv code) FOOD	<input type="checkbox"/> Debit Card
Description Food						Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
\$75.95							
Name of Payee Docuprint and Imaging				Date of Payment 07/26/2011		Method of Payment <input checked="" type="checkbox"/> Check # 114	
Street Address 27 Whitney Ave		City New Haven		State CT	Zip Code 06510	Purpose of Expenditure (bv code) OFFICE	<input type="checkbox"/> Debit Card
Description Copies						Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
\$24.46							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

P. Expenses Paid By Committee

Name of Payee Staples				Date of Payment 07/26/2011		Method of Payment <input checked="" type="checkbox"/> Check # 114		Amount
Street Address 80 Boston Post Rd		City Orange		State CT	Zip Code 06477	Purpose of Expenditure (bv code) OFFICE	<input type="checkbox"/> Debit Card	
Description Flexi Name Bdg wht								Event #
Type of Expenditure (<i>if applicable</i>) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (<i>see Instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				Candidate(s) Name (if applicable)				Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed
								\$7.98

Name of Payee Trader Joe's				Date of Payment 07/26/2011		Method of Payment <input checked="checked" type="checkbox"/> Check # 114 <input type="checkbox"/> Debit Card		Amount \$57.94
Street Address 560 Boston Post Rd		City Orange		State CT	Zip Code	Purpose of Expenditure (bv code) FOOD		
Description Food and Drinks							Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				Candidate(s) Name (if applicable)				Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE

FILING DUE DATE

Committee To Elect Jeffrey Kerekes

09/06/2011

P. Expenses Paid By Committee

Name of Payee Trader Joe's						Date of Payment 07/26/2011		Method of Payment <input checked="" type="checkbox"/> Check # 114 <input type="checkbox"/> Debit Card		Amount					
Street Address 560 Boston Post Rd			City Orange		State CT	Zip Code		Purpose of Expenditure (bv code) FOOD							
Description									Event #						
Type of Expenditure (<i>if applicable</i>) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (<i>see Instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E					Candidate(s) Name (if applicable)							Office Sought 		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
												\$169.10			

Name of Payee Docuprint and Imaging				Date of Payment 07/27/2011	Method of Payment <input checked="" type="checkbox"/> Check # 109 <input type="checkbox"/> Debit Card		Amount
Street Address 27 Whitney Ave		City New Haven	State CT	Zip Code 06510	Purpose of Expenditure (bv code) OFFICE		
Description Copies						Event #	
Type of Expenditure (<i>if applicable</i>) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (<i>see Instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$9.57

[illegible]

P. Expenses Paid By Committee

\$1.38

\$16.47

\$21.98

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE

FILING DUE DATE

Committee To Elect Jeffrey Kerekes

09/06/2011

P. Expenses Paid By Committee

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

P. Expenses Paid By Committee

Name of Payee Docuprint and Imaging						Date of Payment 08/04/2011		Method of Payment <input checked="" type="checkbox"/> Check # 114 <input type="checkbox"/> Debit Card		Amount
Street Address 27 Whitney Ave			City New Haven		State CT	Zip Code 06510	Purpose of Expenditure (bv code) OFFICE			
Description Copies									Event #	
Type of Expenditure (<i>if applicable</i>) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (<i>see Instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				Candidate(s) Name (if applicable)				Office Sought 	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
										\$13.83

Name of Payee Fedex Office				Date of Payment 08/05/2011		Method of Payment <input checked="checked" type="checkbox"/> Check # 114 <input type="checkbox"/> Debit Card		Amount
Street Address 30 Whitney Ave		City New Haven		State CT	Zip Code 06477	Purpose of Expenditure (bv code) OFFICE		
Description B&W S/S copies							Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			Candidate(s) Name (if applicable)			Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
								\$5.32

Name of Payee Modern Pizza				Date of Payment 08/07/2011		Method of Payment <input checked="" type="checkbox"/> Check # 112		Amount
Street Address State Street		City New Haven		State CT	Zip Code	Purpose of Expenditure (bv code) FOOD	<input type="checkbox"/> Debit Card	
Description							Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				Candidate(s) Name (if applicable)				
								\$40.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

P. Expenses Paid By Committee

Name of Payee Planet Pizza				Date of Payment 08/08/2011		Method of Payment <input checked="" type="checkbox"/> Check # 114		Amount \$40.00
Street Address State		City New Haven		State CT	Zip Code	Purpose of Expenditure (bv code) FOOD	<input type="checkbox"/> Debit Card	
Description pizza							Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			Candidate(s) Name (if applicable)			Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		

Name of Payee Harry David				Date of Payment 08/08/2011		Method of Payment <input checked="" type="checkbox"/> Check # 112		Amount
Street Address 441 Chapel St		City New Haven		State CT	Zip Code 06511	Purpose of Expenditure (bv code) FOOD	<input type="checkbox"/> Debit Card	
Description Pizza for meeting							Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			Candidate(s) Name (if applicable)			Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
								\$40.00

