

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
 Candidates for Statewide Offices and General Assembly
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 5/08

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed	5,340.00	5,590.00 5,000
13. Balance on hand at the beginning of Reporting Period	250.00	
14. Contributions received from Individuals (Sections A and B)	5,340.00	5,640.00
15. Receipts from Other Committees (Sections C1 +C2)	0	0
16. Other Monetary Receipts (Sections D-1)	0	0
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	0	0
18. Total Monetary Receipts (add totals for lines 14-17)	5,340.00	5,640.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	5,590.00	5,640.00
20. Expenses Paid by Committee (Section N)	0	50.00
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both Columns)	5,590.00	
22. In-Kind Donations not Considered Contributions Received (Section J3)	0	0
23. In-Kind Contributions Received (Section K)	0	0
24. Refundable Deposit to Telephone Company (Section L)	0	0
25. Receipts of Organization Expenditures (Section M)	0	0
26. Beginning Loan Balance	0	0
26a. + Loans Received (Section D)	0	0
26b. + Interest and Penalties on Loan(s)	0	0
26c. - Payments on Loan(s)	0	0
26d. Total Outstanding Loan Amount	0	0
27. Campaign Expenses Paid by Candidate (Section O)	25.98	25.98
28. Expenses Incurred on Committee Credit Card (Section P)	0	0
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	-	-
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	999.75	999.75

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$

B. Itemized Contributions from Individuals

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution	
Flohr	Nicole		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0178	\$5	
Residential Street Address 257 W. Rock Ave		City New Haven	State CT	Zip Code 06515		Date Received
Principal Occupation Professor		Name of Employer SCSU		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5.00		
Higby	Matthew		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0179	\$5	
Residential Street Address 257 W. Rock Ave		City New Haven	State CT	Zip Code 06515		Date Received
Principal Occupation Sales Rep		Name of Employer Glo Stream		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5.00		
Edwards	Alfrieda		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0180	\$100	
Residential Street Address 122 Sheffield Ave		City New Haven	State CT	Zip Code 06511		Date Received
Principal Occupation Clerk		Name of Employer Probate Court		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$100		
			<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card			
Residential Street Address		City	State	Zip Code		Date Received
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions		
			<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card			
Residential Street Address		City	State	Zip Code		Date Received
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions		

SUBTOTAL Section B-This Page

110.00

TOTAL of all Section B Pages

5,340.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$

B. Itemized Contributions from Individuals

Last Name DEMARCHIS		First Joy		MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0182	Amount of Contribution \$5
Residential Street Address 12 DEMARCHIS DRIVE		City SHELTON		State CT	Zip Code 06484	Date Received 7/15/2008		
Principal Occupation DIRECTOR OF DEVELOPMENT		Name of Employer CARA + SHUBERT THEATER		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Aggregate contributions \$5		\$5
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name GLICK		First STEPHEN		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0181	Amount of Contribution \$10
Residential Street Address 9 EVANS LANE		City MADISON		State CT	Zip Code 06443	Date Received 7/16/08		
Principal Occupation		Name of Employer SELF EMPLOYED		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Aggregate contributions \$10		\$10
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name NWSKO		First CH CH		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0183	Amount of Contribution \$25
Residential Street Address 582 EAST STREET		City NEW HAVEN		State CT	Zip Code 06511	Date Received 07/13/08		
Principal Occupation AD SALES		Name of Employer WTNH		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Aggregate contributions \$25		\$25
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name STRETCH		First CYNTHIA		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0185	Amount of Contribution \$100
Residential Street Address 98 MARSHALL STREET		City WEST HAVEN		State CT	Zip Code 06516	Date Received 7/15/08		
Principal Occupation PROFESSOR		Name of Employer SCSU		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Aggregate contributions \$100		\$100
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name HOLDER-WINFIELD		First NATALIE		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0184	Amount of Contribution \$100
Residential Street Address 480 WINCHESTER AVE		City NEW HAVEN		State CT	Zip Code 06511	Date Received 7/17/08		
Principal Occupation		Name of Employer SELF EMPLOYED		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Aggregate contributions \$100		\$100
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

SUBTOTAL Section B-This Page

240.00

TOTAL of all Section B Pages

5,340.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$

B. Itemized Contributions from Individuals

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution	
ALPERT	JEFFREY		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01911		
Residential Street Address 139 MCKINLEY AVE		City NEW HAVEN	State CT	Zip Code 06515		Date Received 7/17/08
Principal Occupation TEACHER		Name of Employer NH BOE		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 50		
ALPERT	DAVID		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01922		
Residential Street Address 139 MCKINLEY AVE		City NEW HAVEN	State CT	Zip Code 06515		Date Received
Principal Occupation STUDENT		Name of Employer -		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 10		
KOZLOWSKI	JANICE		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01900		
Residential Street Address 8 139 MCKINLEY AVE		City NEW HAVEN	State CT	Zip Code 06515		Date Received 7/17/08
Principal Occupation THERAPIST		Name of Employer LORRAINE FOSTER DAY SCHOOL		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 50		
D'ANTONIO	LOUIS		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0189		
Residential Street Address 12 WHITING CT		City NORTH FORD	State CT	Zip Code 06472		Date Received 7/18/08
Principal Occupation NONE GIVEN		Name of Employer NONE GIVEN		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 25		
KENDRICK	DORSEY	L	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01888		
Residential Street Address 11 IRA STREET		City NEW HAVEN	State CT	Zip Code 06512		Date Received 7/17/08
Principal Occupation UNIVERSITY PRESIDENT		Name of Employer STATE OF CT		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 50		

SUBTOTAL Section B-This Page

185.⁰⁰

TOTAL of all Section B Pages

5,340.⁰⁰

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$

B. Itemized Contributions from Individuals

Last Name TEEL		First DEREK		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 011917	Amount of Contribution
Residential Street Address 82 ELLIOTT ST			City NEW HAVEN CT		State CT	Zip Code 06519	Date Received 7/17/08	
Principal Occupation CONTRACTOR			Name of Employer SELF EMPLOYED		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			Aggregate contributions \$5
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name RAIFORD		First ADA		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 011916	Amount of Contribution
Residential Street Address 41 BASSETT ST			City NEW HAVEN		State CT	Zip Code 06511	Date Received 7/17/08	
Principal Occupation ---			Name of Employer RETIRED		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			Aggregate contributions \$25
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name M. MILLAN		First JESSE		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 011915	Amount of Contribution
Residential Street Address 47 BUTTON ST			City NEW HAVEN		State CT	Zip Code 06519	Date Received	
Principal Occupation CARPENTER			Name of Employer SELF EMPLOYED		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			Aggregate contributions \$100
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name BROWN		First OTIS		MI D	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 011914	Amount of Contribution
Residential Street Address 55 LONG HILL TERRACE			City NEW HAVEN		State CT	Zip Code 06515	Date Received 7/17/08	
Principal Occupation STUDENT			Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			Aggregate contributions \$100
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name FISHER-BROWN		First GAIL		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 011913	Amount of Contribution
Residential Street Address 55 LONG HILL TERRACE			City NEW HAVEN		State CT	Zip Code 06515	Date Received 7/17/08	
Principal Occupation			Name of Employer STATE OF CONNECTICUT		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			Aggregate contributions \$100
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

SUBTOTAL Section B-This Page

330.⁰⁰

TOTAL of all Section B Pages

5,240.⁰⁰

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE						FILING DUE DATE			
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>						Subtotal Section A \$			
B/ Itemized Contributions from Individuals									
Last Name JOHNSON		First BRIAN		MI		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0202	Amount of Contribution \$5
Residential Street Address 28 ROCK HILL RD			City NEW HAVEN		State CT	Zip Code 06513	Date Received 7/17/08		
Principal Occupation PROFESSOR		Name of Employer SCSU			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions \$5			
Last Name TAYLOR		First GLENDA		MI		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0201	Amount of Contribution \$5
Residential Street Address 52 VERNON ST			City NEW HAVEN		State CT	Zip Code 06519	Date Received 7/17/08		
Principal Occupation CLERK		Name of Employer STATE OF CONNECTICUT			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions \$5			
Last Name COUNSEL		First MELINDA		MI		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0200	Amount of Contribution \$5
Residential Street Address 52 VERNON STREET			City NEW HAVEN		State CT	Zip Code 06519	Date Received 7/17/08		
Principal Occupation N/A		Name of Employer UNEMPLOYED			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions \$5			
Last Name COUNSEL		First AMY		MI		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0199	Amount of Contribution \$5
Residential Street Address 52 VERNON ST			City NEW HAVEN		State CT	Zip Code 06519	Date Received 7/17/08		
Principal Occupation N/A		Name of Employer RETIRED			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions \$5			
Last Name COUNSEL		First MELVIN		MI		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0198	Amount of Contribution \$5
Residential Street Address 50 VERNON ST			City NEW HAVEN		State CT	Zip Code 06519	Date Received 7/17/08		
Principal Occupation SERVICE TECH		Name of Employer SO CT GAS CO			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions \$5			
SUBTOTAL Section B-This Page								25.00	
TOTAL of all Section B Pages								5,340.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)									

