

SEEC FORM 30

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

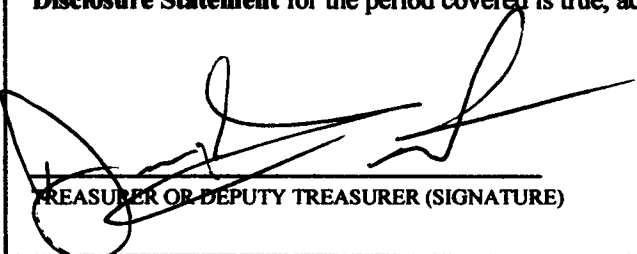


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 Official Use Only

SUMMARY PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE (Check 1)	
Committee to Elect Charles Blango				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
Title	First	MI	Last	Suffix	
	Jerry		Smart, Jr		
4. TREASURER ADDRESS					
Street Address		City	State	Zip Code	
425 Dixwell Avenue		New Haven	CT	06511	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)		7. DISTRICT NUMBER (if applicable)	
(mm/dd/yyyy) 08/12/2008		State Representative		94	
8. CANDIDATE NAME					
Title	First	MI	Last	Suffix	
	Charles	A.	Blango		
9. TYPE OF REPORT (Check One Box)					
<input type="checkbox"/> January 10 filing <input type="checkbox"/> April 10 filing <input type="checkbox"/> July 10 filing <input type="checkbox"/> October 10 filing		<input type="checkbox"/> 7th day preceding primary <input type="checkbox"/> 30 days following primary <input type="checkbox"/> 7th day preceding election <input type="checkbox"/> 45 days following special election		<input checked="" type="checkbox"/> Initial Itemized Statement accompanying application for Public Grant <input type="checkbox"/> Additional Itemized Statement in further support of application for Public Grant <input type="checkbox"/> Post Primary Itemized Statement accompanying request for General Election Grant	
				<input type="checkbox"/> Initial Supplemental Statement <input type="checkbox"/> Primary <input type="checkbox"/> Election <input type="checkbox"/> Deficit <input type="checkbox"/> Termination <input type="checkbox"/> Amendment to Type of Report:	
				<input type="checkbox"/> Supplemental Statement <input type="checkbox"/> Primary <input type="checkbox"/> Election <input type="checkbox"/> Declaration of Excess Receipts or Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> Election	
10. PERIOD COVERED					
Beginning Date		Ending Date			
April 7, 2008		thru June 23, 2008			
11. CERTIFICATION					
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
 TREASURER OR DEPUTY TREASURER (SIGNATURE)			Jerry Smart PRINT NAME OF SIGNER		DATE (mm/dd/yy)

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
Candidates for Statewide Offices and General Assembly
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 5/03

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SUMMARY PAGE
TOTALS

Committee to Elect Charles Blango		06/23/2008	
	COLUMN A This Period	COLUMN B Aggregate	
12. Balance on hand from day Committee was formed		\$0.00	
13. Balance on hand at the beginning of Reporting Period	\$0.00		
14. Contributions received from Individuals (Sections A and B)	\$5,210.16	\$5,210.16	
15. Receipts from Other Committees (Sections C1 +C2)	\$0.00	\$0.00	
16. Other Monetary Receipts (Sections D-I)	\$0.00	\$0.00	
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00	
18. Total Monetary Receipts (add totals for lines 14-17)	\$5,210.16	\$5,210.16	
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$0.00	\$0.00	
20. Expenses Paid by Committee (Section N)	\$0.00	\$0.00	
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both Columns)	\$0.00	\$0.00	
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00	
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00	
24. Refundable Deposit to Telephone Company (Section L)	\$120.00	\$120.00	
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00	
26. Beginning Loan Balance	\$0.00	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00	
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00	
26c. - Payments on Loan(s)	\$0.00	\$0.00	
26d. Total Outstanding Loan Amount	\$0.00	\$0.00	
27. Campaign Expenses Paid by Candidate (Section O)	\$200.00	\$200.00	
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00	
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00		
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00		

I. MONETARY RECEIPTS (Sections A-I)

Committee to Elect Charles Blango

July 1, 2008

\$

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
Solomon	Terrance		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0 8 0 1	
Residential Street Address		City	State	Zip Code	Date Received
74 Lyon Street		New Haven	CT	06511	4/30/08
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 #	
Administrator		Yale University			
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 \$ 100.00
					100.00
Amendola	Annemarie		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0 8 0 2	
Residential Street Address		City	State	Zip Code	Date Received
25 Roma Street		East Haven	CT	06512	4/22/08
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 #	
		Gateway College			
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 \$ 21.00
					21.00
Crespo	Melvin		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0 8 0 3	
Residential Street Address		City	State	Zip Code	Date Received
64 Deerwood Lane, #2		Waterbury	CT	06704	4/22/08
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 #	
Truancy Officer		New Haven Public Schools			
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
Friday	Annie Ruth		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0 8 0 4	
Residential Street Address		City	State	Zip Code	Date Received
373 Huntington Street		New Haven	CT	06511	4/22/08
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 #	
retired					
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
Slade	Reginald		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0 8 0 5	
Residential Street Address		City	State	Zip Code	Date Received
1665 Ella Grasso Blvd.		New Haven	CT	06511	4/22/08
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 #	
Truancy Officer		New Haven Public Schools			
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 \$ 25.00
					25.00
					171.00

I. MONETARY RECEIPTS (Sections A-I)

\$

Last Name		First	MI	Method of contribution:		Contribution ID #	Amount of Contribution
				<input type="checkbox"/> Cash	<input type="checkbox"/> Personal Check		
				<input type="checkbox"/> Money Order	<input type="checkbox"/> Credit/Debit Card		
St. Clair		Janice		<input type="checkbox"/> Cash	<input type="checkbox"/> Personal Check	0 8 0 6	10.00
Residential Street Address		City	State	Zip Code	Date Received		
377 Huntington Street		New Haven	CT	06511	4/22/08		
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	
secretary		New Haven Public Schools		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:				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"/> Yes <input checked="" type="checkbox"/> No		\$10.00	
Executive		Legislative					
Dupree		D'Andree		<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Personal Check	0 8 0 7	25.00
Residential Street Address		City	State	Zip Code	Date Received		
23 Ashford Street		West Haven	CT	06516	5/02/08		
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	
Truancy Officer		New Haven Public Schools		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:				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"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Executive		Legislative					
Redente, Sr.		Frank		<input type="checkbox"/> Cash	<input type="checkbox"/> Personal Check	0 8 0 8	100.00
Residential Street Address		City	State	Zip Code	Date Received		
542 Lombard Street		New Haven	CT	06513	4/24/08		
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	
Operations Director		Farnam House		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:				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"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Executive		Legislative					
Thorne		Eddie	L	<input type="checkbox"/> Cash	<input type="checkbox"/> Personal Check	0 8 0 9	50.00
Residential Street Address		City	State	Zip Code	Date Received		
208 Newhall Street		New Haven	CT	06511	4/25/08		
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	
Barber		self-employed		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:				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"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Executive		Legislative					
Conaway		Larry	D	<input type="checkbox"/> Cash	<input type="checkbox"/> Personal Check	0 8 1 0	25.00
Residential Street Address		City	State	Zip Code	Date Received		
231 Colony Road		New Haven	CT	06511	4/29/08		
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	
School Administrator		New Haven Public Schools		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:				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"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Executive		Legislative					
							210.00

I. MONETARY RECEIPTS (Sections A-I)

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Committee to Elect Charles Blंगe 6/3/2008
\$

Last Name Wright	First Arthur	MI I	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 8 1 1 1	Amount of Contribution
Residential Street Address 100 Sheffield Avenue		City New Haven	State CT	Zip Code 06511	Date Received 4/29/08	
Principal Occupation In School Suspension		Name of Employer New Haven Public Schools		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 #		25.00
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?		Aggregate contributions \$ 25.00		

Last Name Bryant	First Ramona	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 8 1 1 2	Amount of Contribution
Residential Street Address 31 Diamond Street		City New Haven	State CT	Zip Code 06515	Date Received 5/02/08	
Principal Occupation Teacher		Name of Employer New Haven Public Schools		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 #		25.00
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?		Aggregate contributions \$25.00		

Last Name DuHaney-Johnson	First Sandra	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 8 1 1 3	Amount of Contribution
Residential Street Address 120 Lamberton Street		City New Haven	State CT	Zip Code 06519	Date Received 4/30/08	
Principal Occupation Drug Prevention Worker		Name of Employer New Haven Public Schools		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 #		5.00
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?		Aggregate contributions \$ 5.00		

Last Name DuHaney-Johnson	First Sandra	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 8 1 1 3	Amount of Contribution
Residential Street Address 120 Lamberton Street		City New Haven	State CT	Zip Code 06519	Date Received 6/4/08	
Principal Occupation Drug Prevention Worker		Name of Employer New Haven Public Schools		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 #		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?		Aggregate contributions \$ 20.00		

Last Name Chappelle	First April	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 8 1 1 4	Amount of Contribution
Residential Street Address 197 Newhall Street		City New Haven	State CT	Zip Code 06511	Date Received 5/1/08	
Principal Occupation Office Secretary		Name of Employer HSB		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 #		100.00
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?		Aggregate contributions \$100.00		

						175.00

I. MONETARY RECEIPTS (Sections A-I)

Form 1 of 17

Committee to Elect Charles Blange

\$

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
Chappelle	Evelyn		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	08115	100.00
Residential Street Address	City	State	Zip Code	Date Received	
197 Newhall Street	New Haven	CT	06511	5/1/08	
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 #			
disabled	n/a				
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	
				\$100.00	
Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
Chappelle	Glenda		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	08116	100.00
Residential Street Address	City	State	Zip Code	Date Received	
10 Cassius Street	New Haven	Ct	06519	5/1/08	
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 #			
Customer Service	ATT				
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	
				\$100.00	
Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
Duff	Mia		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	08117	25.00
Residential Street Address	City	State	Zip Code	Date Received	
130 Lowin Avenue	New Haven	CT	06515	5/1/08	
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 #			
educator	New Haven Public Schools				
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	
				\$25.00	
Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
Garris	Martina	J	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	08118	100.00
Residential Street Address	City	State	Zip Code	Date Received	
321 Eastern St. A1202	New Haven	CT	06513	5/1/08	
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 #			
retired	n/a				
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	
				\$100.00	
Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
Linehan	Eamon		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	08119	15.00
Residential Street Address	City	State	Zip Code	Date Received	
88 Cold Spring Street	New Haven	CT	06511	5/1/08	
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 #			
artist	self				
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	
					250.00

