SEEC FORM 20

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



Do Not Mark in This Space For Official Use Only

Page 1 of 17

SUMMARY PAGE

NAME OF COMM	ITTEE	en de la companya de La companya de la co				Experience of the second of th
		rra for Mayor	the state of the s	ang arapinan sa kala sa sa katang dinanan sa managa kalab da katang mananan	and a second a second and a second a second and a second	West of the second seco
treasurer nam	4E First Doris		MI E	Last Rojas		Suffix
l TREASURER ADD	RESS					Zip Code
treet Address 73 Mountford		Ci	Hartford		State CT	06114
ELECTION/REFE		5. OFFICE SOUGHT (Comp	olete only if Can	didate Committee)	6. DISTRICT NU	
mm/dd/vvvv)	/2011	Mayor				
7. CANDIDATE NAM		if Candidate or Exploratory Co	mmittee)	Last		Suffix
Nr Wr	First Pedr	0	E	Segarra		
8 TYPE OF REPOR	I (Cheek One Box					
January 10 filing	5	C 7th day preceding prin	nary O	th day preceding refere	endum 🧲 Initial (Contribution or Disbursement (PACs ONLY)
April 10 filing		30 days following prin	nary 🔘 4	15 days following refer	endum () Amend	ment to
① July 10 filing		7th day preceding elec	ction O 1	Deficit	Туре	of Report:
October 10 filin	g	© 12th day preceding ele (State Central Committee		Termination		
☐ Independent Exp ☐ Primary	penditure Election	45 days following electron not held in November				renn ann ann ann an ann an Aireann ann an Aireann a
9, PERIOD COVER	ini patrije deposit ED					
		Beginning Date		Ending Dat	e ji	
		10/01/2010	thro	12/31/2	G 0102	TO P
		10.	CERTIFICATI	ON	\$	<u> </u>
l hereby certify Disclosure Sta	and state, unde	er penalties of false stateme period covered is true, acc	ent, that all of urate and con	the information set to aplete.	forth on this Itemize	d Campaign Finance
TREASURER OR	DEPUTY TREAS	Lyrer (Signature)		E. Rojas Me of signer		01/07/2010 DATE (mm/dd/yyyy)
	THIS EXPLOYER					
		PENALTY FOR FALSE ST \$1,000, OR IMPRISONME	TATEMENT IS NT FOR NOT M	PUNISHABLE BY FIN ORE THAN ONE YEAR	E NOT TO EXCEED , OR BOTH.	

SUMMARY PAGE TOTALS

TOTALS						
AME OF COMMITTEE	FILING DUE DATE 01/10/2011					
Segarra for Mayor	COLUMN A This Period	COLUMN B Aggregate				
Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other committees		No. of the state o				
12. Balance on hand at the beginning of Reporting Period	\$0.00					
13. Contributions received from Individuals (Sections A and B)	\$15,205.00					
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00				
15. Other Monetary Receipts (Sections D-K)	\$26.00	\$0.00				
16a. Total Small Food and Beverage Receipts at Fair (Section L1) Town Committees ONLY	\$0.00	\$0.00				
16b. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section L2)	\$0.00	\$0.00				
Municipal and Town 16c. Total Purchases of Advertising in a Program Book (Section L3) Committees ONLY	\$0.00	\$0.00				
17. Total Monetary Receipts (add totals for lines 13-16c)	\$15,231.00	\$0.00				
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$15,231.00	\$15,231.00				
19. Expenses Paid by Committee (Section P)	\$90.00	\$0.00				
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	\$15,141.00	\$15,141.00				
21. In-Kind Donations not Considered Contributions P.eceived (Section L4)	\$0.00	\$0.00				
22. In-Kind Contributions Received (Section M)	\$0.00	\$0.00				
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00				
24. Receipts of Organization Expenditures (Section O)	\$0.00	\$0.00				
25. Beginning Loan Balance	\$0.00	\$0.00				
25a. + Loans Received (Section D)	\$0.00	\$0.00				
25b. + Interest and Penalties on Loan	\$0.00	\$0.00				
25c Payments on Loan	\$0.00	\$0.00				
25d. Total Outstanding Loan Amount	\$0.00	\$0.00				
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00				
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00				
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00					
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00					