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$

B. Itemized Contributions from Individuals

Last Name Davio	First HARRY	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0203	Amount of Contribution \$50
Residential Street Address 441 Chapel St, #10		City New Haven	State CT	Zip Code 06511	
Principal Occupation retired		Name of Employer retired		Date Received 7/18/08	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions	

Last Name Hylton	First Lorna	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0204	Amount of Contribution \$100
Residential Street Address 54 McKenna Road		City Westbury	State NY	Zip Code 11590	
Principal Occupation Nurse		Name of Employer VNS		Date Received 7/17/08	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$100	

Last Name Gibbs	First Muriel	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0205	Amount of Contribution \$100
Residential Street Address 54 McKenna Rd.		City Westbury	State NY	Zip Code 11590	
Principal Occupation Retired		Name of Employer Retired		Date Received 7/12/08	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$100	

Last Name	First	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID #	Amount of Contribution
Residential Street Address		City	State	Zip Code	
Principal Occupation		Name of Employer		Date Received	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions	

Last Name	First	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID #	Amount of Contribution
Residential Street Address		City	State	Zip Code	
Principal Occupation		Name of Employer		Date Received	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions	

SUBTOTAL Section B-This Page

250.00

TOTAL of all Section B Pages

5,340

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$

B. Itemized Contributions from Individuals

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
OLNEY	PATRICIA		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	010513	
Residential Street Address 44 HARD STREET		City NEW HAVEN	State CT	Zip Code 06512	Date Received 7/1/2008
Principal Occupation PROFESSOR		Name of Employer SOUTHERN CONNECTICUT STATE U		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 20	
METAYAS	VIRGINIA		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	010514	
Residential Street Address 57 30 WHEATON RD		City EAST HAVEN	State CT	Zip Code 06512	Date Received 7/1/2008
Principal Occupation PROFESSOR		Name of Employer SCSU		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 100	
MARDER	ALFRED	L	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	010515	
Residential Street Address 20 MUMFORD ROAD		City NEW HAVEN	State CT	Zip Code 06515	Date Received 7/16/2008
Principal Occupation RETIRED		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 25	
LOPEZ	MIRIAM		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	010516	
Residential Street Address 66 ROOSEVELT ST		City NEW HAVEN	State CT	Zip Code 06513	Date Received 7/15/2008
Principal Occupation PROFESSIONAL		Name of Employer STATE OF CONNECTICUT		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 50	
KALK	BRUCE	H	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	010517	
Residential Street Address 900 CHAPEL ST # 208		City NEW HAVEN	State CT	Zip Code 06510	Date Received 7/7/2008
Principal Occupation ADMINISTRATOR		Name of Employer SCSU		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 100	
SUBTOTAL Section B-This Page					295. ⁰⁰
TOTAL of all Section B Pages					5,340. ⁰⁰
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)					

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE	FILING DUE DATE		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i></td> <td style="width:30%;">Subtotal Section A \$</td> </tr> </table>		A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$		

B. Itemized Contributions from Individuals

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
Davis-Rudd	Arlene		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0008	
Residential Street Address 764 George St 1st Floor		City New Haven		State CT	Zip Code 06511
Principal Occupation Journalist		Name of Employer Montessori School		Date Received 7/15/2008	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5.00	
Devine	Susan		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0009	
Residential Street Address 143 Woodlawn St		City Hamden		State CT	Zip Code 06517
Principal Occupation Advanced Practice Nurse		Name of Employer CMHC		Date Received 7/16/2008	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40.00	
Dike	Chinelo		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0010	
Residential Street Address 111 Park Street, 9T		City New Haven		State CT	Zip Code 06511
Principal Occupation Law Clerk		Name of Employer US District Court		Date Received 7/14/2008	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10.00	
Edwards	Candice		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0011	
Residential Street Address 122 Sheffield Ave		City New Haven		State CT	Zip Code 06511
Principal Occupation		Name of Employer None		Date Received 7/14/2008	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5.00	
Edwards	Lashonda		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0012	
Residential Street Address 120 Sheffield Ave		City New Haven		State CT	Zip Code 06511
Principal Occupation		Name of Employer None		Date Received 7/15/2008	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5.00	
SUBTOTAL Section B-This Page					405.60
TOTAL of all Section B Pages					5,340. ⁰¹
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)					

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$ _____

B. Itemized Contributions from Individuals

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution	
Edwards	Terrance		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0013		
Residential Street Address		City	State	Zip Code		Date Received
120 Sheffield Ave		New Haven	CT	06511		7/15/2008
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Student Intern		Andy Rizzo				
Is contributor a principal of a 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			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions 5.00	
Garcia	Maria	E	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0014		
Residential Street Address		City	State	Zip Code		Date Received
52 Lyon Street		New Haven	CT	06511		7/14/2008
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
attorney		Pullman and Cumley				
Is contributor a principal of a 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			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions 5.00	
Godfrey	Mildred		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0015		
Residential Street Address		City	State	Zip Code		Date Received
10 Glen Rd		New Haven	CT	06511		7/14/2008
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Medical Records Sup		Yale University				
Is contributor a principal of a 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			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions 5.00	
Godfrey	Seth	J	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0016		
Residential Street Address		City	State	Zip Code		Date Received
10 Glen Rd		New Haven	CT	06511		7/14/2008
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Librarian		City of New Haven				
Is contributor a principal of a 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			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions 5.00	
Gray	Donnie	D	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0017		
Residential Street Address		City	State	Zip Code		Date Received
133 Division Street		New Haven	CT	06511		7/15/2008
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
		Auebecor World				
Is contributor a principal of a 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			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions 5.00	

SUBTOTAL Section B-This Page

25.00

TOTAL of all Section B Pages

5,340.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$ _____

B. Itemized Contributions from Individuals

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution	
Henderson	Nicole		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0018	5.00	
Residential Street Address		City	State	Zip Code		Date Received
760 Orange Street		New Haven	CT	06511		7/15/2008
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
English Professor		Southern Connecticut State University				
Is contributor a principal of a 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			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions	
					5.00	
Highsmith	Patricia		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0019	5.00	
Residential Street Address		City	State	Zip Code		Date Received
Newhall Street		New Haven	CT	06511		7/14/2008
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
RCA						
Is contributor a principal of a 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			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions	
					5.00	
Iskarous	Khalil		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0020	100.00	
Residential Street Address		City	State	Zip Code		Date Received
111 Howe Street		New Haven	CT	06511		7/16/2008
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Research Scientist		harkins Laboratories				
Is contributor a principal of a 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			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions	
					100.00	
Joseph	Anne		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0021	5.00	
Residential Street Address		City	State	Zip Code		Date Received
97 Division Street		New Haven	CT	06511		7/14/2008
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Retired						
Is contributor a principal of a 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			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions	
					5.00	
Lumpkin	Anthony		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0022	10.00	
Residential Street Address		City	State	Zip Code		Date Received
72 Sheffield Ave		New Haven	CT	06511		7/16/2008
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Self						
Is contributor a principal of a 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			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions	
					10.00	

SUBTOTAL Section B-This Page

125.⁰⁰

TOTAL of all Section B Pages

5,340.⁰⁰

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE	FILING DUE DATE
-------------------	-----------------

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

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution	
Marks	Laverne		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0023	25.00	
Residential Street Address		City	State	Zip Code		Date Received
562 Howard Ave 3rd Floor		New Haven	CT	06511		7/12/2008
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		
Social Worker		Yale University				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		25.00	
Marsh	Denard		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0024	10.00	
Residential Street Address		City	State	Zip Code		Date Received
1447 Chapel St #204		New Haven	CT	06511		7/14/2008
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		
None						
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10.00	
Prasad	Shoba		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0025	5.00	
Residential Street Address		City	State	Zip Code		Date Received
10 Glen Road		New Haven	CT	06511		7/14/2008
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		
Physician						
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5.00	
Simon	Brian		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0026	5.00	
Residential Street Address		City	State	Zip Code		Date Received
141 Ransdell St		New Haven	CT	06515		7/14/2008
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		
Analyst		Atlantic Info Services				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5.00	
Sirleaf	Matiangai		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0027	5.00	
Residential Street Address		City	State	Zip Code		Date Received
88 Edgewood Ave		New Haven	CT	06511		7/14/2008
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		
Student						
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5.00	
SUBTOTAL Section B-This Page					50.00	
TOTAL of all Section B Pages					5,340.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)						