I. MONETARY RECEIPTS (Sections A-F)

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I. MONETARY RECEIPTS (Sections A-F)						Page 3 of 17
						\$
Last Name: Spence-Linahan First: Deborah 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 #: 0 8 2 1 0 Amount of Contribution:						
Residential Street Address: 88 Cold Spring Street		City: New Haven State: CT Zip Code: 06511		Date Received: 5/1/08		
Principal Occupation: District Administrator		Name of Employer: New Haven Public Schools		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 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: \$100.00		100.00
Last Name: Taylor First: Edith 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 #: 0 8 2 1 1 Amount of Contribution:						
Residential Street Address: 55 Bassett Street		City: New Haven State: CT Zip Code: 06511		Date Received: 5/1/08		
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? 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: \$10.00		10.00
Last Name: Stephenson First: Sandra MI: P 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 #: 0 8 2 2 Amount of Contribution:						
Residential Street Address: 36 Elizabeth Road		City: Hamden State: CT Zip Code: 06514		Date Received: 5/2/08		
Principal Occupation: teacher		Name of Employer: New Haven Public Schools		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 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: \$100.00		100.00
Last Name: Sutton First: Cecil MI: R 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 8 2 3 Amount of Contribution:						
Residential Street Address: 6 Sheldon Terrace		City: New Haven State: CT Zip Code: 06511		Date Received: 5/2/08		
Principal Occupation: Truancy Officer		Name of Employer: New Haven Public Schools		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 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: \$25.00		25.00
Last Name: Carthens First: Earl 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 #: 0 8 2 4 Amount of Contribution:						
Residential Street Address: 60 Collins Street		City: Hamden State: CT Zip Code: 06514		Date Received: 5/5/08		
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? 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: \$25.00		25.00
						260.00

I. MONETARY RECEIPTS (Sections A-I)

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I. MONETARY RECEIPTS (Sections A-I)										Page 1 of 17		
										\$		
Last Name: Moses		First: Derrick		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 8 2 5		Amount of Contribution		
Residential Street Address: 333 Blake Streete			City: New Haven		State: CT	Zip Code: 06515		Date Received: 5/5/08				
Principal Occupation: worker		Name of Employer: Morris Paper			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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				<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: \$20.00		20.00		
Last Name: Sarfati		First: Melissa		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 8 2 6		Amount of Contribution		
Residential Street Address: 23 Village Road			City: Milford		State: CT	Zip Code: 06460		Date Received: 5/5/08				
Principal Occupation: Drug Prevention Worker		Name of Employer: New Haven Public Schools			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$25.00			
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				<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: \$25.00		25.00		
Last Name: Dupree		First: Andre		MI: C		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 8 2 7		Amount of Contribution		
Residential Street Address: 1 Campbell Avenue			City: West Haven		State: CT	Zip Code: 06516		Date Received: 5/6/08				
Principal Occupation: Educator		Name of Employer: New Haven Public Schools			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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				<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: \$20.00		20.00		
Last Name: Howard-Graves		First: Sylvia		MI: F.		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 8 2 8		Amount of Contribution		
Residential Street Address: 85 Brooklawn Circle			City: New Haven		State: CT	Zip Code: 06515		Date Received: 5/6/08				
Principal Occupation: Drug Prevention Worker		Name of Employer: New Haven Public Schools			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$25.00			
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				<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: \$25.00		25.00		
Last Name: Campbell		First: Bruce		MI: K		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 8 2 9		Amount of Contribution		
Residential Street Address: 9 Dorman Street			City: New Haven		State: CT	Zip Code: 06511		Date Received: 5/7/08				
Principal Occupation:		Name of Employer: State of Connecticut			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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				<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: \$10.00		10.00		
										100.00		

I. MONETARY RECEIPTS (Sections A-I)

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I. MONETARY RECEIPTS (Sections A-I)						Page 3 of 11
						\$
Last Name Sandman	First Bayla	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 8 3 0	Date Received 5/10/08	Amount of Contribution
Residential Street Address 150 Dyer Street		City New Haven	State CT	Zip Code 06511		
Principal Occupation Student		Name of Employer		Is this contribution associated with a fundraising event listed in Section 31? <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
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		50.00
Last Name Stewart	First Deborah	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 # 0 8 3 1	Date Received 5/10/08	Amount of Contribution
Residential Street Address 44 Russell Street		City New Haven	State CT	Zip Code 06511		
Principal Occupation Day Care		Name of Employer self		Is this contribution associated with a fundraising event listed in Section 31? <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		50.00
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		15.00
Last Name Tyson	First Alfonza	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 8 3 2	Date Received 5/10/08	Amount of Contribution
Residential Street Address 164 Newhall Street		City New Haven	State CT	Zip Code 06511		
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section 31? <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 \$15.00		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		15.00
Last Name Tyson	First Jessica	MI C	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 8 3 3	Date Received 5/10/08	Amount of Contribution
Residential Street Address 164 Newhall Street		City New Haven	State CT	Zip Code 06511		
Principal Occupation Sales		Name of Employer J.C.Penney		Is this contribution associated with a fundraising event listed in Section 31? <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 \$15.00		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		15.00
Last Name Tyson	First Julian	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 8 3 4	Date Received 5/10/08	Amount of Contribution
Residential Street Address 164 Newhall Street		City New Haven	State CT	Zip Code 06511		
Principal Occupation military		Name of Employer US Government		Is this contribution associated with a fundraising event listed in Section 31? <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 \$15.00		15.00
						105.00

I. MONETARY RECEIPTS (Sections A-I)

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Last Name Tyson	First Lois	MI A	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0 8 3 5	Amount of Contribution
Residential Street Address 164 Newhall Street		City New Haven	State CT	Zip Code 06511	Date Received 5/10/08
Principal Occupation Prog Dir.		Name of Employer Hill Health Center		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 <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 \$15.00	15.00
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Last Name Topp	First Wayne	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0 8 3 6	Amount of Contribution
Residential Street Address 110 Welton Street		City New Haven	State CT	Zip Code 06511	Date Received 5/10/08
Principal Occupation self-employed		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? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 \$15.00	15.00
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Last Name Lehtonen	First Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0 8 3 7	Amount of Contribution
Residential Street Address 76 Westerleigh Rd		City New Haven	State CT	Zip Code 06515	Date Received 5/11/08
Principal Occupation Test Mechanic		Name of Employer Sikorsky Aircraft		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 <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 \$25.00	25.00
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Last Name Babb	First Carl	MI S	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0 8 3 8	Amount of Contribution
Residential Street Address 556 Winthrop Avenue		City New Haven	State CT	Zip Code 06511	Date Received 5/11/2008
Principal Occupation Principal		Name of Employer New Haven Public Schools		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 <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 \$25.00	25.00
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Last Name Dorsey, Jr.	First Norman	MI L	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0 8 3 9	Amount of Contribution
Residential Street Address 95 Norton Pkwy		City New Haven	State CT	Zip Code 06511	Date Received 5/12/08
Principal Occupation Journeyman		Name of Employer D & D Contractors		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 <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 \$15.00	15.00
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	95.00
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I. MONETARY RECEIPTS (Sections A-I)

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Last Name Edwards		First Alice		MI X		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 8 4 0		Amount of Contribution		
Residential Street Address 162 Sheffield Avenue			City New Haven		State CT		Zip Code 06511		Date Received 5/12/08			
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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" 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 \$ 5.00		\$ 5.00		
Last Name Edwards		First Duane		MI X		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 # 8 4 1		Amount of Contribution		
Residential Street Address 162 Sheffield Avenue			City New Haven		State CT		Zip Code 06511		Date Received 5/12/08			
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? 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 \$ 5.00		5.00		
Last Name Grear		First Cherry		MI X		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 8 4 2		Amount of Contribution		
Residential Street Address 162 Sheffield Ave			City New Haven		State CT		Zip Code 06511		Date Received 5/12/08			
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? 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 \$ 5.00		5.00		
Last Name Grear		First Dwane		MI E		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 8 4 3		Amount of Contribution		
Residential Street Address 162 Sheffield Avenue			City New Haven		State CT		Zip Code 06511		Date Received 5/12/08			
Principal Occupation contractor			Name of Employer Resource Construction			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 checked="" 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 \$ 5.00		5.00		
Last Name Grear		First Shra		MI X		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 8 4 4		Amount of Contribution		
Residential Street Address 162 Sheffield Avenue			City New Haven		State CT		Zip Code 06511		Date Received 5/12/08			
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? 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 \$ 5.00		5.00		
										25.00		

I. MONETARY RECEIPTS (Sections A-I)

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						\$					
Last Name: Oliver		First Name: Mark		MID		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 # 0845		Amount of Contribution	
Residential Street Address: 89 James Street		City: New Haven		State: CT		Zip Code: 06513		Date Received: 5/12/08			
Principal Occupation: Electrician		Name of Employer: Splice Right Electric (self)		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$25.00		25.00	
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 <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: Kimber		First Name: Shevalle		MID: T		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 # 0846		Amount of Contribution	
Residential Street Address: 47 Stevenson Road		City: New Haven		State: CT		Zip Code: 06515		Date Received: 5/13/08			
Principal Occupation:		Name of Employer:		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$100.00		100.00	
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 <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: Medley		First Name: Mary		MID		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 # 0847		Amount of Contribution	
Residential Street Address: 785 Grand Avenue		City: New Haven		State: CT		Zip Code: 06511		Date Received: 5/14/08			
Principal Occupation: retired		Name of Employer:		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$15.00		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 <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: Sandman		First Name: Mordechai		MID		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 # 0848		Amount of Contribution	
Residential Street Address: 145 Colony Road		City: New Haven		State: CT		Zip Code: 06511		Date Received: 5/14/08			
Principal Occupation: Manager		Name of Employer: Deitsch Plastic Co.		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$50.00		50.00	
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 <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: Dorsey, Sr.		First Name: Norman		MID: L		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 # 0849		Amount of Contribution	
Residential Street Address: 1579 State Street		City: New Haven		State: CT		Zip Code: 06511		Date Received: 5/12/08			
Principal Occupation: Environmental Associate		Name of Employer: Yale New Haven Hospital		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$15.00		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 <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							
										205.00	