	I. MONETAR	RY RECEIPTS	S (Section	ons A-K)		Page 3 of 17
NAME OF COMMITTEE				FILING D	UEDATE E ESE E	
Segarra for Mayor A. Total Contributions from Sm.	3.17.22 Post B-72.43 II		Dariod	ONI V	01/10/2011	
A. Potal Contributions from Sm (See instructions for definition of Small Contribution)	lbutor)		Subtotal	Section A 3	305.00	
			ions fro	m Individuals		
Last Name Paindiris	First Nicholas	سنا الله المحسيين		Attorney		Amount of Contribution
Residential Street Address 119 Butler Dr	City Glastonbury	State Zip Code	3	Brown, Paindiris		-
Is contributor a lobbyist, spouse, C Yes or dependent child of a lobbyist? No	If contribution is in exces municipality does contrib municipality valued at m	butor or business h	ne/she is ass	mittee for a chief execusoriated with have a cor Yes No	tract with said	
Is this contribution associated with a fundraising event listed in Section L1? So No If yes, list Event #	D If yes, indic	principal of a state cate which branch ent the contract is	or branche: with:	O Executive O L	. No ∣	
Method of contribution: Cash Personal Check Credit/Debit C	Card 🛱 Payroll Deduction	∖	Date Rec	12/06/2010	\$0.00	\$1,000.00
Last Name Wallington Residential Street Address	First Dale City	State Zip Cod		Physician me of Employer		Amount of Contribution
50 Beachtree Ln	West Hartford If contribution is in exce	CT 0610		Resilience Health		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	municipality does contril municipality valued at m	butor or business bore than \$5,000?	he/she is as	sociated with have a cor Yes 🏵 No	ntract with said	
Is this contribution associated with a fundraising event listed in Section L1? N If yes, list Event #	o If yes, indic	a principal of a state cate which branch the contract is	or branche with:	☐ Executive ☐ L	egislative No	
Method of contribution: Cash Personal Check Credit/Debit		n 🏻 Money Order	Date Red	eived 12/09/2010	Aggregate contributions \$0.00	\$250.00
Last Name Feltman	First Art	garage			irector/Educator	Amount of Contribution
Residential Street Address 50 Beechtree Lane	City West Hartford	State Zip Cod CT 0610		me of Employer Parent Academy		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in exce municipality does contri municipality valued at m	ess of \$400 to a ca ibutor or business	he/she is as	nmittee for a chief exectsociated with have a co Yes No	utive officer of a ntract with said	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	es Is contributor a		ete contract s or branche s with:	© Executive 🔍 I		
Method of contribution: Cash Personal Check Cachelle	Card 🌣 Payroll Deduction	n 🖸 Money Orde	Date Re	ceived 12/13/2010	Aggregate contributions \$0.00	\$250.00
Last Name Pinard	First Gerald	MI N		rincipal Occupation Environment	al Consultant	Amount of Contribution
Residential Street Address 650 Stone Rd	City	State Zip Co	95	ame of Employer Alternative Glob		
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excemunicipality does contribution municipality valued at r	ributor or business	he/she is a	mmittee for a chief exec ssociated with have a co Yes 🧖 No	cutive officer of a contract with said	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 12/17/2010	No If yes, indi	a principal of a str licate which brancl nent the contract is	h or branch	or or prospective state of es	€ No Legislative	
Method of contribution:	Card © Payroll Deduction	on 🖒 Money Orde	Date Re	12/17/2010	Aggregate contributions \$0.00	\$250.00
				SUBTOT	AL Section B-This Pag	\$1,750.00
		adistre e Ngjetë e	s verzesii Salt ai	TOTAL of add	litional Section B Pages	\$13,150.00
TOTAL OF ALL CONTRIB	UTIONS FROM INDE	VIDUALS (Sec	ctions A 8	ι Β) (Enter total on I	ine 13 of Summary Page)	\$15,205.00

I. MONETARY RECEIPTS Section B. Additional Page NAME OF COMMITTEE FILING DUE DATE 01/10/2011 Segarra for Mayor Itemized Contributions from Individuals Principal Occupation Amount of Last Name Owner Contribution Lopez Alfonso Name of Employer Zip Code Residential Street Addres El Gitano Supermarket CT 06416 Cromwell 5 Meadow Rd If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Is contributor a lobbyist, spouse, Yes municipality does contributor or business he/she is associated with have a contract with said No or dependent child of a lobbyist? O Yes O No municipality valued at more than \$5,000? Is contributor a principal of a state contractor or prospective state contractor? Yes Is this contribution associated with a Yes If yes, indicate which branch or branches No O No fundraising event listed in Section L1? O Executive O Legislative If yes, list Event # 12/17/2010 of government the contract is with: Aggregate contributions Date Received Method of contribution: \$250.00 12/17/2010 Cash C Personal Check C Credit/Debit Card C Payroll Deduction Money Order \$0.00 Principal Occupation Amount of Store Manager Contribution Toribio Diaz Zip Code Name of Employer Residential Street Address State La Plaza del Mercado Hartford CT 06106 873 West Boulevard Apt 320 If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Yes Is contributor a lobbyist, spouse, municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? No Yes No No municipality valued at more than \$5,000? O Yes Is this contribution associated with a Yes Is contributor a principal of a state contractor or prospective state contractor? No If yes, indicate which branch or branches fundraising event listed in Section L1? (C) No C Executive C Legislative If yes, list Event # 12/17/2010 of government the contract is with: Aggregate contributions Method of contribution: \$500.00 Cash Personal Check C Credit/Debit Card Payroll Deduction Money Order 12/17/2010 \$0.00 Principal Occupation Last Name President Contribution Ramon Flores Zin Code Name of Employer State Residential Street Address La Plaza del Mercado 2 Park Place Apt 12K 06106 Hartford CT If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Is contributor a lobbyist, spouse, Yes municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? No municipality valued at more than \$5,000? 🔘 Yes . 👲 No C Yes Yes Is contributor a principal of a state contractor or prospective state contractor? Is this contribution associated with a O No If yes, indicate which branch or branches 10 No fundraising event listed in Section L1? C Executive C Legislative If yes, list Event # 12/17/2010 of government the contract is with: Aggregate contributions Date Received Method of contribution: \$500.00 \$0.00 12/17/2010 Cash Personal Check C Credit/Debit Card Payroll Deduction C Money Order Principal Occupation Amount of Owner Sofia Contribution Pelaez Name of Employer State Zip Code Residential Street Address Luis of Hartford CT 06106 Hartford 229 Linnmoore Street If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Is contributor a lobbyist, spouse, Yes municipality does contributor or business he/she is associated with have a contract with said No or dependent child of a lobbyist? C Yes 😥 No municipality valued at more than \$5,000? Is contributor a principal of a state contractor or prospective state contractor? Is this contribution associated with a () Yes Cl Yes If yes, indicate which branch or branches No fundraising event listed in Section L1? of government the contract is with: C Executive C Legislative If yes, list Event # Aggregate contributions Date Received Method of contribution: \$500.00 12/15/2010 \$0.00 Cash Personal Check Cardit/Debit Card Payroll Deduction Money Order Principal Occupation Amount of Julian Owner Contribution Pelaez Zip Code Name of Employer Residential Street Address State 06106 Saravanda Cafe CT 229 Linnmoore Street Hartford If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Is contributor a lobbyist, spouse, Yes municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? (No Yes @ No municipality valued at more than \$5,000? Is this contribution associated with a Yes Is contributor a principal of a state contractor or prospective state contractor? 🗘 Yes fundraising event listed in Section L1? If yes, indicate which branch or branches O No (⊕ No O Executive O Legislative If yes, list Event # of government the contract is with: Aggregate contributions Date Received Method of contribution: \$500.00 Cash Personal Check C Credit/Debit Card C Payroll Deduction C Money Order \$0.00 12/15/2010