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$

B. Itemized Contributions from Individuals

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution	
Williams	Al-Rahim		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0033	\$100	
Residential Street Address 465 WHALLEY AVENUE		City NEW HAVEN	State CT	Zip Code 06511		Date Received 7/16/2008
Principal Occupation ENGINEER		Name of Employer S KOESKY		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a 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			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate contributions \$100
WARREN	BERNARD		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0034	\$5	
Residential Street Address FLOWER STREET		City HAMDEN	State CT	Zip Code 06510		Date Received 7/12/2008
Principal Occupation RETIRED		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a 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			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate contributions \$5
MILLER	SANDRA		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0035	\$5	
Residential Street Address 65 FULTON ST 2ND FL		City NEW HAVEN	State CT	Zip Code 06513		Date Received 7/17/2008
Principal Occupation BUS DRIVER		Name of Employer FIRST STUDENT		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a 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			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate contributions \$5
JENKINS	JAMES		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0036	\$5	
Residential Street Address 140 GILBERT STREET		City NEW HAVEN	State CT	Zip Code 06511		Date Received 7/16/2008
Principal Occupation DISHWASHER		Name of Employer FOSTERS		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a 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			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate contributions \$5
HENRY	MOLKIDA		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0037	\$5	
Residential Street Address 166 GILBERT ST		City NEW HAVEN	State CT	Zip Code 06511		Date Received 7/16/2008
Principal Occupation CNA		Name of Employer BROOKHAVEN		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a 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			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate contributions \$5
SUBTOTAL Section B-This Page					120.00	
TOTAL of all Section B Pages					5,340.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)						

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$

B. Itemized Contributions from Individuals

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
PARKS	DANNY	A	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	010318	\$5
904 HOWARD AVE		NEW HAVEN	CT 06519	7/15/2008	
NONE		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5	
STRINGER	BONITA		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	010319	\$5
916 QUINNIPIAC AVE		NEW HAVEN	CT 06513	7/15/2008	
NURSING STUDENT / HEALTH TECH		VA HOSPITAL		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5	
BEAL	R		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	010410	\$5
65 FULTON ST		NEW HAVEN	CT 06513	7/16/2008	
CASHIER		SHOP AND SHOP		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5	
GARRIGA	JOSHUA		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	010411	\$10
916 QUINNIPIAC AVE #6		NEW HAVEN	CT 06513	7/15/2008	
MACHINE OPERATOR		UNITED ALUMINUM		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$10	
ZONANA	HOWARD	V	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	010412	\$75
212 PLEASANT POINT RD		BRANFORD	CT 06405	7/16/2008	
MD		YALE		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$75	
SUBTOTAL Section B-This Page					100.00
TOTAL of all Section B Pages					5,340.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)					

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$

B. Itemized Contributions from Individuals

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution	
WINFIELD	NIKKIEA	P	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0:04:3		
Residential Street Address 10122 Wilkow Crossroad		City HOUSTON	State TX	Zip Code 77064		Date Received 7/10/08
Principal Occupation ADMINISTRATIVE ASST		Name of Employer JP MORGAN CHASE		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 100		
				\$ 100		
Wilson	ARAMANTA		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0:04:4		
Residential Street Address 1561 METROPOLITAN AVE		City BRONX NEW HAVEN	State NY CT	Zip Code 16462		Date Received 7/13/2007
Principal Occupation RETIRED		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 100		
				\$ 100		
WILKINSON	VIRGINIA	T	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0:04:5		
Residential Street Address 339 AUDUBON COURT		City NEW HAVEN	State CT	Zip Code 06510		Date Received 7/11/2008
Principal Occupation RETIRED		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 35		
				\$ 35		
WILKINSON	Joni	A	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0:04:6		
Residential Street Address 339 AUDUBON COURT		City NEW HAVEN	State CT	Zip Code 06510		Date Received 7/11/2008
Principal Occupation RETIRED		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 100		
				\$ 100		
WHITE	THOMAS		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0:04:7		
Residential Street Address 978 WEST LAKE AVE		City GUILFORD	State CT	Zip Code		Date Received
Principal Occupation ENGINEER		Name of Employer CMHC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 50		
				\$ 50		
SUBTOTAL Section B-This Page					385. ⁰⁰	
TOTAL of all Section B Pages					5,340. ⁰⁰	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)						

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE						FILING DUE DATE		
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>						Subtotal Section A \$		
B. Itemized Contributions from Individuals								
Last Name TURNER		First JASON		MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 010418	Amount of Contribution \$ 100
Residential Street Address 640 Westloop Ave		City NEW HAVEN		State CT	Zip Code 06511	Date Received 7/12/2008		
Principal Occupation Senior Pastor		Name of Employer COMMUNITY BAPTIST Church		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 100		
Last Name TURECK		First MARLENE		MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 010419	Amount of Contribution \$ 25
Residential Street Address 76 WINGDESTER AVE		City NEW HAVEN		State CT	Zip Code 06511	Date Received 7/12/2008		
Principal Occupation R		Name of Employer SELF EMPLOYED		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 25		
Last Name TURECK		First Jerome		MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 010510	Amount of Contributor \$ 25
Residential Street Address 76 WINGDESTER AVE		City NEW HAVEN		State CT	Zip Code 06511	Date Received 7/13/2008		
Principal Occupation		Name of Employer SELF-EMPLOYED		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 25		
Last Name REYES		First Tomas		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 010511	Amount of Contributor \$ 100
Residential Street Address 6 Autumn Ridge Rd		City OXFORD		State CT	Zip Code 06478	Date Received 7/15/2008		
Principal Occupation ADMINISTRATOR		Name of Employer YALE UNIVERSITY		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 100		
Last Name RELAUD		First RUBEN		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 010512	Amount of Contribution \$ 25
Residential Street Address 420 Fountain St		City NEW HAVEN		State CT	Zip Code	Date Received		
Principal Occupation Professor		Name of Employer SCSU		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 25		
SUBTOTAL Section B-This Page								275.⁰⁰
TOTAL of all Section B Pages								5,340.⁰⁰
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)								

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE	FILING DUE DATE
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	
Subtotal Section A	\$

B. Itemized Contributions from Individuals

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
HOLBY-KAY	PATRICIA		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0073	\$5
Residential Street Address: 28 FRANCES HUNTER DR		City: NEW HAVEN	State: CT Zip Code: 06511	Date Received: 7/16/2008	
Principal Occupation: COSMETOLOGIST		Name of Employer: SELF		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$5	
LOPEZ	SONIA		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0074	\$5
Residential Street Address: 11 FRANCES HUNTER DR		City: NEW HAVEN	State: CT Zip Code: 06511	Date Received: 7/16/2008	
Principal Occupation: NONE		Name of Employer:		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$5	
McCall	CHRISTOPHER		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0075	\$5
Residential Street Address: 9 FRANCES HUNTER DR		City: NEW HAVEN	State: CT Zip Code: 06511	Date Received:	
Principal Occupation: SECURITY		Name of Employer: YALE		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$5	
McNEIL	T		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0076	\$5
Residential Street Address: 1 UNION AVENUE		City: NEW HAVEN	State: CT Zip Code: 06519	Date Received: 7/16/2008	
Principal Occupation: POLICE OFFICER		Name of Employer: NEW HAVEN POLICE		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$5	
BENSON	LADDIE		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0077	\$5
Residential Street Address: 68 BOSTON STREET		City: NEW HAVEN	State: CT Zip Code: 06511	Date Received: 7/17/2008	
Principal Occupation: NONE		Name of Employer:		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$5	

SUBTOTAL Section B-This Page 25.00

TOTAL of all Section B Pages 5,340.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$

B. Itemized Contributions from Individuals

Last Name SHARIF	First MICHELLE	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0 0 7 1 8	Amount of Contribution
Residential Street Address 18 FRANCES HUNTER DR	City NEW HAVEN	State CT	Zip Code 06611	Date Received 7/17/2008	
Principal Occupation NONE	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			

Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate contributions \$ 5	\$5
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Last Name WILLIAMS	First ROBERT	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0 0 7 1 9	Amount of Contribution
Residential Street Address 17 FRANCES HUNTER DR	City NEW HAVEN	State CT	Zip Code 06511	Date Received 7/17/2008	
Principal Occupation NONE	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			

Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate contributions \$ 5	\$5
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Last Name WINTERS	First REGINA	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0 0 8 0	Amount of Contributor
Residential Street Address 271 HOWARD AVENUE	City NEW HAVEN	State CT	Zip Code 06519	Date Received 7/16/2008	
Principal Occupation ARCHITECT	Name of Employer ZARED ARCHITECTURE	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			

Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate contributions \$ 100	\$ 100
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Last Name SANDERSON	First JEAN	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0 0 8 1 1	Amount of Contributor
Residential Street Address 195 EVERET ST	City NEW HAVEN	State CT	Zip Code 06511	Date Received 7/14/2008	
Principal Occupation NONE GIVEN	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			

Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate contributions \$ 100	\$ 100
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Last Name RAIFORD	First ALPHONSO	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0 0 8 2	Amount of Contribution
Residential Street Address 41 BASSETT ST	City NEW HAVEN	State CT	Zip Code 06511	Date Received 7/15/2008	
Principal Occupation GUARD	Name of Employer STATE OF CONNECTICUT	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			

Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate contributions \$ 25	\$25
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SUBTOTAL Section B-This Page

235.⁰⁰

TOTAL of all Section B Pages

5,340.