I. MONETARY RECEIPTS (Sections A-I)

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Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution	
Fox	Michael	A	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0 8 5 1 0	25.00	
Residential Street Address 530-538 Norton Parkway		City New Haven	State CT	Zip Code 06511		Date Received 5/15/08
Principal Occupation Mentor Coordinator		Name of Employer New Haven Public Schools Foundation		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 \$25.00		
Moore-Fox	Lisa		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0 8 5 1	25.00	
Residential Street Address 536-538 Norton Parkway		City New Haven	State CT	Zip Code 06511		Date Received 5/15/08
Principal Occupation Exec. Admin. Asst.		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? 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 \$25.00		
Smith	Carolyn	C	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0 8 5 2	50.00	
Residential Street Address 110 Stevenon Road		City New Haven	State CT	Zip Code 06515		Date Received 5/16/08
Principal Occupation retired teacher		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 \$50.00		
Gray	Duregh		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0 8 5 3	5.00	
Residential Street Address 373 Huntington Street		City New Haven	State CT	Zip Code 06511		Date Received 5/17/08
Principal Occupation		Name of Employer Shaw's Supermarket		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		
Robinson	Tristan		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0 8 5 4	5.00	
Residential Street Address 597 Whalley Avenue		City New Haven	State CT	Zip Code 06511		Date Received 5/17/08
Principal Occupation Longshoreman		Name of Employer Sea Support		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		
					110.00	

I. MONETARY RECEIPTS (Sections A-I)

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						\$		
Last Name Spencer		First Ronald		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 # 0181515		Amount of Contribution
Residential Street Address 164 Shepard Street		City Hamden		State CT Zip Code 06517		Date Received 5/17/08		
Principal Occupation Painter		Name of Employer self		Is this contribution associated with a fundraising event listed in Section 31? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Aggregate contributions \$ 5.00		5.00
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		<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 St. Clair		First Javon		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 # 0181516		Amount of Contribution
Residential Street Address 373 Huntington Street		City New Haven		State CT Zip Code 06511		Date Received 5/17/08		
Principal Occupation self		Name of Employer self		Is this contribution associated with a fundraising event listed in Section 31? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Aggregate contributions \$ 5.00		5.00
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		<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 Taylor		First Karen		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 # 0857		Amount of Contribution
Residential Street Address 43 Adeline Street		City New Haven		State CT Zip Code 06519		Date Received 5/17/08		
Principal Occupation Housewife		Name of Employer self		Is this contribution associated with a fundraising event listed in Section 31? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Aggregate contributions \$ 5.00		5.00
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		<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 Hauser		First Debra		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 # 0858		Amount of Contribution
Residential Street Address 396 Livingston Street		City New Haven		State CT Zip Code 06511		Date Received 5/18/08		
Principal Occupation President & CEO		Name of Employer Ct. Weight & Wellness		Is this contribution associated with a fundraising event listed in Section 31? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Aggregate contributions \$100.00		100.00
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		<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 Thorne, Jr		First Robert		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 # 0859		Amount of Contribution
Residential Street Address 60 Hillview Avenue		City Hamden		State CT Zip Code 06514		Date Received 5/18/08		
Principal Occupation Barber		Name of Employer Mr. Eddie's		Is this contribution associated with a fundraising event listed in Section 31? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Aggregate contributions \$ 25.00		25.00
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		<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				
								140.00

I. MONETARY RECEIPTS (Sections A-I)

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Last Name Bell	First Sheila Allen	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 8 6 0	Amount of Contribution
Residential Street Address 922 Quinnipiac Ave., Unit 3		City New Haven	State CT	Zip Code 06513	Date Received 5/20/08
Principal Occupation Administrator		Name of Employer Housing Authority-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? 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 \$ 25.00

Last Name Sokolow	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 # 0 8 6 1	Amount of Contribution
Residential Street Address 25 Woodside Terrace		City New Haven	State CT	Zip Code 06515	Date Received 5/21/08
Principal Occupation Physician		Name of Employer Radiology Group PC		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 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 \$ 50.00

Last Name Alicea	First Sujey	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 8 6 2	Amount of Contribution
Residential Street Address 70 Crofton Street		City New Haven	State CT	Zip Code 06513	Date Received 5/22/08
Principal Occupation Youth Program		Name of Employer Catholic Charities		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 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 \$ 5.00

Last Name Bidon	First Cory	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 8 6 3	Amount of Contribution
Residential Street Address 196 James Street		City New Haven	State CT	Zip Code 06513	Date Received 5/22/08
Principal Occupation printer		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 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 \$ 5.00

Last Name Bidon	First Jean	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 8 6 4	Amount of Contribution
Residential Street Address 114 Blatchley Avenue		City New Haven	State CT	Zip Code 06513	Date Received 5/22/08
Principal Occupation Dressman		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? 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 \$ 5.00

	90.00

I. MONETARY RECEIPTS (Sections A-J)

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Last Name Bonilla	First Brenda	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 8 6 1 5	Amount of Contribution
Residential Street Address 486 Woodward ave.		City New Haven	State CT	Zip Code 06513	Date Received 5/22/08
Principal Occupation Receptionist		Name of Employer Jeffrey Lames		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 \$5.00	5.00
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Last Name Quinonos	First Natalie	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 8 6 6	Amount of Contribution
Residential Street Address 56 Springside st.		City New Haven	State CT	Zip Code 06515	Date Received 5/22/08
Principal Occupation Receptionist		Name of Employer Catholie Charties		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 \$5.00	5.00
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Last Name Weiner T.	First Gerald	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 8 6 1 7	Amount of Contribution
Residential Street Address 15 Bishop Dr.		City Woodbridge	State CT.	Zip Code 06525	Date Received 5/22/08/
Principal Occupation Lawyer		Name of Employer Weinstein, Weiner		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 \$25.00	25.00
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Last Name Dubois- Walton	First Karen	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 8 6 8	Amount of Contribution
Residential Street Address 58 Powl St.		City New Haven	State CT	Zip Code 06513	Date Received 5/23/08
Principal Occupation NA		Name of Employer Housing Authority NH		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 \$50.00	50.00
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Last Name Duff	First Anthony	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 8 6 9	Amount of Contribution
Residential Street Address 130 Lowin Ave.		City New Haven	State CT	Zip Code 06515	Date Received 5/21/08
Principal Occupation Police Officer		Name of Employer New Haven Police Dept.		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 \$25.00	25.00
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	110.00
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I. MONETARY RECEIPTS (Sections A-F)

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Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution	
Walker	James		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0,870	25.00	
Residential Street Address		City	State	Zip Code		Date Received
423 Dixwell Ave.		New Haven	CT	06513		5/23/08
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 #		
Social Services						
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	
					\$25.00	
Ross-lee	Carolyn		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0,871	5.00	
Residential Street Address		City	State	Zip Code		Date Received
214 Central Ave.		New Haven	CT	06515		5/05/08
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 #		
Community Liaison		New Haven Public Schools				
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	
Buranno	Chastine		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0,872	100.00	
Residential Street Address		City	State	Zip Code		Date Received
101 Orange ST. # 240		New Haven	CT	06510		5/26/08
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 #		
Deputy EDA		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	
					\$100.00	
Murphy	Kelley		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0,873	100.00	
Residential Street Address		City	State	Zip Code		Date Received
66 Perkins St.		New Haven	CT	06513		5/26/08
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 #		
EDA		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 type="checkbox"/> No		Aggregate contributions	
					\$100.00	
Dwait D.	Grant		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0,874	50.00	
Residential Street Address		City	State	Zip Code		Date Received
152 Mitchell Dr.		New Haven	Ct	06511		5/27/08
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 #		
NA		NA				
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	
					\$50.00	
					280.00	

I. MONETARY RECEIPTS (Sections A-I)

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\$

Last Name		First		MI		Method of contribution:		Contribution ID #		Amount of Contribution
						<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card				
Smuts		Robert						0 8 7 1 5		100.00
Residential Street Address 22 Hobart St.		City New Haven		State CT		Zip Code 06511		Date Received 5/27/08		
Principal Occupation Chief Adim Officer		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? If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <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		
Rodriguz		Sergio						0 8 7 6		100.00
Residential Street Address 142 Judwin ave.		City New Haven		State CT		Zip Code 06515		Date Received 5/28/08		
Principal Occupation Unemployed		Name of Employer NA						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"/> Yes <input checked="" type="checkbox"/> No <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		
Pesole P.		Loyyd						0 8 7 7		5.00
Residential Street Address 142 Henry St.		City New Haven		State CT		Zip Code 06514		Date Received 5/29/08		
Principal Occupation NA		Name of Employer NA						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"/> Yes <input checked="" type="checkbox"/> No <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		
Marks L.		Betty						0 8 7 8		15.00
Residential Street Address 22 Dickerman St.		City New Haven		State CT		Zip Code 06511		Date Received 5/30/08		
Principal Occupation Supervisor		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"/> Yes <input checked="" type="checkbox"/> No <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		
Marks		Zane						0 8 7 9		15.00
Residential Street Address 123 Westerleigh Rd.		City New Haven		State CT		Zip Code 06515		Date Received 5/30/08		
Principal Occupation Human service		Name of Employer Community solutions Inc.						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"/> Yes <input checked="" type="checkbox"/> No <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		
										235.00

I. MONETARY RECEIPTS (Sections A-J)

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I. MONETARY RECEIPTS (Sections A-J)						Page 2 of 17
						\$
Last Name: Marks First: Jowanna 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 #: 0880 Amount of Contribution:						
Residential Street Address: 123 Westerleigh Rd.		City: New Haven State: CT Zip Code: 06515		Date Received: 5/30/08		
Principal Occupation: Epi Specialist		Name of Employer: Yale NH 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? 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: \$15.00		
15.00						
Last Name: Rogers First: Margaret 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 #: 0881 Amount of Contribution:						
Residential Street Address: 75 Lyon St.		City: New Haven State: CT Zip Code: 06511		Date Received: 5/30/08		
Principal Occupation: Program Director		Name of Employer: Community Mediation		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 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: \$25.00		
25.00						
Last Name: Sepulvida First: Michelle 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 #: 0882 Amount of Contribution:						
Residential Street Address: 27 Rock Creek Rd.		City: New Haven State: CT Zip Code: 06515		Date Received: 5/30/08		
Principal Occupation: Drop out Prevention		Name of Employer: Board of Education		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 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: \$25.00		
25.00						
Last Name: Taylor First: Challis 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 #: 0883 Amount of Contribution:						
Residential Street Address: 34 Adeline St.		City: New Haven State: CT Zip Code: 06513		Date Received: 5/30/08		
Principal Occupation: Construction		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 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: \$5.00		
5.00						
Last Name: Taylor First: Kaiwayn 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 #: 0884 Amount of Contribution:						
Residential Street Address: 34 Adeline St.		City: New Haven State: CT Zip Code: 06513		Date Received: 5/30/08		
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? 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: \$5.00		
5.00						
75.00						