Name of Payee						Date of Payment		Method of Payment		Amount		
Docuprint and Imaging						08/10/2011		<input checked="" type="checkbox"/> Check # 114				
Street Address 27 Whitney Ave			City New Haven		State CT	Zip Code 06510		Purpose of Expenditure (bv code) OFFICE	<input type="checkbox"/> Debit Card			
Description copies									Event #			
Type of Expenditure (<i>if applicable</i>) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (<i>see Instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E					Candidate(s) Name (if applicable)						Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
											\$7.00	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Committee To Elect Jeffrey Kerekes						09/06/2011	
P. Expenses Paid By Committee							
Name of Payee Docuprint and Imaging				Date of Payment 08/11/2011		Method of Payment <input checked="" type="checkbox"/> Check # 3456	
Street Address 27 Whitney Ave		City New Haven		State CT	Zip Code 06510	Purpose of Expenditure (bv code) OFFICE	<input type="checkbox"/> Debit Card
Description copies						Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
\$34.56							
Name of Payee Docuprint and Imaging				Date of Payment 08/11/2011		Method of Payment <input checked="" type="checkbox"/> Check # 114	
Street Address 27 Whitney Ave		City New Haven		State CT	Zip Code 06510	Purpose of Expenditure (bv code) OFFICE	<input type="checkbox"/> Debit Card
Description						Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
\$34.55							
Name of Payee Yale Station				Date of Payment 08/12/2011		Method of Payment <input checked="" type="checkbox"/> Check # 108	
Street Address Elm Street		City New Haven		State CT	Zip Code 06511	Purpose of Expenditure (bv code) POST	<input type="checkbox"/> Debit Card
Description stamps						Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
\$1.08							

IV. EXPENDITURES

NAME OF COMMITTEE

FILING DUE DATE

Committee To Elect Jeffrey Kerekes

09/06/2011

P. Expenses Paid By Committee

[illegible][illegible][illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

P. Expenses Paid By Committee

Name of Payee Envelope Mall				Date of Payment 08/17/2011		Method of Payment <input checked="checked" type="checkbox"/> Check # 114 <input type="checkbox"/> Debit Card		Amount
Street Address 238 N Oakley Blvd		City Chicago		State IL	Zip Code 60612	Purpose of Expenditure (bv code) OFFICE		
Description							Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			Candidate(s) Name (if applicable)			Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
								\$88.08

Name of Payee Modern Pizza				Date of Payment 08/17/2011		Method of Payment <input checked="" type="checkbox"/> Check # 114		Amount
Street Address State Street		City New Haven		State CT	Zip Code	Purpose of Expenditure (bv code) FOOD	<input type="checkbox"/> Debit Card	
Description Pizza							Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				Candidate(s) Name (if applicable)				Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed
								\$34.83

Name of Payee Shogun Screenprinting				Date of Payment 08/18/2011		Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card		Amount \$587.00
Street Address 41 Stevens St Bldg 1 ,Floor 4		City Waterbury		State CT	Zip Code 06704	Purpose of Expenditure (bv code) A-SIGN		
Description T Shirts							Event #	
Type of Expenditure <i>(if applicable)</i> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <i>(see Instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				Candidate(s) Name (if applicable)				Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed

IV. EXPENDITURES

NAME OF COMMITTEE

FILING DUE DATE

Committee To Elect Jeffrey Kerekes

09/06/2011

P. Expenses Paid By Committee

Name of Payee Fedex Office						Date of Payment 08/21/2011		Method of Payment <input checked="" type="checkbox"/> Check # 114 <input type="checkbox"/> Debit Card		Amount \$148.89	
Street Address 400 Boston Post Rd			City Orange		State CT	Zip Code 06477	Purpose of Expenditure (bv code) OFFICE				
Description Supplies									Event #		
Type of Expenditure (<i>if applicable</i>) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (<i>see Instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E					Candidate(s) Name (if applicable)					Office Sought 	 Supported Opposed

Name of Payee JM Signs				Date of Payment 08/21/2011		Method of Payment <input checked="" type="checkbox"/> Check # 114 <input type="checkbox"/> Debit Card		Amount \$1,525.50
Street Address 6304 S Tex Pt		City Homosassa		State FL	Zip Code 34448	Purpose of Expenditure (bv code) A-SIGN		
Description Step Stakes							Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				Candidate(s) Name (if applicable)				Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed

Name of Payee				Date of Payment		Method of Payment		Amount
Target Stores				08/22/2011		<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card		
Street Address			City		State	Zip Code	Purpose of Expenditure (by code)	
200 Universal Dr			North Haven		CT	06473	OFFICE	
Description							Event #	
Cell Phone								
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				Candidate(s) Name (if applicable)				Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed
								\$53.15

P. Expenses Paid By Committee

\$42.52

\$1,262.19

\$26.40

[illegible]