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)

I. MONETARY RECEIPTS (Sections A-I)

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

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
SCHWEITZER	CHRIS		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	000803	
Residential Street Address: 50 NASH STREET #12		City: NEW HAVEN	State: CT Zip Code: 06511	Date Received: 7/12/2008	
Principal Occupation: EDUCATOR		Name of Employer: NH LSCP		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$ 5	
O'KEANE	MICHAEL		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	000804	
Residential Street Address: 343 EASTERN ST #1703-C		City: NEW HAVEN	State: CT Zip Code: 06513	Date Received: 7/13/2007	
Principal Occupation: NONE		Name of Employer:		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$ 5	
KOBASA	STEPHEN		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	000805	
Residential Street Address: 46 HOBART STREET		City: NEW HAVEN	State: CT Zip Code: 06511	Date Received: 7/13/2008	
Principal Occupation: WRITER		Name of Employer: NH ADVOCATE		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$ 5	
SOMSEL	ANNE		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	000806	
Residential Street Address: 46 HOBART STREET		City: NEW HAVEN	State: CT Zip Code: 06511	Date Received: 7/12/2008	
Principal Occupation: NURSE		Name of Employer: FAIR HAVEN CHC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$ 5	
CARTON	CORINNE		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	000807	
Residential Street Address: 303 SUMMIT ST		City: NEW HAVEN	State: CT Zip Code: 06513	Date Received: 7/11/2008	
Principal Occupation: ARTIST		Name of Employer: SELF EMPLOYED		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$ 15	
Subtotal Section B-This Page					35.00
TOTAL of all Section B Pages					5,340.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)					

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$

B. Itemized Contributions from Individuals

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
SPINNER	JANET		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	00088	\$ 10
56 ELWOOD RD	NEW HAVEN	CT	06515	7/12/2008	
MIDWIFE	CENTRAL OB GYN	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 10	
COOPER	Joy		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	00089	\$ 10
360 FOUNTAIN STREET	NEW HAVEN	CT	06515	7/12/2008	
PROFESSOR	FAIRFIELD UNIVERSITY	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions \$ 10	
DYSON	William		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	00090	\$ 100
174-C HIGHLAND ST	NEW HAVEN	CT	06511	7/14/2008	
RETIRED		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 100	
HOLLEN	SANDBA	C	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	00091	\$ 50
215 STIMSON ROAD	NEW HAVEN	CT	06511	7/15/2008	
ADMINISTRATOR	STATE OF CONNECTICUT	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions \$ 50	
CARTEL	DAVID	C	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	00092	\$ 100
215 STIMSON ROAD	NEW HAVEN	CT	06511	7/15/2008	
ADMINISTRATOR	CT STATE UNIVERSITY SYSTEM	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 100	

SUBTOTAL Section B-This Page

270

TOTAL of all Section B Pages

5,340.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

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

(See instructions for definition of Small Contributor)

Subtotal Section A \$

B. Itemized Contributions from Individuals

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
Bramhall	Susan		<input checked="" type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0:0:9:3	
Residential Street Address: 202 Colony Rd		City: New Haven	State: CT Zip Code: 06511	Date Received: 7/12/2008	
Principal Occupation: Computer Programmer		Name of Employer: YALE UNIVERSITY		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$ 15	
				\$ 15	
NIELSEN	PATRICIA	L	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0:0:9:4	
Residential Street Address: 248 HUNTINGTON STREET		City: NEW HAVEN	State: CT Zip Code: 06511	Date Received: 7/12/2008	
Principal Occupation: ADMINISTRATOR		Name of Employer: LEG'S SISTER CITY PROJECT		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$ 50	
				\$ 50	
PANZARELLA	FRANK		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0:0:9:5	
Residential Street Address: 344 NORTON ST		City: NEW HAVEN	State: CT Zip Code: 06511	Date Received: 7/12/2008	
Principal Occupation: CARPENTER		Name of Employer: SELF		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$ 5	
				\$ 5	
FRIEDLAND	RUTH		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0:0:9:6	
Residential Street Address: 344 NORTON ST		City: NEW HAVEN	State: CT Zip Code: 06511	Date Received: 7/12/2008	
Principal Occupation: UNEMPLOYED		Name of Employer: UNEMPLOYED		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$ 5	
				\$ 5	
PANZARELLA	PAULA		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0:0:9:7	
Residential Street Address: 314 NORTON STREET		City: NEW HAVEN	State: CT Zip Code: 06511	Date Received: 7/12/2008	
Principal Occupation: WRITER		Name of Employer: SELF		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$ 5	
				\$ 5	
SUBTOTAL Section B-This Page					80.00
TOTAL of all Section B Pages					5,340.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)					

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

A. Total Contributions from Small Contributors-Received this Period ONLY
 (See instructions for definition of Small Contributor) Subtotal Section A \$ _____

B. Itemized Contributions from Individuals

Last Name WITNEN	First JEAN	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0 0 9 8	Amount of Contribution
Residential Street Address 1 Hughes Place Apt B		City New Haven	State CT	Zip Code 06511	
Principal Occupation RETIRED		Name of Employer		Date Received 7/12/2004	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 50	\$ 50

Last Name BENNETT	First NATHANIEL	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0 0 9 9	Amount of Contribution
Residential Street Address 3 Waverly Street		City New Haven	State CT	Zip Code 06511	
Principal Occupation		Name of Employer SELF		Date Received	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 50	\$ 50

Last Name BANQUEER	First BARBARA	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0 1 0 0	Amount of Contributor
Residential Street Address 29 Grand Avenue		City New Haven	State CT	Zip Code 06513	
Principal Occupation TEACHER		Name of Employer CITY OF NEW HAVEN		Date Received 7/12/2008	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 20	\$ 20

Last Name BEIGER	First JULIA	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0 1 1 0 1	Amount of Contributor
Residential Street Address 630 Quinnipiac Ave		City New Haven	State CT	Zip Code 06513	
Principal Occupation RETIRED		Name of Employer		Date Received 7/12/2008	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 50	\$ 50

Last Name BARRINGTON	First CANDICE	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0 1 1 0 2	Amount of Contribution
Residential Street Address 291 Townsend Ave		City New Haven	State CT	Zip Code 06512	
Principal Occupation PROFESSOR		Name of Employer STATE OF CONNECTICUT		Date Received	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 10.00	\$ 10.00

SUBTOTAL Section B-This Page	180.00
TOTAL of all Section B Pages	5,340.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)	

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE						FILING DUE DATE		
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>						Subtotal Section A \$ 0.00		
B. Itemized Contributions from Individuals								
Last Name Ben-Atar		First Jo		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0103	Amount of Contribution
Residential Street Address 258 St. Ronan Street			City New Haven		State CT	Zip Code 06511	Date Received 07/16/2008	
Principal Occupation Salesperson		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5.00		
Last Name Mayer		First Roman		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0104	Amount of Contribution
Residential Street Address 211 St. Ronan Street			City New Haven		State CT	Zip Code 06511	Date Received 07/16/2008	
Principal Occupation Consultant		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$50.00		
Last Name Wiles		First Preston		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0105	Amount of Contribution
Residential Street Address 299 Lawrence Street			City New Haven		State CT	Zip Code 06511	Date Received 07/16/2008	
Principal Occupation Teacher		Name of Employer The Country School			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$50.00		
Last Name Sobel		First Suzanne		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0106	Amount of Contribution
Residential Street Address 298 Lawrence Street			City New Haven		State CT	Zip Code 06511	Date Received 07/16/2008	
Principal Occupation Medical Assistant		Name of Employer Kendle			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5.00		
Last Name Saraceo		First Raymond		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0107	Amount of Contribution
Residential Street Address 843 Orange Street			City New Haven		State CT	Zip Code 06511	Date Received 07/16/2008	
Principal Occupation Fire Fighter		Name of Employer City of New Haven			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5.00		
SUBTOTAL Section B-This Page								\$115.00
TOTAL of all Section B Pages								5,340.⁰⁰
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)								5,455.00