I. MONETARY RECEIPTS (Sections A-J)

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\$

Last Name		First		MI		Method of contribution:		Contribution ID #		Amount of Contribution
						<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 checked="" type="checkbox"/> No		Aggregate contributions \$5.00		5.00
Outlaw		Loretta				<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		0 8 8 5		
45 Sheppard st.		New Haven		CT		06511		5/31/08		
NA		NA						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 \$5.00		
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 \$5.00		5.00		
Eyzaguirre B.		Carlos				<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		0 8 8 6		
34 Lyon St.		New Haven		CT		06511		6/11/08		
Neighborhood Seialist		City of 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 \$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		10.00		
Eyzaguirre B.		Carlos				<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		0 8 8 7		
33 Lyon St. #3		New Haven		CT		06511		6/11/08		
Business Director		City of 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 \$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		10.00		
Smart		Elaine				<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		0 8 8 8		
1 Lyon st.		New Haven		CT		06511		6/1/08		
adjustment clerk		Check free						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 \$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		10.00		
Smart		Michael		B		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		0 8 8 9		
1 Lyon st.		New Haven		CT		06511		6/1/08		
realestate		selfemployed						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 \$50.00		
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 \$50.00		50.00		
										85.00

I. MONETARY RECEIPTS (Sections A-I)

\$

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
St. John	Inez		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0 8 9 10	5.00
Residential Street Address		City	State	Zip Code	
264 New Hall st.		New Haven	CT	06511	6/1/08
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section 31? If yes, list Event #	
Retired				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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:			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
Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
Aderson E.	Ruth		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0 8 9 1	5.00
Residential Street Address		City	State	Zip Code	
380 huntintun st.		New Haven	CT	06511	6/2/08
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section 31? If yes, list Event #	
NA		NA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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:			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
Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
Atkinson	Ronald		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0 8 9 2	20.00
Residential Street Address		City	State	Zip Code	
226 Fountain st.		New Haven	CT	06515	6/2/08
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section 31? If yes, list Event #	
Truent Officer		NHPS		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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:			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		\$20.00
Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
Clark T.	Frances		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0 8 9 3	50.00
Residential Street Address		City	State	Zip Code	
320 Audobon court		New Haven	CT	06511	6/2/08
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section 31? If yes, list Event #	
Self employed				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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:			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		\$50.00
Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
Goldfield	Carl		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	0 8 9 4	50.00
Residential Street Address		City	State	Zip Code	
25 Boydon bd.		New Haven	CT	06511	6/2/08
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section 31? If yes, list Event #	
Attorney		Self employed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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:			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		\$50.00
					130.00

I. MONETARY RECEIPTS (Sections A-I)

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\$

Last Name		First	MI	Method of contribution:		Contribution ID #	Amount of Contribution
Henley		Tamika		<input type="checkbox"/> Cash	<input type="checkbox"/> Personal Check	0 8 9 5	25.00
Residential Street Address		City	State	Zip Code	Date Received		
1 Broweny sq. # T105		New Haven	CT	06513	6/2/08		
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			
NA		NA		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 \$25.00	
Mayo		Carlotta		<input type="checkbox"/> Cash	<input type="checkbox"/> Personal Check	0 8 9 6	5.00
Residential Street Address		City	State	Zip Code	Date Received		
380 Huntington st.		New Haven	CT	06511	6/2/08		
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			
Teacher		St. Rita Day Care		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 \$5.00	
Smart		Marcia		<input type="checkbox"/> Cash	<input type="checkbox"/> Personal Check	0 8 9 7	10.00
Residential Street Address		City	State	Zip Code	Date Received		
101 Ivy st.		New Haven	CT	06511	6/2/08		
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			
Mail Clerk		Covidien		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 \$10.00	
Urbina		Ekein		<input type="checkbox"/> Cash	<input type="checkbox"/> Personal Check	0 8 9 8	25.00
Residential Street Address		City	State	Zip Code	Date Received		
8 Donald st.		West Haven	CT	06516	6/18/08		
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			
Drug prevention		NHPS		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 \$25.00	
Voigt		Blarrose		<input type="checkbox"/> Cash	<input type="checkbox"/> Personal Check	0 8 9 9	10.00
Residential Street Address		City	State	Zip Code	Date Received		
28 Pelham Lyn.		New Haven	CT	06511	6/2/08		
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			
NA		NA		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 \$10.00	
							75.00

I. MONETARY RECEIPTS (Sections A-J)

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\$

Last Name		First	MI	Method of contribution:		Contribution ID #	Amount of Contribution
				<input type="checkbox"/> Cash	<input type="checkbox"/> Personal Check		
				<input type="checkbox"/> Money Order	<input type="checkbox"/> Credit/Debit Card		
Voigt L.		Susan		<input type="checkbox"/> Cash	<input type="checkbox"/> Personal Check	8 1 0 0	25.00
Residential Street Address		City	State	Zip Code	Date Received		
28 Pelham Lyn.		New Haven	CT	06511	6/2/08		
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			
Bus mgr.		Yale U		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 \$25.00	
Last Name		First	MI	Method of contribution:		Contribution ID #	Amount of Contribution
				<input type="checkbox"/> Cash	<input type="checkbox"/> Personal Check		
				<input type="checkbox"/> Money Order	<input type="checkbox"/> Credit/Debit Card		
Jenkins		Jamie		<input type="checkbox"/> Cash	<input type="checkbox"/> Personal Check	8 1 0 1	25.00
Residential Street Address		City	State	Zip Code	Date Received		
1 Wayfare Street		New Haven	CT	06515	6/3/08		
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			
Cashier		McDonalds		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 \$25.00	
Last Name		First	MI	Method of contribution:		Contribution ID #	Amount of Contribution
				<input type="checkbox"/> Cash	<input type="checkbox"/> Personal Check		
				<input type="checkbox"/> Money Order	<input type="checkbox"/> Credit/Debit Card		
Bombero		Rebecca		<input type="checkbox"/> Cash	<input type="checkbox"/> Personal Check	8 1 0 2	10.00
Residential Street Address		City	State	Zip Code	Date Received		
196 Foster st. # 1		New Haven	CT	06511	6/5/08		
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			
Mng. Analyst		City of New Haven		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 \$10.00	
Last Name		First	MI	Method of contribution:		Contribution ID #	Amount of Contribution
				<input type="checkbox"/> Cash	<input type="checkbox"/> Personal Check		
				<input type="checkbox"/> Money Order	<input type="checkbox"/> Credit/Debit Card		
Matteson		Shawn		<input type="checkbox"/> Cash	<input type="checkbox"/> Personal Check	8 1 0 3	100.00
Residential Street Address		City	State	Zip Code	Date Received		
318 Front st.		New Haven	CT	06513	6/3/08		
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			
Chief of staff		City of New Haven		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 \$100.00	
Last Name		First	MI	Method of contribution:		Contribution ID #	Amount of Contribution
				<input type="checkbox"/> Cash	<input type="checkbox"/> Personal Check		
				<input type="checkbox"/> Money Order	<input type="checkbox"/> Credit/Debit Card		
Santana		Rosa		<input type="checkbox"/> Cash	<input type="checkbox"/> Personal Check	8 1 0 4	25.00
Residential Street Address		City	State	Zip Code	Date Received		
39 Clifan st.		New Haven	CT	06513	6/3/08		
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			
Portfolio Admin		New Haven Bank		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 \$25.00	
							185.00

I. MONETARY RECEIPTS (Sections A-I)

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\$

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
Segaloff	James	H	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	8 1 0 5	100.00
Residential Street Address	City	State	Zip Code	Date Received	
200 Fountain st	New Haven	CT	06515	6/3/08	
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			
Attorney	Sulman, Duffy	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	
				\$100.00	
Sherard	Derrick		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	8 1 0 6	10.00
Residential Street Address	City	State	Zip Code	Date Received	
1 Wayfrane	New Haven	CT	06515	6/3/08	
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			
NA	NA	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	
				\$10.00	
Smith	Coy		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	8 1 0 7	5.00
Residential Street Address	City	State	Zip Code	Date Received	
8 Goodyear st.	New Haven	CT	06511	6/4/08	
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			
Retired		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	
				\$ 5.00-	
Arreola	Adriana		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	8 1 0 8	10.00
Residential Street Address	City	State	Zip Code	Date Received	
20 Hobart st	New Haven	CT	06511	6/4/08	
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			
coordinator	City of NH	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	
				\$ 10.00	
Baker	Keyona		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	8 1 0 9	25.00
Residential Street Address	City	State	Zip Code	Date Received	
225 Winchester Ave.	New Haven	CT	06511	6/4/08	
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			
Teacher	Catholic Charities step ahead	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	
				\$ 25.00	
					150.00

I. MONETARY RECEIPTS (Sections A-I)

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\$

Last Name		First	MI	Method of contribution:		Contribution ID #	Amount of Contribution
Cox		Kelly		<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Personal Check	8, 1, 1, 0	
Residential Street Address		City	State	Zip Code	Date Received		
635 Elm st.		New Haven	CT	06511	6/4/08		
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			
		Yale		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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions	5.00
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"/> X						\$ 5.00	
Last Name		First	MI	Method of contribution:		Contribution ID #	Amount of Contribution
Epps T.		George		<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Personal Check	8 1 1 1	
Residential Street Address		City	State	Zip Code	Date Received		
442 Wichester Ave.		New Haven	CT	06515	6/4/08		
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			
Retired				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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions	5.00
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"/> X						\$ 5.00	
Last Name		First	MI	Method of contribution:		Contribution ID #	Amount of Contribution
Grand		Terrance		<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Personal Check	8: 1: 1: 2	
Residential Street Address		City	State	Zip Code	Date Received		
52 Howe st. #334		New Haven	CT	06511	6/4/08		
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			
NA		NA		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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions	10.00
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"/> X						\$10.00	
Last Name		First	MI	Method of contribution:		Contribution ID #	Amount of Contribution
Hoke		Rosemary		<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Personal Check	8 1 1 3	
Residential Street Address		City	State	Zip Code	Date Received		
810 Orchard st. #304		New Haven	CT	06511	6/4/08		
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			
NA		NA		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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions	10.00
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"/> X						\$10.00	
Last Name		First	MI	Method of contribution:		Contribution ID #	Amount of Contribution
Jackson		Jaychelle		<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Personal Check	8, 1, 1, 4	
Residential Street Address		City	State	Zip Code	Date Received		
47 Greenwood Street		New Haven	CT	06519	6/5/08		
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			
		Primeir Hotel		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				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions	10.00
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"/> X						\$10.00	
							40.00