P. Expenses Paid By Committee

\$399.86

\$7.42

\$37.39

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

P. Expenses Paid By Committee

Name of Payee p48HourPrint						Date of Payment 08/30/2011		Method of Payment <input checked="" type="checkbox"/> Check # 114		Amount		
Street Address 33 Farnsworth St Fl 2			City Boston		State MA	Zip Code 02210		Purpose of Expenditure (bv code) OFFICE <input type="checkbox"/> Debit Card				
Description									Event #			
Type of Expenditure (<i>if applicable</i>) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (<i>see Instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				Candidate(s) Name (if applicable)							Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
											\$866.87	

[illegible][illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Jeffrey Kerekes	09/06/2011

P. Expenses Paid By Committee

Name of Payee Yale Station				Date of Payment 08/30/2011		Method of Payment <input checked="" type="checkbox"/> Check # 114 <input type="checkbox"/> Debit Card		Amount \$44.00
Street Address Elm St		City New Haven		State CT	Zip Code 06511-0099	Purpose of Expenditure (bv code) OFFICE		
Description							Event #	
Type of Expenditure <i>(if applicable)</i> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <i>(see Instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				Candidate(s) Name (if applicable)				Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed

Name of Payee Staples				Date of Payment 08/30/2011		Method of Payment <input checked="checked" type="checkbox"/> Check # 114 <input type="checkbox"/> Debit Card		Amount \$80.54
Street Address 430 Universal Dr		City North Haven		State CT	Zip Code 06473	Purpose of Expenditure (bv code) OFFICE		
Description							Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				Candidate(s) Name (if applicable)				Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed

Name of Payee				Date of Payment		Method of Payment		Amount
Vertical Response				08/30/2011		<input checked="checked" type="checkbox"/> Check # 114 <input type="checkbox"/> Debit Card		
Street Address		City		State	Zip Code	Purpose of Expenditure (bv code)		
501 2nd St Ste 700		San Francisco		CA	94107	OFFICE		
Description							Event #	
Type of Expenditure (if applicable)				Candidate(s) Name			Office Sought	
<input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				(if applicable)			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
								\$46.00

IV. EXPENDITURES

NAME OF COMMITTEE

FILING DUE DATE

Committee To Elect Jeffrey Kerekes

09/06/2011

P. Expenses Paid By Committee

Name of Payee Interlogy				Date of Payment 08/30/2011		Method of Payment <input checked="" type="checkbox"/> Check # 114		Amount
Street Address www.interlogy.com		City Wwwinterlogy.com		State IL	Zip Code	Purpose of Expenditure (bv code) OFFICE <input type="checkbox"/> Debit Card		
Description							Event #	
Type of Expenditure <i>(if applicable)</i> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <i>(see Instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			Candidate(s) Name (if applicable)			Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
								\$9.95

Name of Payee Interlogy				Date of Payment 08/30/2011		Method of Payment <input checked="" type="checkbox"/> Check # 114		Amount
Street Address www.interlogy.com		City Wwwinterlogy.com		State IL	Zip Code	Purpose of Expenditure (bv code) OFFICE	<input type="checkbox"/> Debit Card	
Description							Event #	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				Candidate(s) Name (if applicable)				
								\$19.00

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE

FILING DUE DATE

Committee To Elect Jeffrey Kerekes

09/06/2011

P. Expenses Paid By Committee

Name of Payee

Date of Payment

Method of Payment

Amount

Media Temple

08/30/2011

☒ Check # 114

Street Address

City

State

Zip Code

Purpose of
Expenditure
(bv code)
OFFICE☐ Debit Card

8520 National Blvd Bldg A

Culver City

CA

90232

Description

Event #

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

Office Sought

(if applicable)

☐

Supported

☐

Opposed

\$36.00

Total of Section P

\$8,688.47

IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE	
Committee To Elect Jeffrey Kerekes					09/06/2011	
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	Zip Code	Event #		
Description						
Total of Section Q						

IV. EXPENDITURES

NAME OF COMMITTEE						FILING 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: <div style="display: flex; justify-content: space-around; font-size: small;"> Visa Master Card Discover American Express </div> <div style="text-align: center; margin-top: 5px;">Other</div>			
Name of Vendor			Purpose of Expenditure (by code)		Date of Transaction		Amount
Street Address		City		State	Zip Code	Event #	
Description							
Total of Section R							

IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE	
Committee To Elect Jeffrey Kerekes					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	State	Zip Code	Purpose of Expenditure (by code)		
Description						
Type of Expenditure (if applicable)		Candidate(s) Name (if applicable)		Office Sought	Supported Opposed	
Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions) A B C D E						
Total of Section S						

IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE		
Committee To Elect Jeffrev Kerekes					09/06/2011		
T. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant				Date of Payment		Method of Payment Check # Debit Card	Amount
Secondary Payee				Purpose of Expenditure			
Street Address			City		State	Zip Code	
Description							
Type of Expenditure (<i>if applicable</i>) Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (<i>see Instructions</i>) A B C D E		Other Candidate(s) Name		Office Sought		Supported Opposed	
Total of Section T							