I. MONETARY RECEIPTS (Sections A-I)

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

B. Itemized Contributions from Individuals

Last Name DiBenedetto		First Kim		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0108	Amount of Contribution
Residential Street Address 89 Newhall Street		City New Haven		State CT	Zip Code 06511	Date Received 07/15/2008		
Principal Occupation Program Specialist		Name of Employer VA Healthcare System		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$15.00		\$15.00
Last Name Patterson		First Lucille		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0109	Amount of Contribution
Residential Street Address 468 Congress Avenue		City New Haven		State CT	Zip Code 06519	Date Received 07/15/2008		
Principal Occupation Cook		Name of Employer Yale		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5.00		\$5.00
Last Name Dennis		First Phillip		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0110	Amount of Contribution
Residential Street Address 468 Congress Avenue		City New Haven		State CT	Zip Code 06519	Date Received 07/16/2008		
Principal Occupation Cook		Name of Employer Yale		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5.00		\$5.00
Last Name Mitchell		First Ora		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0111	Amount of Contribution
Residential Street Address 87 Liberty Street		City New Haven		State CT	Zip Code 06519	Date Received 07/17/2008		
Principal Occupation Retired		Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5.00		\$5.00
Last Name Mitchell		First Loiva		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0112	Amount of Contribution
Residential Street Address 85-A Liberty Street		City New Haven		State CT	Zip Code 06519	Date Received 07/16/2008		
Principal Occupation Retired		Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5.00		\$5.00

SUBTOTAL Section B-This Page \$35.00

TOTAL of all Section B Pages **5,340**

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) ~~5,340~~

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$ 0.00

B. Itemized Contributions from Individuals

Last Name John	First Denise	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0113	Amount of Contribution
Residential Street Address 129 Division Street		City New Haven	State CT	Zip Code 06511	Date Received 07/17/2008	
Principal Occupation Graduate Student		Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Aggregate contributions \$10.00
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$10.00		

Last Name Villano	First Nelly	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0114	Amount of Contribution
Residential Street Address 528 Woodward Avenue		City New Haven	State CT	Zip Code 06512	Date Received 07/17/2008	
Principal Occupation Teacher		Name of Employer Girl Scouts of America		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Aggregate contributions \$20.00
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$20.00		

Last Name John	First Jay	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0115	Amount of Contribution
Residential Street Address 129 Division Street		City New Haven	State CT	Zip Code 06511	Date Received 07/17/2008	
Principal Occupation N/A		Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Aggregate contributions \$10.00
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$10.00		

Last Name Shea	First Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0116	Amount of Contribution
Residential Street Address 291 Townsend Avenue		City New Haven	State CT	Zip Code 06512	Date Received 07/10/2008	
Principal Occupation Professor		Name of Employer SCSU		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Aggregate contributions \$10.00
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$10.00		

Last Name Kozin	First Jacqueline	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0117	Amount of Contribution
Residential Street Address 5 Douglass Avenue		City New Haven	State CT	Zip Code 06512	Date Received 07/14/2008	
Principal Occupation Legislative Aide		Name of Employer State of Connecticut		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Aggregate contributions \$15.00
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$15.00		

SUBTOTAL Section B-This Page

\$65.00

TOTAL of all Section B Pages

5,340 ~~2000~~

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)

~~2000~~

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$

B. Itemized Contributions from Individuals

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
GALBERTH	MARLESHA		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01118	
63 Sylvania Avenue		City: NEW HAVEN	State: CT Zip Code: 06519	Date Received: 7/17/2008	
Full Time Student		Name of Employer:	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$ 5	
BARNES	STEPHANIE		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01119	
102 DANIEL DR		City: NEW HAVEN	State: CT Zip Code: 06513	Date Received: 7/17/2008	
Program Director		Name of Employer: CITY OF NEW HAVEN	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$ 50	
DOYENS	GARY		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01200	
30 Birch Dr		City: NEW HAVEN	State: CT Zip Code: 06515	Date Received: 7/13/08	
SALES		Name of Employer: CT PUB BROADCASTING	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$ 50	
GRAUER	JONATHAN		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01211	
257 ST ROMAN ST		City: NEW HAVEN	State: CT Zip Code: 06511	Date Received: 7/16/08	
PHYSICIAN		Name of Employer: YALE	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$ 5	
BLOOM	JOAN	M	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01212	
313 ST ROMAN ST B1		City: NEW HAVEN	State: CT Zip Code: 06511	Date Received: 7/17/08	
PROFESSOR (RETIRED)		Name of Employer:	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$ 5	

SUBTOTAL Section B-This Page 115.00

TOTAL of all Section B Pages 5,340.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$

B. Itemized Contributions from Individuals

Last Name MERKEL	First JANE	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 01123	Amount of Contribution	
Residential Street Address 257 ST ROMAN ST		City NEW HAVEN	State CT	Zip Code 06511		Date Received 7/16/08
Principal Occupation SCIENTIST		Name of Employer YALE		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 5		

Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 5		\$ 5
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Last Name PERRY	First ALICE	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 01124	Amount of Contribution	
Residential Street Address 247 SAINT ROMAN ST		City NEW HAVEN	State CT	Zip Code 06511		Date Received 7/15/08
Principal Occupation COUNSELOR, PROFESSOR		Name of Employer SELF-EMPLOYED		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 25		

Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 25		\$ 25
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Last Name ROGERS	First EDGAR	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 01125	Amount of Contributor	
Residential Street Address 89 NEW HALL STREET		City NEW HAVEN	State CT	Zip Code 06511		Date Received 7/17/08
Principal Occupation		Name of Employer VA HOSPITAL		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 10		

Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 10		\$ 10
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Last Name CONDON	First ROBERT	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 01126	Amount of Contributor	
Residential Street Address 21 COMPTON ST #2		City NEW HAVEN	State CT	Zip Code 06511		Date Received 7/17/08
Principal Occupation COMPUTER ANALYST		Name of Employer YALE		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 10		

Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 10		\$ 10
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Last Name AKLIN	First EDNA	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 01127	Amount of Contribution	
Residential Street Address 648 GEORGE ST		City NEW HAVEN	State CT	Zip Code 06511		Date Received 7/17/08
Principal Occupation SOCIAL WORKER		Name of Employer CMAC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 100		

Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 100		\$ 100
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SUBTOTAL Section B-This Page

150.00

TOTAL of all Section B Pages

5,340.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE						FILING DUE DATE		
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>						Subtotal Section A \$		
B. Itemized Contributions from Individuals								
Last Name Mc CARTER		First MAMIE		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0 1 2 8	Amount of Contribution \$5
Residential Street Address 31 MEAD STREET			City NEW HAVEN		State CT	Zip Code 06511	Date Received 7/17/08	
Principal Occupation		Name of Employer None Given			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5		
Last Name BRADLEY		First CHARLES		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0 1 2 9	Amount of Contribution \$5
Residential Street Address 309 DIXWELL AVE # 213			City NEW HAVEN		State CT	Zip Code 06511	Date Received 7/17/08	
Principal Occupation RETIRED		Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5		
Last Name CRAY		First JOYNE		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0 1 3 0	Amount of Contributor \$5
Residential Street Address 69 COLONY ROAD			City NEW HAVEN		State CT	Zip Code	Date Received 7/17/08	
Principal Occupation RETIRED		Name of Employer STATE OF CONNECTICUT			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5		
Last Name JONES		First JANCE		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0 1 3 1	Amount of Contributor \$5
Residential Street Address 99 NEW HALL STREET			City NEW HAVEN		State CT	Zip Code 06511	Date Received 7/17/08	
Principal Occupation RETIRED		Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5		
Last Name AWES		First AILETTA		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0 1 3 2	Amount of Contribution \$5
Residential Street Address 34 HENRY STREET			City NEW HAVEN		State CT	Zip Code 06511	Date Received 7/17/08	
Principal Occupation SCHOOL LUNCH AID		Name of Employer BOARD OF ED (NH)			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5		
SUBTOTAL Section B-This Page								25.00
TOTAL of all Section B Pages								5,340.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)								

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$

B. Itemized Contributions from Individuals

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
CALBERTH	SHANIGUA	J	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01133	\$10
63 SYLVAN AVENUE		NEW HAVEN	CT 06519	7/17/09	
Full Time Culinary Arts Student		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$10	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$10	
DUCANT	ROBERTA		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01134	\$10
71 SYLVAN AVENUE		NEW HAVEN	CT 06519	7/17/08	
CUSTOMER SERVICE		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$10	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$10	
WALLACE	NINA		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01135	\$10
25 ELIZABETH ST		NEW HAVEN	CT 06511	7/17/08	
HOUSING COORDINATOR		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$10	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$10	
MOORE	LAKEETA		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01136	\$10
1 BREWERY SQUARE APT 5324		NEW HAVEN	CT 06515	7/17/08	
SOCIAL WORKER		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$10	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$10	
BRAXTON	ANITA		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01137	\$5
61 SYLVAN AVE		NEW HAVEN	CT 06519	7/17/08	
MACHINE OPERATOR		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5	