I. MONETARY RECEIPTS (Sections A-I)

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\$

Last Name		First		MI		Method of contribution:		Contribution ID #		Amount of Contribution	
Lewis		Darren				<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		8 1 1 5		50.00	
Residential Street Address 217 park Rd.		City Hamden		State CT		Zip Code 06517		Date Received 6/4/08			
Principal Occupation Yale NH Hospital		Name of Employer				Is this contribution associated with a fundraising event listed in Section JI? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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"/> 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 \$50.00	
Last Name Matehey		First Shelley				<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		8 1 1 6		5.00	
Residential Street Address 165 Atwater st.		City New Haven		State CT		Zip Code 06513		Date Received 6/4/08			
Principal Occupation NA		Name of Employer NA				Is this contribution associated with a fundraising event listed in Section JI? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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"/> 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 \$ 5.00	
Last Name Milles		First Mickevia				<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		8 1 1 7		15.00	
Residential Street Address 1476 Chape; st. # 203		City New Haven		State CT		Zip Code 06511		Date Received 6/4/08			
Principal Occupation Housekeeping		Name of Employer Yale NH Hospital				Is this contribution associated with a fundraising event listed in Section JI? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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"/> 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 \$ 15.00	
Last Name Moore		First George				<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		8 1 1 8		10.00	
Residential Street Address 22 Wharton st.		City West Haven		State CT		Zip Code		Date Received 6/4/08			
Principal Occupation Env. Ser.		Name of Employer Yale NH Hospital				Is this contribution associated with a fundraising event listed in Section JI? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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"/> 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 \$10.00	
Last Name Myrick		First Jamarr				<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		8 1 1 9		5.00	
Residential Street Address T Brewery Sq. Apt T-103		City New Haven		State CT		Zip Code 06313		Date Received 6/4/08			
Principal Occupation		Name of Employer City of NH				Is this contribution associated with a fundraising event listed in Section JI? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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"/> 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 \$5.00	
										85.00	

I. MONETARY RECEIPTS (Sections A-I)

\$

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
			<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		
Residential Street Address			State	Zip Code	Date Received
Lodgeria			CT	06511	6/4/08
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 #
EA			Yale NH Hospital		
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 \$25.00
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 <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 \$25.00
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 <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 \$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 <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 \$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 <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 \$5.00
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 <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 \$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 <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 \$10.00
					80.00

I. MONETARY RECEIPTS (Sections A-I)

	\$
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Last Name Campbell	First Louis	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 # 8 1 2 1 5	Amount of Contribution
Residential Street Address 109 colony rd.		City New Haven	State CT	Zip Code 06511	Date Received 07/15/08
Principal Occupation Socail Dev. Staff		Name of Employer NHPS		Is this contribution associated with a fundraising event listed in Section JI? <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 \$50.00	50.00

Last Name Damiani	First Maria	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 # 8 1 2 6	Amount of Contribution
Residential Street Address 123 Marvel Rd.		City New Haven	State CT	Zip Code 06515	Date Received 6/5/08
Principal Occupation Program Director		Name of Employer City of New Haven		Is this contribution associated with a fundraising event listed in Section JI? <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 \$ 25.00	25.00

Last Name Gomes	First Elliot	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 # 8 1 2 7	Amount of Contribution
Residential Street Address 200 Brookside Ave., # 33		City New Haven	State CT	Zip Code 06515	Date Received 6/5/08
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section JI? <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 \$ 5.00	5.00

Last Name Hill	First Estrella	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 # 8 1 2 8	Amount of Contribution
Residential Street Address 49 Mead Street		City New Haven	State CT	Zip Code 06511	Date Received 6/11/08
Principal Occupation n/a		Name of Employer		Is this contribution associated with a fundraising event listed in Section JI? <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 \$ 20.00	20.00

Last Name Jackson	First Carolyn	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 # 8 1 2 9	Amount of Contribution
Residential Street Address 122 Lambertson St.		City New Haven	State CT	Zip Code 06519	Date Received 6/5/08
Principal Occupation		Name of Employer New Haven Bd of Ed		Is this contribution associated with a fundraising event listed in Section JI? <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 \$ 20.00	20.00

					120.00

I. MONETARY RECEIPTS (Sections A-I)

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Committee to Elect Charles Blango

July 2008

\$

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution	
Jackson	Daily		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	8:1:3:10	5.00	
Residential Street Address		City	State	Zip Code		Date Received
47 Greenwood Street		New Haven	CT	06519		6/5/08
Principal Occupation unemployed		Name of Employer		Is this contribution associated with a fundraising event listed in Section JI? <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	
Jackson	Gloria		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	8:1:3:11	10.00	
Residential Street Address		City	State	Zip Code		Date Received
47 Greenwood Street		New Haven	CT	06519		6/5/08
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section JI? <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	
Jones	Shirley		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	8:1:3:12	5.00	
Residential Street Address		City	State	Zip Code		Date Received
174 Henry Street		New Haven	CT	06511		6/5/08
Principal Occupation retired		Name of Employer		Is this contribution associated with a fundraising event listed in Section JI? <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	
Knight	Lettie		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	8:1:3:13	10.00	
Residential Street Address		City	State	Zip Code		Date Received
63 Mead Street		New haven	CT	06511		6/5/08
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section JI? <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	
Lane	Robena		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	8:1:3:14	20.00	
Residential Street Address		City	State	Zip Code		Date Received
21 Mead Street		New Haven	CT	06511		6/5/08
Principal Occupation retired		Name of Employer		Is this contribution associated with a fundraising event listed in Section JI? <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	
					50.00	

I. MONETARY RECEIPTS (Sections A-I)

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Committee to Elect Charles Blango

\$

Last Name		First		MI		Method of contribution:		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 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				
Murphy		Josephine				<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		8 1 3 5		5.00
489 Elm Street		New Haven		CT		06515		6/5/08		
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				
Parker		Janet		R		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		8 1 3 6		100.00
190 Wooster St. #8		New Haven		CT		06511		6/5/08		
Records Clerk		Gateway Comm. Coll.								
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				
Parker		Janette		J		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		8 1 3 7		100.00
315 Eastern St. D1512		New Haven		CT		06511		6/5/08		
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				
						\$ 100.00				
Poindexter		Dawn				<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		8 1 3 8		25.00
28 Faun Ridge Drive		Hamden		CT		06514		6/4/08		
Supervisor		Yale New Haven Hospital								
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				
						\$ 25.00				
Richards		Audrey				<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		8 1 3 9		10.00
16 Cassius Street		New Haven		CT		06519		6/5/08		
CNA										
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				
										240.00

I. MONETARY RECEIPTS (Sections A-I)

	\$
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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 <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 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	
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 <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 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	
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 <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 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	
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 <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 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	
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 <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 type="checkbox"/> No		Aggregate contributions	

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I. MONETARY RECEIPTS (Sections A-I)

Page 1 of 17

Committee to Elect Charles Blango

\$

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
Roberson	Lynn		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	8140	5.00
Residential Street Address		City	State	Zip Code	Date Received
1255 Ella Grasso Blvd		New Haven	CT	06511	6/5/08
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	
				\$ 5.00	5.00
Roberson	Margaret		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	8141	10.00
Residential Street Address		City	State	Zip Code	Date Received
1255 Ella Grasso Blvd		New Haven	CT	06511	6/5/08
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	
				\$ 10.00	10.00
Roberson	Wanda		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	8142	10.00
Residential Street Address		City	State	Zip Code	Date Received
10 Salem Street		New Haven	CT	06511	6/5/08
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 #	
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	
				\$ 10.00	10.00
Smart, Jr.	Jerry		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	8143	10.00
Residential Street Address		City	State	Zip Code	Date Received
425 Dixwell Ave		New Haven	CT	06511	6/5/08
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 #	
Case Manager		Project MORE			
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	10.00
Smith	Anna		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	8144	5.00
Residential Street Address		City	State	Zip Code	Date Received
8 Goodyear Street		New Haven	Ct	06511	6/5/08
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 #	
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	5.00
					35.00

I. MONETARY RECEIPTS (Sections A-I)

						\$
Last Name Branch	First Sidney	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 # 8 1 5 0	Amount of Contribution	
Residential Street Address 355 Newhall St., 2nd Flr	City New Haven	State CT	Zip Code 06511	Date Received 6/6/	20.00	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section JI? <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 \$20.00	20.00	
Last Name DuBose	First Erica	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 # 8 1 5 1	Amount of Contribution	
Residential Street Address 42 Daisy Street	City New Haven	State CT	Zip Code 06511	Date Received 6/6/08	5.00	
Principal Occupation Expediter	Name of Employer USPS	Is this contribution associated with a fundraising event listed in Section JI? <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 \$ 5.00	5.00	
Last Name DuBose	First Linda	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 # 8 1 5 2	Amount of Contribution	
Residential Street Address 42 Daisy Street	City New Haven	State CT	Zip Code 06511	Date Received 6/5/08	10.00	
Principal Occupation retired	Name of Employer	Is this contribution associated with a fundraising event listed in Section JI? <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 \$ 10.00	10.00	
Last Name King	First Laoise	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 # 8 1 5 3	Amount of Contribution	
Residential Street Address 382 Central Ave	City New Haven	State CT	Zip Code 06515	Date Received 6/6/08	10.00	
Principal Occupation attorney	Name of Employer City of New Haven	Is this contribution associated with a fundraising event listed in Section JI? <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 \$10.00	10.00	
Last Name McClain	First Sarah	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 # 8 1 5 4	Amount of Contribution	
Residential Street Address 289 Norton Pkwy.	City New Haven	State CT	Zip Code 06511	Date Received 6/6/08	5.00	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section JI? <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 \$ 5.00	5.00	
					50.00	

I. MONETARY RECEIPTS (Sections A-I)

\$

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
Mocilinas	Jonas		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	8155	
Residential Street Address		City	State	Zip Code	Date Received
28 Pearl St. # 1		New Haven	CT	06511	6/2/08
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 #	
Planning Consultant		Robert Orr & Associates			
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 <input checked="" type="checkbox"/> X			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
Morehead	Dennis	L	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	1156	
Residential Street Address		City	State	Zip Code	Date Received
84 Webster Street		New Haven	CT	06511	6/6/08
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 #	
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 <input checked="" type="checkbox"/> X			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
Morehead	Greg		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	1157	
Residential Street Address		City	State	Zip Code	Date Received
13 Frances Hunter Drive		New Haven	CT	06511	6/6/08
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 #	
self-employed					
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 <input checked="" type="checkbox"/> X			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
Morehead	Shanah		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	1158	
Residential Street Address		City	State	Zip Code	Date Received
13 Frances Hunter Drive		New Haven	CT	06511	6/6/08
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 #	
		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 <input checked="" type="checkbox"/> X			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
Ribeiro	G. Evelise		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	1159	
Residential Street Address		City	State	Zip Code	Date Received
74 Front Street		New Haven	CT	06513	6/6/08
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 #	
Director		Housing Authority-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 <input checked="" type="checkbox"/> X			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions
			* \$25.00		25.00
					65.00