SUBTOTAL Section B-This Page

45.00

TOTAL of all Section B Pages

5,340.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$

B. Itemized Contributions from Individuals

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
Calberth	Nancy		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01138	\$10
63 Sylvan Avenue		New Haven	CT 06519	7/17/08	
Child Care Provider		SELF EMPLOYED		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> No	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$10	
Williams	NINA		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01139	\$10
17 FRANCES HUNTER DR		New Haven	CT 06511	7/15/08	
Acct Asst		YALE UNIVERSITY		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> No	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$10	
Darden	ROBERTA		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01140	\$20
16 FRANCES HUNTER DR		New Haven	CT 06511	7/15/08	
RETIRED				Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> No	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$20	
Williams	ROBERT		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01141	\$10
17 FRANCES HUNTER DR		New Haven	CT 06511	7/15/08	
TRUCK DRIVER		BRADFORD WINNELSON		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> No	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$10	
Jouesen	VANEESA		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01142	\$20
128 LAWNREST ROAD		New Haven	CT 06515	7/16/08	
CUSTOMER SERVICE REP		HIGHTER ONE		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> No	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$20	
SUBTOTAL Section B-This Page					70.00
TOTAL of all Section B Pages					5,340.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)					

I. MONETARY RECEIPTS (Sections A-I)

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

Last Name Condon	First Roxanne	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0143	Amount of Contribution
Residential Street Address 21 Compton Street #2		City New Haven		State CT	Zip Code 06511
Principal Occupation Clinical Therapist		Name of Employer Self-employed		Date Received 07/17/2008	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$10.00	

Last Name McGlone	First William	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0144	Amount of Contribution
Residential Street Address 309 Dixwell Avenue #104		City New Haven		State CT	Zip Code 06511
Principal Occupation Retired		Name of Employer N/A		Date Received 07/17/2008	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5.00	

Last Name Watts	First Bernard	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0145	Amount of Contribution
Residential Street Address 94 Newhall Street		City New Haven		State CT	Zip Code 06511
Principal Occupation Disabled		Name of Employer N/A		Date Received 07/17/2008	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5.00	

Last Name Watts	First Pashion	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0146	Amount of Contribution
Residential Street Address 94 Newhall Street		City New Haven		State CT	Zip Code 06511
Principal Occupation Bank Teller		Name of Employer Wachovia		Date Received 07/18/2008	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5.00	

Last Name Rich	First Olivia	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0147	Amount of Contribution
Residential Street Address 96 Newhall Street		City New Haven		State CT	Zip Code 06511
Principal Occupation Retired		Name of Employer N/A		Date Received 07/17/2008	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5.00	

SUBTOTAL Section B-This Page	\$30.00
TOTAL of all Section B Pages	5,340.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)	

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$

B. Itemized Contributions from Individuals

Last Name FURR		First NICOLE		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 011718	Amount of Contribution
Residential Street Address 257 W ROCK AVE		City NEW HAVEN		State CT	Zip Code 06515	Date Received 7/14/08	Amount of Contribution	
Principal Occupation PROFESSOR		Name of Employer SOUTHERN CONNECTICUT STATE		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Aggregate contributions \$ 5		Amount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 5		
Last Name HIGBEE		First MATTHEW		MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 011719	Amount of Contribution
Residential Street Address 257 W ROCK AVE		City NEW HAVEN		State CT	Zip Code 06515	Date Received 7/15/08	Amount of Contribution	
Principal Occupation SALES		Name of Employer GLG STREAM		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Aggregate contributions \$ 5		Amount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 5		
Last Name EDWARDS		First ALFEDA		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 011910	Amount of Contribution
Residential Street Address 122 SHEFFIELD AVE		City NEW HAVEN		State CT	Zip Code 06511	Date Received 7/15/08	Amount of Contribution	
Principal Occupation CLERK		Name of Employer NH PROBATE COURT		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Aggregate contributions \$ 100		Amount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 100		
Last Name		First		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address		City		State	Zip Code	Date Received	Amount of Contribution	
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		Aggregate contributions		Amount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions		
Last Name		First		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address		City		State	Zip Code	Date Received	Amount of Contribution	
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		Aggregate contributions		Amount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions		

SUBTOTAL Section B-This Page

110.⁰⁰

TOTAL of all Section B Pages

5,340.⁰⁰

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$ 0.00

B. Itemized Contributions from Individuals

Last Name Azam	First Qazi	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0148	Amount of Contribution
Residential Street Address 1 Frances Hunter Drive		City New Haven	State CT	Zip Code 06511	Date Received 07/16/2008	
Principal Occupation Economist		Name of Employer Yale		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$10.00	\$10.00

Last Name Blum	First Pamela	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0149	Amount of Contribution
Residential Street Address 313 St. Ronant Street		City New Haven	State CT	Zip Code 06511	Date Received 07/17/2008	
Principal Occupation Retired		Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$20.00	\$20.00

Last Name Lipp	First William	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0150	Amount of Contribution
Residential Street Address 317 St. Ronan Street		City New Haven	State CT	Zip Code 06511	Date Received 07/17/2008	
Principal Occupation Engineer		Name of Employer Self-Employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions 5.00	5.00

Last Name Selzer	First Janet	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0151	Amount of Contribution
Residential Street Address 6 St. Ronan Street		City New Haven	State CT	Zip Code 06511	Date Received 07/17/2008	
Principal Occupation Housewife		Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5.00	\$5.00

Last Name Moran	First Eileen	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0152	Amount of Contribution
Residential Street Address 8 St. Ronan Terrace		City New Haven	State CT	Zip Code 06511	Date Received 07/17/2008	
Principal Occupation Economist		Name of Employer Veteran's Administration		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5.00	\$5.00

SUBTOTAL Section B-This Page

45.⁰⁰

TOTAL of all Section B Pages

5,34⁰⁰

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)

4,885

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$ 0.00

B. Itemized Contributions from Individuals

Last Name Smith	First Tina	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0153	Amount of Contribution
Residential Street Address 246 Whalley Ave.		City New Haven	State CT	Zip Code 06511	Date Received 07/15/2008	
Principal Occupation Server		Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$20.00	\$20.00

Last Name Rose	First Tavon	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0154	Amount of Contribution
Residential Street Address 23 Tilton Street		City New Haven	State CT	Zip Code 06511	Date Received 07/15/2008	
Principal Occupation Bus Driver		Name of Employer First Student		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$20.00	\$20.00

Last Name Williams	First Avis	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0155	Amount of Contribution
Residential Street Address 28 Hallock Avenue		City New Haven	State CT	Zip Code 06519	Date Received 07/14/2008	
Principal Occupation Information Technology Tech.		Name of Employer Yale		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5.00	\$5.00

Last Name Belton	First Janet	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0156	Amount of Contribution
Residential Street Address 28 Hallock Street		City New Haven	State CT	Zip Code 06519	Date Received 07/16/2008	
Principal Occupation Assembly Worker		Name of Employer Kelly Service		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$10.00	\$10.00

Last Name Azam	First Memoona	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0157	Amount of Contribution
Residential Street Address 1 Frances Hunter Drive		City New Haven	State CT	Zip Code 06511	Date Received 07/16/2008	
Principal Occupation Housewife		Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$10.00	\$10.00

SUBTOTAL Section B-This Page

\$65.00

TOTAL of all Section B Pages

5,340.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)

\$65.00

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

A. Total Contributions from Small Contributors-Received this Period ONLY
 (See instructions for definition of Small Contributor) Subtotal Section A \$ 0.00

B. Itemized Contributions from Individuals

Last Name Van Allen	First Mark	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0158	Amount of Contribution
Residential Street Address 261 St. Ronan Street	City New Haven	State CT	Zip Code 06511	Date Received 07/16/2008	
Principal Occupation President	Name of Employer UConn R&D Corp.	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$20.00	

Last Name Stone	First John	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0159	Amount of Contribution
Residential Street Address 224 St. Ronan Street	City New Haven	State CT	Zip Code 06511	Date Received 07/16/2008	
Principal Occupation Landscaper	Name of Employer Chris Ozyck Landscaping	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$20.00	

Last Name Stone	First Mary	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0160	Amount of Contribution
Residential Street Address 224 St. Ronan Street	City New Haven	State CT	Zip Code 06511	Date Received 07/16/2008	
Principal Occupation Physician	Name of Employer Yale Medical School	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$50.00	

Last Name McFadden	First Joe	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0161	Amount of Contribution
Residential Street Address 248 Shelton Avenue	City New Haven	State CT	Zip Code 06511	Date Received 07/15/2008	
Principal Occupation Auto Glass Repairer	Name of Employer Safelite Auto	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$5.00	