I. MONETARY RECEIPTS (Sections A-I)

\$

Last Name Sandman		First Rachel		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 # 8 1 6 0	Amount of Contribution
Residential Street Address 150 Dyer st.		City New Haven		State CT	Zip Code 06511	Date Received 6/6/08		
Principal Occupation Homeaker		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 #		Aggregate contributions \$10.00		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				
Last Name White 3rd		First Edward		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 # 8 1 6	Amount of Contribution
Residential Street Address 30 Castle st.		City New Haven		State CT	Zip Code 06513	Date Received 6/6/08		
Principal Occupation Tech		Name of Employer Ilextroal		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 \$5.00		5.00
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				
Last Name White Jr.		First Edward		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 # 8 1 6 2	Amount of Contribution
Residential Street Address 30 Castle st.		City New Haven		State CT	Zip Code 06513	Date Received 6/6/08		
Principal Occupation Sales		Name of Employer Tre Shirts		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		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				
Last Name Joseph		First Adam		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 # 8 1 6 3	Amount of Contribution
Residential Street Address 20 Hobaert st.		City New Haven		State CT	Zip Code 06511	Date Received 6/7/08		
Principal Occupation Dep. Com. Director		Name of Employer Sec. of 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 \$10.00		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 <input checked="" type="checkbox"/> X				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name Erund		First Chava		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 # 8 1 6 4	Amount of Contribution
Residential Street Address 408 Elsworth ave.		City New Haven		State CT	Zip Code 06511	Date Received 6/8/08		
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 #		Aggregate contributions \$10.00		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 <input checked="" type="checkbox"/> X				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
								50.00

I. MONETARY RECEIPTS (Sections A-I)

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\$

Last Name		First		MI	Method of contribution:		Contribution ID #	Amount of Contribution
Holtzberg		Meir			<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		8 1 6 5	10.00
Residential Street Address		City		State	Zip Code	Date Received		
488 Ellsworth Ave		New Haven		CT	06511	6/8/08		
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section JI? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
President		Advantage Office						
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 checked="" 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		First		MI	Method of contribution:		Contribution ID #	Amount of Contribution
James		Michael			<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		8 1 6 6	20.00
Residential Street Address		City		State	Zip Code	Date Received		
576 Winthrop Ave		New Haven		CT	06511	6/8/08		
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section JI? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
State of CT								
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 checked="" 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		First		MI	Method of contribution:		Contribution ID #	Amount of Contribution
Katz		Bluma			<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		8 1 6 7	100.00
Residential Street Address		City		State	Zip Code	Date Received		
480 Bellevue Rd		New Haven		CT	06511	5/8/08		
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section JI? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Homemaker								
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 checked="" 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
\$ 100.00								
Last Name		First		MI	Method of contribution:		Contribution ID #	Amount of Contribution
Lemar		Roland			<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		8 1 6 8	25.00
Residential Street Address		City		State	Zip Code	Date Received		
6 Eld Street		New Haven		CT	06511	6/8/08		
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section JI? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Dir. Community Solutions.		University of Greater 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 checked="" 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		25.00
\$ 25.00								
Last Name		First		MI	Method of contribution:		Contribution ID #	Amount of Contribution
Sandman		Joshua		H	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		8 1 6 9	10.00
Residential Street Address		City		State	Zip Code	Date Received		
150 Dyer Street		New Haven		CT	06511	6/8/08		
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section JI? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Vice President		Deutsch Plastics						
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 checked="" 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								
								165.00

I. MONETARY RECEIPTS (Sections A-I)

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\$

Last Name Sandman		First Leah		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 # 8 1 7 0		Amount of Contribution
Residential Street Address 130 Colony Road		City New Haven		State CT		Zip Code 06511		Date Received 6/8/08		
Principal Occupation teacher		Name of Employer So. Ct. Hebrew Academy		Is this contribution associated with a fundraising event listed in Section JI? <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		<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 Sandman		First Menachem		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 # 8 1 7 1		Amount of Contribution
Residential Street Address 150 Dyer Street		City New Haven		State CT		Zip Code 06511		Date Received 6/8/08		
Principal Occupation student		Name of Employer		Is this contribution associated with a fundraising event listed in Section JI? <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		<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 Sandman		First Miriam		MI S.		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 # 8 1 7 2		Amount of Contribution
Residential Street Address 195 Colony Road		City New Haven		State CT		Zip Code 06511		Date Received 6/8/08		
Principal Occupation homemaker		Name of Employer		Is this contribution associated with a fundraising event listed in Section JI? <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		<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 Sandman		First Zev		MI I		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 # 8 1 7 3		Amount of Contribution
Residential Street Address 130 Colony Road		City New Haven		State CT		Zip Code 06511		Date Received 6/8/08		
Principal Occupation student		Name of Employer		Is this contribution associated with a fundraising event listed in Section JI? <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		<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 Short		First Matthew		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 # 8 1 7 4		Amount of Contribution
Residential Street Address 20 Hobart Street		City New Haven		State CT		Zip Code 06511		Date Received 6/8/08		
Principal Occupation Real Estate		Name of Employer self		Is this contribution associated with a fundraising event listed in Section JI? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Aggregate contributions \$5.00				
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		<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						
										45.00

I. MONETARY RECEIPTS (Sections A-I)

Committee to Elect Charles Blango

\$

Last Name		First		MI	Method of contribution:		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 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		
Adams		Helen		P	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		8 1 7 5	5.00
28 Willis Street		New Haven		CT	06511	6/9/08		
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 5.00		
Campos-Matteson		Gabriela			<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		8 1 7 6	25.00
318 Front Street		New Haven		CT	06513	6/9/08		
Administrator		GAVA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 25.00		
Nelson		Viola			<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		8 1 7 7	5.00
20 Daniel Drive		New Haven		CT	06513	6/9/08		
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 5.00		
Singh		Anika			<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		8 1 7 8	5.00
6 Eld Street		New Haven		CT	06511	6/8/08		
Attorney		Wiggins & Dana		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 5.00		
Smith		Bishop Vincent		I	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		8 1 7 0	5.00
50 Elizabeth Street		New Haven		CT	06511	6/9/08		
Pastor		Morning Star Church		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 5.00		
								45.00

I. MONETARY RECEIPTS (Sections A-J)

Committee to Elect Charles Blango

\$

Last Name		First		MI		Method of contribution:		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?		If yes, list Event #		Aggregate contributions			
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:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions							
Smuts		Felicia				<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		8 1 8 0		5.00	
22 Hobart Street		New Haven		CT		06511		6/9/08			
Temporary Worker		Kaiser Whitney		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 5.00		5.00	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative											
Thorne		Alan				<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		8 1 8 1		50.00	
294 Stevenson Road		New Haven		CT		06515		6/10/08			
		Pfizer, Inc.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 50.00		50.00	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative											
Thorne		Francine				<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		8 1 8 2		50.00	
294 Stevenson Road		New Haven		CT		06515		6/10/08			
Realtor		self		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 50.00		50.00	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative											
Watts		Sandra				<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		8 1 8 3		25.00	
334 Shelton Avenue		New Haven		CT		06511		6/9/08			
owner		Remember the Lilies, LLC		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 25.00		25.00	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative											
Young		Yolanda				<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		8 1 8 4		5.00	
46 Springside Ave		New Haven		CT		06515		6/9/08			
Asst. Secretary		First Calvary Baptist Church		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 5.00		5.00	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative											
										135.00	

I. MONETARY RECEIPTS (Sections A-I)

Committee to Elect Charles Blango

\$

Last Name Boykin		First Melanie		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# 8 1 8 5		Amount of Contribution		
Residential Street Address 19 Shepard Street			City New Haven		State CT	Zip Code 06515		Date Received 6/10/08				
Principal Occupation Bookkeeper			Name of Employer Neighborhood Services			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 \$ 30.00		30.00		
Last Name Brooks		First Darrell		MI L.		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# 8 1 8 6		Amount of Contribution		
Residential Street Address 46 Cooper Place			City New Haven		State CT.	Zip Code 06515		Date Received 6/10/08				
Principal Occupation Firefighter			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? 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 \$ 50.00		50.00		
Last Name James		First Robin		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# 8 1 8 7		Amount of Contribution		
Residential Street Address 576 Winthrop Avenue			City New Haven		State CT	Zip Code 06511		Date Received 6/10/08				
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 #						
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 \$ 20.00		20.00		
Last Name Kelly		First Barbara		MI A		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# 8 1 8 8		Amount of Contribution		
Residential Street Address 225 Winchester Avenue			City New Haven		State CT	Zip Code 06511		Date Received 6/10/08				
Principal Occupation Clerk/Receptionist			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? 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 50.00		50.00		
Last Name Kelly		First Samuel		MI D		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# 8 1 8 9		Amount of Contribution		
Residential Street Address 225 Winchester Avenue			City New Haven		State CT	Zip Code 06511		Date Received 6/10/08				
Principal Occupation Construction work (ret)			Name of Employer Kerry's Construction			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 \$ 50.00		50.00		
										200.00		

I. MONETARY RECEIPTS (Sections A-I)

	\$
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Last Name Sarfati	First Aaron	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 # 8 1 9 0	Amount of Contribution
Residential Street Address 1105 Main Street		City Bridgeport	State CT	Zip Code 06604	Date Received 6/10/08
Principal Occupation owner		Name of Employer Contempo Fashions, Inc.		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 \$100.00

100.00

Last Name Byrne	First Emily	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 # 8 1 9 1	Amount of Contribution
Residential Street Address 265 College Street		City New Haven	State CT	Zip Code 06510	Date Received 6/11/08
Principal Occupation Policy Analyst		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? 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 Childers	First Ernie	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 # 8 1 9 2	Amount of Contribution
Residential Street Address 69 Hanover Street		City Wallingford	State CT	Zip Code 06492	Date Received 6/11/08
Principal Occupation Courier		Name of Employer Federal Express		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 \$ 30.00

30.00

Last Name Esposito	First Marlene	MI K	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 # 8 1 9 3	Amount of Contribution
Residential Street Address 50 Woodvall Extension		City Northford	State CT	Zip Code 06472	Date Received 6/11/08
Principal Occupation Homemaker		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 \$ 50.00

50.00

Last Name Matthews	First Andria	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 # 8 1 9 4	Amount of Contribution
Residential Street Address 33 Lyon Street, #3		City New Haven	State CT	Zip Code 06511	Date Received 6/11/08
Principal Occupation Arts Administrator		Name of Employer Festival of Arts & Ideas		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