Last Name Roseboro	First Cliff	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0162	Amount of Contribution
Residential Street Address 461 Whalley Avenue #212	City New Haven	State CT	Zip Code 06511	Date Received 07/15/2008	
Principal Occupation Cook	Name of Employer Yale	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$20.00	

SUBTOTAL Section B-This Page \$115.00

TOTAL of all Section B Pages 5,340.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page) ~~5,455.00~~

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$

B. Itemized Contributions from Individuals

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
BURNETTE	AUTUMN	J	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01163	
Residential Street Address 323 NEWHALL STREET		City NEW HAVEN	State CT	Zip Code 06511	Date Received 7/15/08
Principal Occupation UNEMPLOYED		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 5	
WALL	NADINE		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01164	
Residential Street Address 65 DWIGHT #7		City NEW HAVEN	State CT	Zip Code 06511	Date Received 7/17/08
Principal Occupation ASST CLERK		Name of Employer NEW HAVEN PROBATE COURT		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 5	
BROWN	SALLY	J	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01165	
Residential Street Address 1235 FOREST RD		City NEW HAVEN	State CT	Zip Code 06515	Date Received 7/15/08
Principal Occupation		Name of Employer CITY OF NEW HAVEN		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 5	
MOODY	MARION		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01166	
Residential Street Address 565 WINCHESTER AVE		City NEW HAVEN	State CT	Zip Code 06511	Date Received 7/16/08
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 5	
BROWNING	JESSIE		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01167	
Residential Street Address 110 SHEFFIELD AVE		City NEW HAVEN	State CT	Zip Code 06511	Date Received 7/16/08
Principal Occupation INTERNATIONAL POKER STORE OWNER		Name of Employer SELF EMPLOYED		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$ 5	
SUBTOTAL Section B-This Page					25.00
TOTAL of all Section B Pages					5,340.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)					

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$

B. Itemized Contributions from Individuals

Last Name Dyson	First ERICK	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 011618	Amount of Contribution
Residential Street Address 96 WESTWOOD RD		City NEW HAVEN	State CT	Zip Code 06515	Date Received 7/16/08	
Principal Occupation ITS Desktop Support		Name of Employer YALE UNIVERSITY		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Aggregate contributions \$ 50
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Last Name GOLDEN	First STACIE	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 011619	Amount of Contribution
Residential Street Address 96 WEST WOOD RD		City NEW HAVEN	State CT	Zip Code 06515	Date Received 7/16/08	
Principal Occupation BUSINESS ANALYST		Name of Employer CIGNA HEALTH CARE		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Aggregate contributions \$ 50
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Last Name NORMANDIN	First JUDITH	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 011710	Amount of Contribution
Residential Street Address 1163 WHITNEY AVENUE		City NEW HAVEN	State CT	Zip Code 06517	Date Received 7/11/08	
Principal Occupation REAL ESTATE AGENT		Name of Employer H PEARCE CO		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Aggregate contributions \$ 100
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Last Name Woodman	First MARLENE	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 011711	Amount of Contribution
Residential Street Address 294 Rosewood Ave.		City New Haven	State CT	Zip Code 06513	Date Received 7/16/2008	
Principal Occupation Assistant to President		Name of Employer CHARTER OAK College		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Aggregate contributions \$ 45
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Last Name	First	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address		City	State	Zip Code	Date Received	
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		Aggregate contributions
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No				

SUBTOTAL Section B-This Page

245.00

TOTAL of all Section B Pages

5,3400

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE _____ FILING DUE DATE _____

A. Total Contributions from Small Contributors-Received this Period ONLY
 (See instructions for definition of Small Contributor) Subtotal Section A \$ _____

B. Itemized Contributions from Individuals

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
JOURNALIS	SALLY	B	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0:0:5:8	\$ 25
Residential Street Address: 14 EVERET ST		City: NEW HAVEN	State: CT Zip Code: 06511	Date Received: 7-9-2008	
Principal Occupation: PIANO TEACHER		Name of Employer: SELF-EMPLOYED		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$ 25	
JACOBS	SELBY		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0:0:5:9	\$ 100
Residential Street Address: 13 OLD PAWSON RD		City: BRANFORD	State: CT Zip Code: 06405	Date Received: 7/16/2008	
Principal Occupation: PHYSICIAN		Name of Employer: YALE UNIVERSITY		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$ 100	
GONZALEZ - SIMON	ANJELICA		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0:0:6:0	\$ 25
Residential Street Address: 141 RAMSDELL ST		City: NEW HAVEN	State: CT Zip Code: 06515	Date Received: 7/13/2008	
Principal Occupation: PROFESSOR		Name of Employer: YALE UNIVERSITY		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$ 25	
GRIFFITH	EZRA	E	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0:0:6:1	\$ 100
Residential Street Address: 6 MARLBOROUGH RD		City: NORTH HAVEN	State: CT Zip Code: 06473	Date Received: 7/16/2008	
Principal Occupation: PROFESSOR		Name of Employer: YALE UNIVERSITY		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$ 100	
FORRESTER	NORMAN		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0:0:6:2	\$ 5
Residential Street Address: 1665 ELLA T CROSSO BLVD		City: NEW HAVEN	State: CT Zip Code: 06511	Date Received: 7/16/2008	
Principal Occupation:		Name of Employer:		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$ 5	

SUBTOTAL Section B-This Page 255.00

TOTAL of all Section B Pages 5,340.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE						FILING DUE DATE		
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>						Subtotal Section A \$ 0.00		
B. Itemized Contributions from Individuals								
Last Name Berger		First Eric		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0173	Amount of Contribution
Residential Street Address 50 Autumn Street			City New Haven		State CT	Zip Code 06511	Date Received 07/17/2008	
Principal Occupation Physician		Name of Employer Self-Employed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions		
						\$50.00		\$50.00
Last Name Berger		First Ethel		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0174	Amount of Contribution
Residential Street Address 50 Autumn Street			City New Haven		State CT	Zip Code 06511	Date Received 07/17/2008	
Principal Occupation Book Illustrator		Name of Employer Self-employed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions		
						\$50.00		\$50.00
Last Name Garland		First Patricia		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0175	Amount of Contribution
Residential Street Address 40 Autumn Street			City New Haven		State CT	Zip Code 06511	Date Received 07/17/2008	
Principal Occupation Painting Conservator		Name of Employer Yale			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions		
						\$25.00		\$25.00
Last Name Berger		First Timothy		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0176	Amount of Contribution
Residential Street Address 50 Autumn Street			City New Haven		State CT	Zip Code 06511	Date Received 07/17/2008	
Principal Occupation Student		Name of Employer n/a			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions		
						\$10.00		\$10.00
Last Name Sachs		First June		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0177	Amount of Contribution
Residential Street Address 396 St. Ronant Street			City New Haven		State CT	Zip Code 06511	Date Received 07/17/2008	
Principal Occupation N/A		Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions		
						\$10.00		\$10.00
SUBTOTAL Section B-This Page								\$145.00
TOTAL of all Section B Pages								5,340.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)								\$5,485.00

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE	FILING DUE DATE
--------------------------	------------------------

C1. Contributions from Other Committees

Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list</i> <input type="checkbox"/> No <i>Event #</i> _____			Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list</i> <input type="checkbox"/> No <i>Event #</i> _____			Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list</i> <input type="checkbox"/> No <i>Event #</i> _____			Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list</i> <input type="checkbox"/> No <i>Event #</i> _____			Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list</i> <input type="checkbox"/> No <i>Event #</i> _____			Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list</i> <input type="checkbox"/> No <i>Event #</i> _____			Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		

C2. Reimbursements or Payments from other Committees

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

SUBTOTAL Section C-This Page

TOTAL of additional Section C Pages

TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 15 of Summary Page)

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE	FILING DUE DATE
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D. Loans Received this Period

Name of Lender				Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner Guarantor) <input type="checkbox"/> No	Amount Received
Street Address	City	State	Zip Code	<input type="checkbox"/> Individual <input type="checkbox"/> Other			
Name of Cosigner/Guarantor				Date of Receipt			\$
Street Address	City	State	Zip Code				
Name of Lender				Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner Guarantor) <input type="checkbox"/> No	Amount Received
Street Address	City	State	Zip Code	<input type="checkbox"/> Individual <input type="checkbox"/> Other			
Name of Cosigner/Guarantor				Date of Receipt			\$
Street Address	City	State	Zip Code				
Total Section D (Enter Total on Line 26a on Summary Page)							\$

E. Personal Funds of the Candidate Received this Period (Candidate Committees Only)

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

F. Anonymous Contributions (Specify dollar amount of the bills received)

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

G. Interest from Deposits in Authorized Accounts

Date Received	Amount	Date Received	Amount	Total Amount Received
Name of Institution		Name of Institution		
Street Address		Street Address		
City	State	City	State	
	Zip Code		Zip Code	\$