200.00

I. MONETARY RECEIPTS (Sections A-I)

Committee to Elect Charles Blango

\$

Last Name Smart, Sr.		First Jerry		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 # 8 1 9 5		Amount of Contribution 15.00
Residential Street Address 21 Lyon Street			City New Haven		State CT	Zip Code 06511	Date Received 6/11/08			
Principal Occupation Real Estate			Name of Employer Smart Real Estate			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 \$ 15.00		
Last Name Bordeaux		First Bishop Hester		MI D		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 # 8 1 9 6		Amount of Contribution 100.00
Residential Street Address 135 Westwood Road			City New Haven		State CT	Zip Code 06515	Date Received 6/12/08			
Principal Occupation Bishop			Name of Employer Church of God in Christ			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 \$ 100.00		
Last Name Brooks		First Harold		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 # 8 1 9 7		Amount of Contribution 25.00
Residential Street Address 170 Hemlock Road			City New Haven		State CT	Zip Code 06515	Date Received 6/12/08			
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? 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 \$ 25.00		
Last Name White		First Beverly		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 # 8 1 9 8		Amount of Contribution 15.00
Residential Street Address 783 Grand Avenue			City New Haven		State CT	Zip Code 06511	Date Received 5/14/08			
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				<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 \$ 15.00		
Last Name White		First Edward		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 # 8 1 9 9		Amount of Contribution 15.00
Residential Street Address 783 Grand Avenue			City New Haven		State CT	Zip Code 06511	Date Received 5/14/08			
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				<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 \$ 15.00		
										170.00

I. MONETARY RECEIPTS (Sections A-I)

Form J1 of 17

Committee to Elect Charles Blango

\$

Last Name Holtzberg		First Chaya	Middle H.	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 # 8 2 0 0	Amount of Contribution
Residential Street Address 488 Ellsworth Avenue		City New Haven	State CT	Zip Code 06511	Date Received 6/8/08		
Principal Occupation Teacher		Name of Employer So. Ct. Hebrew Academy		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 Brown		First Charles	Middle R.	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 # 8 2 0 1	Amount of Contribution
Residential Street Address 119 County Street		City New Haven	State CT	Zip Code 06511	Date Received 6/4/08		
Principal Occupation 		Name of Employer Parks & Recreation		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 Dirton		First Mazella	Middle 	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 # 8 2 0 2	Amount of Contribution
Residential Street Address 37 A Daisy Street		City New Haven	State CT	Zip Code 06511	Date Received 6/5/08		
Principal Occupation n/a		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 \$5.00		5.00
Last Name Carr		First Margaret	Middle 	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 # 8 2 0 3	Amount of Contribution
Residential Street Address 37B Daisy Street		City New Haven	State CT	Zip Code 06511	Date Received 6/5/08		
Principal Occupation n/a		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 \$5.00		5.00
Last Name DuBose, Jr.		First Eddie	Middle 	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 # 8 2 0 4	Amount of Contribution
Residential Street Address 42 Daisy Street		City New Haven	State CT	Zip Code 06511	Date Received 6/6/08		
Principal Occupation Counselor		Name of Employer Youth Continuum		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
							40.00

I. MONETARY RECEIPTS (Sections A-I)

Committee to Elect Charles Blango

\$

Last Name		First		MI	Method of contribution:		Contribution ID #	Amount of Contribution
					<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 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"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 10.00
Walters		Katie					8 2 0 5	10.00
37 C Daisy Street		New Haven		CT	06511	6/08/08		
n/a								
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"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 100.00
Smith		Crystal					8 2 0 6	100.00
158 Pheasant Lane		Branford		CT	06405	6/12/08		
Property Manager		Crown						
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"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 100.00
DeMaio		Patricia		A			8 2 0 7	100.00
39 Hubinger Street		New Haven		CT	06511	6/16/08		
Exec. Director		NHPS Foundation, Inc.						
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"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 100.00
D'Amore		Janeen					8 2 0 8	50.00
146 Summer Lane		North Haven		CT	06473	6/18/08		
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"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 50.00
Streater		Anthony					8 2 0 9	10.00
94 Wayfarer Street		New Haven		CT	06515	6/19/08		
Automotive		self						
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"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate contributions
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 10.00
								270.00

I. MONETARY RECEIPTS (Sections A-I)

Committee to Elect Charles Blango

\$

Last Name Weber		First Richard		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 # 8 2 1 0		Amount of Contribution			
Residential Street Address 50 Daisy Street			City New Haven			State CT	Zip Code 06511		Date Received 6/6/08				
Principal Occupation self-employed			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 \$ 100.00		100.00			
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 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					
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 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					
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 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					
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 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					
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 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					
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 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					

100.00
5.306

I. MONETARY RECEIPTS (Sections A-I)

Committee to Elect Charles Blango

06/23/2008

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

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

Date of Receipt		State		Date of Receipt		s \$0.00	
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Date of Receipt	Method of payment:	Date of Receipt	Method of payment:	Total Amount Received
4/2/2008	<input checked="" type="radio"/> Cash		<input type="radio"/> Cash	
Amount	<input type="radio"/> Personal Check	Amount	<input type="radio"/> Personal Check	
\$200.00	<input type="radio"/> Credit/Debit Card	\$0.00	<input type="radio"/> Credit/Debit Card	
				s \$200.00

Date Received	Amount	Date Received	Amount	Total Amount Received
	\$0.00		\$0.00	
\$1 bills	\$0.00	\$1 bills	\$0.00	
\$5 bills	\$0.00	\$5 bills	\$0.00	
coins	\$0.00	coins	\$0.00	
\$10 bill	\$0.00	\$10 bill	\$0.00	
				s \$0.00

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

I. MONETARY RECEIPTS (Sections A-I)

Committee to Elect Charles Blango

06/23/2008

Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Post Election Deficit	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date of Receipt _____	Amount \$0.00
Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Post Election Deficit	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date of Receipt _____	Amount \$0.00
Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Post Election Deficit	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date of Receipt _____	Amount \$0.00
Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Post Election Deficit	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date of Receipt _____	Amount \$0.00

\$ 0.00

Name	_____			Date of Transaction	_____	Amount Received \$ 0.00
Street Address	_____	City	_____	State	CT	
Description	_____					
Name	_____			Date of Transaction	_____	Amount Received \$ 0.00
Street Address	_____	City	_____	State	CT	
Description	_____					
Name	_____			Date of Transaction	_____	Amount Received \$ 0.00
Street Address	_____	City	_____	State	CT	
Description	_____					
						\$ 0.00

Total Loans Received this Period (Section D)	+	0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section E)	+	200.00
Total Amount of Anonymous Contributions (Section F)	+	0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section G)	+	0.00
Total Public Grant Funds Received from the Citizens' Election Fund (Section H)	+	0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section I)	+	0.00
		200.00

II. FUNDRAISING EVENT ACTIVITY

Committee to Elect Charles Blango

06/23/2008

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

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
					CT	

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
					CT	

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
					CT	

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

IL FUNDRAISING ACTIVITY

Committee to Elect Charles Blango

06/23/2008

Name of Purchaser Last Name <i>(Individuals ONLY)</i>				First	MI	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State	Zip Code	Date Received	Event #		
			CT					
Items Purchased								\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>				First	MI	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State	Zip Code	Date Received	Event #		
			CT					
Items Purchased								\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>				First	MI	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State	Zip Code	Date Received	Event #		
			CT					
Items Purchased								\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>				First	MI	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State	Zip Code	Date Received	Event #		
			CT					
Items Purchased								\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>				First	MI	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State	Zip Code	Date Received	Event #		
			CT					
Items Purchased								\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>				First	MI	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State	Zip Code	Date Received	Event #		
			CT					
Items Purchased								\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>				First	MI	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State	Zip Code	Date Received	Event #		
			CT					
Items Purchased								\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>				First	MI	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State	Zip Code	Date Received	Event #		
			CT					
Items Purchased								\$0.00
								\$0.00
								\$0.00
								\$0.00

II. FUNDRAISING ACTIVITY

Committee to Elect Charles Blango	06/23/2008
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Name of Donor	Donation given by: <input type="radio"/> Individual <input checked="" type="radio"/> Business Entity	Fair Market Value of Donation
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Street Address	City	State	Zip Code	Aggregate value for this event	Fair Market Value of Donation
		CT		\$0.00	\$0.00

Description of donation	Date Received	Event #

Name of Donor	Donation given by: <input type="radio"/> Individual <input checked="" type="radio"/> Business Entity	Fair Market Value of Donation
---------------	--	-------------------------------

Street Address	City	State	Zip Code	Aggregate value for this event	Fair Market Value of Donation
		CT		\$0.00	\$0.00

Description of donation	Date Received	Event #

Name of Donor	Donation given by: <input type="radio"/> Individual <input checked="" type="radio"/> Business Entity	Fair Market Value of Donation
---------------	--	-------------------------------

Street Address	City	State	Zip Code	Aggregate value for this event	Fair Market Value of Donation
		CT		\$0.00	\$0.00

Description of donation	Date Received	Event #

Name of Donor	Donation given by: <input type="radio"/> Individual <input checked="" type="radio"/> Business Entity	Fair Market Value of Donation
---------------	--	-------------------------------

Street Address	City	State	Zip Code	Aggregate value for this event	Fair Market Value of Donation
		CT		\$0.00	\$0.00

Description of donation	Date Received	Event #

Name of Donor	Donation given by: <input type="radio"/> Individual <input checked="" type="radio"/> Business Entity	Fair Market Value of Donation
---------------	--	-------------------------------

Street Address	City	State	Zip Code	Aggregate value for this event	Fair Market Value of Donation
		CT		\$0.00	\$0.00

Description of donation	Date Received	Event #

Name of Donor	Donation given by: <input type="radio"/> Individual <input checked="" type="radio"/> Business Entity	Fair Market Value of Donation
---------------	--	-------------------------------

Street Address	City	State	Zip Code	Aggregate value for this event	Fair Market Value of Donation
		CT		\$0.00	\$0.00

Description of donation	Date Received	Event #

Name of Donor	Donation given by: <input type="radio"/> Individual <input checked="" type="radio"/> Business Entity	Fair Market Value of Donation
---------------	--	-------------------------------

Street Address	City	State	Zip Code	Aggregate value for this event	Fair Market Value of Donation
		CT		\$0.00	\$0.00

Description of donation	Date Received	Event #

Name of Donor	Donation given by: <input type="radio"/> Individual <input checked="" type="radio"/> Business Entity	Fair Market Value of Donation
---------------	--	-------------------------------

Street Address	City	State	Zip Code	Aggregate value for this event	Fair Market Value of Donation
		CT		\$0.00	\$0.00