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
--------------------------	------------------------

J1. Fundraising Event Information

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

Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section J3 **In-kind Donations not Considered Contributions** and complete required information for purchases made by host(s) for food, beverage and invitations) No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (If yes, go to Section J3 **In-kind Donations not Considered Contributions** and complete required information.) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (If yes, go to Section J2 **Proceeds from Tag Sale, Auction, or Other Sale of Donated Items**) No

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

Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section J3 **In-kind Donations not Considered Contributions** and complete required information for purchases made by host(s) for food, beverage and invitations.) No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (If yes, go to Section J3 **In-kind Donations not Considered Contributions** and complete required information) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (If yes, go to Section J2 **Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.**) No

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

Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section J3 **In-kind Donations not Considered Contributions** and complete required information for purchases made by host(s) for food, beverage and invitations) No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (If yes, go to Section J3 **In-kind Donations not Considered Contributions** and complete required information) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (If yes, go to Section J2 **Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.**) No

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

Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section J3 **In-kind Donations not Considered Contributions** and complete required information for purchases made by host(s) for food, beverage and invitations.) No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (If yes, go to Section J3 **In-kind Donations not Considered Contributions** and complete required information.) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (If yes, go to Section J2 **Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.**) No

II. FUNDRAISING ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
--------------------------	------------------------

J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of Purchaser Last Name (Individuals ONLY)	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received
Event #				
Items Purchased				
Name of Purchaser Last Name (Individuals ONLY)	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received
Event #				
Items Purchased				
Name of Purchaser Last Name (Individuals ONLY)	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received
Event #				
Items Purchased				
Name of Purchaser Last Name (Individuals ONLY)	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received
Event #				
Items Purchased				
Name of Purchaser Last Name (Individuals ONLY)	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received
Event #				
Items Purchased				
Name of Purchaser Last Name (Individuals ONLY)	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received
Event #				
Items Purchased				
Name of Purchaser Last Name (Individuals ONLY)	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received
Event #				
Items Purchased				
Name of Purchaser Last Name (Individuals ONLY)	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received
Event #				
Items Purchased				
SUBTOTAL Section J2-This Page				
TOTAL of additional Section J2 Pages				
TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS <i>(Enter total on Line 17 of Summary Page)</i>				

II. FUNDRAISING ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
--------------------------	------------------------

J3. In-Kind Donations Not Considered Contributions

Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation			Date Received	Event #	
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation			Date Received	Event #	
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation			Date Received	Event #	
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation			Date Received	Event #	
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation			Date Received	Event #	
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation			Date Received	Event #	
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation			Date Received	Event #	
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation			Date Received	Event #	
SUBTOTAL Section J3-This Page					
TOTAL of additional Section J3 Pages					
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 22 of Summary Page)					

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
--------------------------	------------------------

K. In-Kind Contributions

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution		Aggregate contributions		

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution		Aggregate contributions		

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution		Aggregate contributions		

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution		Aggregate contributions		

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution		Aggregate contributions		

SUBTOTAL Section K-This Page

TOTAL of additional Section K Pages

TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23 of Summary Page)

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

L. Refundable Deposit to Telephone Company

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

Total Section L (Enter total on Line 24 of Summary Page)

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
--------------------------	------------------------

**M. Non-Monetary Receipts of Organization Expenditures Made By
Legislative Leadership, Legislative Caucus, and Party Committee**

Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			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 (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			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 (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			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 (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			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 (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			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 (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			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 (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			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 (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		

Total Section M (Enter total on Line 25 of Summary Page)

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
--------------------------	------------------------

O. Campaign Expenses Paid by Candidate

Name of Payee (Name of Vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?	Amount
Street Address: STAPLES 98 WALLLEY AVE City: NEW HAVEN State: CT Zip Code: 06511	7/05/08	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	25.98
Purpose of Expenditure (by code): OVHD Description: PAPER TO PRINT FLIERS			
<hr/>			
Name of Payee (Name of Vendor who candidate paid directly)			
Street Address	City	State	Zip Code
Date of Payment			
Is Reimbursement Claimed?			
Event #			
<hr/>			
Name of Payee (Name of Vendor who candidate paid directly)			
Street Address	City	State	Zip Code
Date of Payment			
Is Reimbursement Claimed?			
Event #			
<hr/>			
Name of Payee (Name of Vendor who candidate paid directly)			
Street Address	City	State	Zip Code
Date of Payment			
Is Reimbursement Claimed?			
Event #			
<hr/>			
Name of Payee (Name of Vendor who candidate paid directly)			
Street Address	City	State	Zip Code
Date of Payment			
Is Reimbursement Claimed?			
Event #			
<hr/>			
Name of Payee (Name of Vendor who candidate paid directly)			
Street Address	City	State	Zip Code
Date of Payment			
Is Reimbursement Claimed?			
Event #			
<hr/>			
Name of Payee (Name of Vendor who candidate paid directly)			
Street Address	City	State	Zip Code
Date of Payment			
Is Reimbursement Claimed?			
Event #			
<hr/>			
Name of Payee (Name of Vendor who candidate paid directly)			
Street Address	City	State	Zip Code
Date of Payment			
Is Reimbursement Claimed?			
Event #			
<hr/>			
Name of Payee (Name of Vendor who candidate paid directly)			
Street Address	City	State	Zip Code
Date of Payment			
Is Reimbursement Claimed?			
Event #			
<hr/>			
Name of Payee (Name of Vendor who candidate paid directly)			
Street Address	City	State	Zip Code
Date of Payment			
Is Reimbursement Claimed?			
Event #			
<hr/>			
Name of Payee (Name of Vendor who candidate paid directly)			
Street Address	City	State	Zip Code
Date of Payment			
Is Reimbursement Claimed?			
Event #			
<hr/>			
Name of Payee (Name of Vendor who candidate paid directly)			
Street Address	City	State	Zip Code
Date of Payment			
Is Reimbursement Claimed?			
Event #			
<hr/>			
SUBTOTAL Section O-This Page			
TOTAL of additional Section O Pages			
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 27 of Summary Page)			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
--------------------------	------------------------

N. Expenses Paid by Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Street Address				Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
City	State	Zip Code		Description		Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name	Office Sought	\$

Name of Payee				Date of Payment	Method of Payment	Amount
Street Address				Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
City	State	Zip Code		Description		Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name	Office Sought	\$

Name of Payee				Date of Payment	Method of Payment	Amount
Street Address				Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
City	State	Zip Code		Description		Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name	Office Sought	\$

Name of Payee				Date of Payment	Method of Payment	Amount
Street Address				Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
City	State	Zip Code		Description		Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name	Office Sought	\$

Name of Payee				Date of Payment	Method of Payment	Amount
Street Address				Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
City	State	Zip Code		Description		Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name	Office Sought	\$

SUBTOTAL Section N-This Page

TOTAL of additional Section N Pages

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page)

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
--------------------------	------------------------

Q. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor		Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address		City	State Zip Code	
Purpose of Expenditure <small>(by code)</small>	Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <i>(If yes, complete candidate name and office sought)</i> <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
				S

Name of Creditor		Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address		City	State Zip Code	
Purpose of Expenditure <small>(by code)</small>	Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <i>(If yes, complete candidate name and office sought)</i> <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
				S

Name of Creditor		Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address		City	State Zip Code	
Purpose of Expenditure <small>(by code)</small>	Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <i>(If yes, complete candidate name and office sought)</i> <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
				S

Name of Creditor		Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address		City	State Zip Code	
Purpose of Expenditure <small>(by code)</small>	Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <i>(If yes, complete candidate name and office sought)</i> <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
				S

SUBTOTAL Section Q-This Page

TOTAL of additional Section Q Pages

TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID
(Enter total on Line 29 of Summary Page)

Previously reported Expenses Unpaid and still Outstanding +

TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID *(Enter total on Line 29a of Summary Page)*

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
--------------------------	------------------------

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant		Date of Payment	Method of Payment	Amount
Secondary Payee		Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes, complete candidate name and office sought</i>) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$
Name of Worker/Consultant		Date of Payment	Method of Payment	Amount
Secondary Payee		Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes, complete candidate name and office sought</i>) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$
Name of Worker/Consultant		Date of Payment	Method of Payment	Amount
Secondary Payee		Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes, complete candidate name and office sought</i>) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$
Name of Worker/Consultant		Date of Payment	Method of Payment	Amount
Secondary Payee		Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes, complete candidate name and office sought</i>) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$
SUBTOTAL Section R-This Page				
TOTAL of additional Section R Pages				
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS				

NAME OF COMMITTEE

FILING DUE DATE

S. Surplus Distribution of Equipment and Furniture

Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description of Item				
SUBTOTAL Section S				