Description of donation	Date Received	Event #

	\$0.00
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	\$0.00
--	--------

	\$0.00
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III. NONMONETARY RECEIPTS

Committee to Elect Charles Blango				06/23/2008	
Name			Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code	
			CT		
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative			
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i>		Description of In-Kind Contribution	Aggregate contributions		
			\$0.00		\$0.00
Name			Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code	
			CT		
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative			
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i>		Description of In-Kind Contribution	Aggregate contributions		
			\$0.00		\$0.00
Name			Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code	
			CT		
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative			
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i>		Description of In-Kind Contribution	Aggregate contributions		
			\$0.00		\$0.00
Name			Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code	
			CT		
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative			
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i>		Description of In-Kind Contribution	Aggregate contributions		
			\$0.00		\$0.00
Name			Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code	
			CT		
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative			
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i>		Description of In-Kind Contribution	Aggregate contributions		
			\$0.00		\$0.00
Name			Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code	
			CT		
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative			
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i>		Description of In-Kind Contribution	Aggregate contributions		
			\$0.00		\$0.00
Name			Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code	
			CT		
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative			
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i>		Description of In-Kind Contribution	Aggregate contributions		
			\$0.00		\$0.00
Name			Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code	
			CT		
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative			
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i>		Description of In-Kind Contribution	Aggregate contributions		
			\$0.00		\$0.00
Name			Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code	
			CT		
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative			
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i>		Description of In-Kind Contribution	Aggregate contributions		
			\$0.00		\$0.00

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

III. NONMONETARY RECEIPTS

Committee to Elect Charles Biango				06/23/2008	
<i>Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>				<i>Name of Treasurer</i>	
<i>Street Address</i>				<i>Date Notice Received</i>	
<i>City</i>		<i>State</i> CT	<i>Zip Code</i>	<i>Aggregate Donations</i> \$0.00	Fair Market Value of Donation \$0.00
<i>Description of Donation</i>				<i>Purpose of Expenditure (see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	
<i>Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>				<i>Name of Treasurer</i>	
<i>Street Address</i>				<i>Date Notice Received</i>	
<i>City</i>		<i>State</i> CT	<i>Zip Code</i>	<i>Aggregate Donations</i> \$0.00	Fair Market Value of Donation \$0.00
<i>Description of Donation</i>				<i>Purpose of Expenditure (see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	
<i>Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>				<i>Name of Treasurer</i>	
<i>Street Address</i>				<i>Date Notice Received</i>	
<i>City</i>		<i>State</i> CT	<i>Zip Code</i>	<i>Aggregate Donations</i> \$0.00	Fair Market Value of Donation \$0.00
<i>Description of Donation</i>				<i>Purpose of Expenditure (see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	
<i>Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>				<i>Name of Treasurer</i>	
<i>Street Address</i>				<i>Date Notice Received</i>	
<i>City</i>		<i>State</i> CT	<i>Zip Code</i>	<i>Aggregate Donations</i> \$0.00	Fair Market Value of Donation \$0.00
<i>Description of Donation</i>				<i>Purpose of Expenditure (see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	
<i>Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>				<i>Name of Treasurer</i>	
<i>Street Address</i>				<i>Date Notice Received</i>	
<i>City</i>		<i>State</i> CT	<i>Zip Code</i>	<i>Aggregate Donations</i> \$0.00	Fair Market Value of Donation \$0.00
<i>Description of Donation</i>				<i>Purpose of Expenditure (see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	
<i>Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>				<i>Name of Treasurer</i>	
<i>Street Address</i>				<i>Date Notice Received</i>	
<i>City</i>		<i>State</i> CT	<i>Zip Code</i>	<i>Aggregate Donations</i> \$0.00	Fair Market Value of Donation \$0.00
<i>Description of Donation</i>				<i>Purpose of Expenditure (see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	
<i>Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>				<i>Name of Treasurer</i>	
<i>Street Address</i>				<i>Date Notice Received</i>	
<i>City</i>		<i>State</i> CT	<i>Zip Code</i>	<i>Aggregate Donations</i> \$0.00	Fair Market Value of Donation \$0.00
<i>Description of Donation</i>				<i>Purpose of Expenditure (see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	
<i>Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>				<i>Name of Treasurer</i>	
<i>Street Address</i>				<i>Date Notice Received</i>	
<i>City</i>		<i>State</i> CT	<i>Zip Code</i>	<i>Aggregate Donations</i> \$0.00	Fair Market Value of Donation \$0.00
<i>Description of Donation</i>				<i>Purpose of Expenditure (see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	
<i>Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>				<i>Name of Treasurer</i>	
<i>Street Address</i>				<i>Date Notice Received</i>	
<i>City</i>		<i>State</i> CT	<i>Zip Code</i>	<i>Aggregate Donations</i> \$0.00	Fair Market Value of Donation \$0.00
<i>Description of Donation</i>				<i>Purpose of Expenditure (see instructions)</i> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	

IV. EXPENDITURES

Committee to Elect Charles Blango

06/23/2008

Name of Payee	Date of Payment	Method of Payment	Amount				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:15%;">City</td> <td style="width:10%;">State CT</td> <td style="width:10%;">Zip Code</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	\$ \$0.00
Street Address	City	State CT	Zip Code				
Description		Event #					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="radio"/> No		Other Candidate(s) Name _____ Office Sought _____					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:15%;">City</td> <td style="width:10%;">State CT</td> <td style="width:10%;">Zip Code</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	\$ \$0.00
Street Address	City	State CT	Zip Code				
Description		Event #					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="radio"/> No		Other Candidate(s) Name _____ Office Sought _____					
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Street Address	City	State CT	Zip Code				
Description		Event #					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="radio"/> No		Other Candidate(s) Name _____ Office Sought _____					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:15%;">City</td> <td style="width:10%;">State CT</td> <td style="width:10%;">Zip Code</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	\$ \$0.00
Street Address	City	State CT	Zip Code				
Description		Event #					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="radio"/> No		Other Candidate(s) Name _____ Office Sought _____					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:15%;">City</td> <td style="width:10%;">State CT</td> <td style="width:10%;">Zip Code</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	\$ \$0.00
Street Address	City	State CT	Zip Code				
Description		Event #					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="radio"/> No		Other Candidate(s) Name _____ Office Sought _____					
			\$ \$0.00				
			\$ \$0.00				
			\$ \$0.00				

IV. EXPENDITURES

Committee to Elect Charles Blango

06/23/2008

Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="radio"/> Yes <input type="radio"/> No	0.00
		CT				
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="radio"/> Yes <input type="radio"/> No	0.00
		CT				
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="radio"/> Yes <input type="radio"/> No	0.00
		CT				
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="radio"/> Yes <input type="radio"/> No	0.00
		CT				
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="radio"/> Yes <input type="radio"/> No	0.00
		CT				
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="radio"/> Yes <input type="radio"/> No	0.00
		CT				
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="radio"/> Yes <input type="radio"/> No	0.00
		CT				
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="radio"/> Yes <input type="radio"/> No	0.00
		CT				
Purpose of Expenditure (by code)	Description			Event #		
						\$0.00
						\$0.00
						\$0.00

IV. EXPENDITURES

Committee to Elect Charles Blango

06/23/2008

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

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

IV. EXPENDITURES

Committee to Elect Charles Biango

06/23/2008

Name of Creditor		Date Incurred		Amount Incurred (Estimate or Actual)
Street Address		City	State CT	
Purpose of Expenditure (by code)	Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes (If yes, complete candidate name and office sought) <input type="radio"/> No		Other Candidate(s) Name	Office Sought	
				S \$0.00
Name of Creditor		Date Incurred		Amount Incurred (Estimate or Actual)
Street Address		City	State CT	
Purpose of Expenditure (by code)	Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes (If yes, complete candidate name and office sought) <input type="radio"/> No		Other Candidate(s) Name	Office Sought	
				S \$0.00
Name of Creditor		Date Incurred		Amount Incurred (Estimate or Actual)
Street Address		City	State CT	
Purpose of Expenditure (by code)	Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes (If yes, complete candidate name and office sought) <input type="radio"/> No		Other Candidate(s) Name	Office Sought	
				S \$0.00
Name of Creditor		Date Incurred		Amount Incurred (Estimate or Actual)
Street Address		City	State CT	
Purpose of Expenditure (by code)	Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes (If yes, complete candidate name and office sought) <input type="radio"/> No		Other Candidate(s) Name	Office Sought	
				S \$0.00
				\$0.00
				\$0.00
				\$0.00
				+ \$0.00
				\$0.00

IV. EXPENDITURES

Committee to Elect Charles Blango

06/23/2008

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	
			CT		
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 checked="" type="checkbox"/> No		Other Candidate(s) Name _____ Office Sought _____		s	\$0.00
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	
			CT		
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 checked="" type="checkbox"/> No		Other Candidate(s) Name _____ Office Sought _____		s	\$0.00
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	
			CT		
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 checked="" type="checkbox"/> No		Other Candidate(s) Name _____ Office Sought _____		s	\$0.00
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	
			CT		
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 checked="" type="checkbox"/> No		Other Candidate(s) Name _____ Office Sought _____		s	\$0.00
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	
			CT		
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 checked="" type="checkbox"/> No		Other Candidate(s) Name _____ Office Sought _____		s	\$0.00
					\$0.00
					\$0.00
					\$0.00

Committee to Elect Charles Blango

06/23/2008

Name of Recipient				Original Purchase Amount of Item	
Street Address		City	State	Zip Code	
			CT		
Description of Item					
				\$0.00	
Name of Recipient				Original Purchase Amount of Item	
Street Address		City	State	Zip Code	
			CT		
Description of Item					
				\$0.00	
Name of Recipient				Original Purchase Amount of Item	
Street Address		City	State	Zip Code	
			CT		
Description of Item					
				\$0.00	
Name of Recipient				Original Purchase Amount of Item	
Street Address		City	State	Zip Code	
			CT		
Description of Item					
				\$0.00	
Name of Recipient				Original Purchase Amount of Item	
Street Address		City	State	Zip Code	
			CT		
Description of Item					
				\$0.00	
Name of Recipient				Original Purchase Amount of Item	
Street Address		City	State	Zip Code	
			CT		
Description of Item					
				\$0.00	
Name of Recipient				Original Purchase Amount of Item	
Street Address		City	State	Zip Code	
			CT		
Description of Item					
				\$0.00	
Name of Recipient				Original Purchase Amount of Item	
Street Address		City	State	Zip Code	
			CT		
Description of Item					
				\$0.00	
Name of Recipient				Original Purchase Amount of Item	
Street Address		City	State	Zip Code	
			CT		
Description of Item					
				\$0.00	
				\$0.00	