\$2,250.00

SUBTOTAL Section B-This Page

Page

I. MONETARY RECEIPTS Section B. Additional Page NAME OF COMMITTEE FILING DUE DATE 01/10/2011 Segarra for Mayor B. Itemized Contributions from Individuals MI Amount of Last Name Real State Management Robert Η Contribution Kliman Zip Code Name of Employer Residential Street Address State Self Employer 06074 CT South Windsor 182 Talcott Ridge Rd If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Yes Is contributor a lobbyist, spouse, municipality does contributor or business he/she is associated with have a contract with said No or dependent child of a lobbyist? municipality valued at more than \$5,000? C Yes O No Is contributor a principal of a state contractor or prospective state contractor? C Yes Yes Is this contribution associated with a If yes, indicate which branch or branches fundraising event listed in Section L1? No O No Q Executive Q Legislative 12/17/2010 of government the contract is with: If yes, list Event # Aggregate contributions Date Received Method of contribution: 12/17/2010 \$1,000.00 Cash Personal Check Credit/Debit Card Payroll Deduction Money Order \$0.00 First Principal Occupation Amount of Manager/Owner Carlos Contribution Lopez Zip Code Name of Employer Residential Street Address State 06032 CT Parking Farmington CT 3 Muls Hill Drive If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Yes Is contributor a lobbyist, spouse, municipality does contributor or business he/she is associated with have a contract with said No or dependent child of a lobbyist? O Yes 😥 No municipality valued at more than \$5,000? O Yes Is this contribution associated with a Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches No O No fundraising event listed in Section L1? D Executive D Legislative If yes, list Event # 12/17/2010 of government the contract is with: Aggregate contributions Date Received Method of contribution: \$1,000.00 OCash Personal Check O Credit/Debit Card O Payroll Deduction O Money Order 12/17/2010 \$0.00 Principal Occupation Amount of Citation Hearing Officer Jennifer Contribution Pomales Residential Street Address Zip Code Name of Employer 06105 Hartford Parking Authority Hartford CT 19 Rodney Street If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Is contributor a lobbyist, spouse, Yes municipality does contributor or business he/she is associated with have a contract with said No. or dependent child of a lobbyist? municipality valued at more than \$5,000? C Yes O No C Yes Yes Is contributor a principal of a state contractor or prospective state contractor? Is this contribution associated with a fundraising event listed in Section L1? O No If yes, indicate which branch or branches No If yes, list Event # 12/17/2010 C Executive C Legislative of government the contract is with: Aggregate contributions Date Received Method of contribution: \$150.00 12/17/2010 \$0.00 Personal Check C Credit/Debit Card Payroll Deduction M Money Order Principal Occupation Amount of Arnaldo Attorney Contribution Sierra Name of Employer Zip Code Residential Street Address State Sel-Employer CT 06106 215 Washington Street Hartford If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Yes Is contributor a lobbyist, spouse, municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? No. No. municipality valued at more than \$5,000? C Yes 💽 No Yes Is contributor a principal of a state contractor or prospective state contractor? 🗘 Yes Is this contribution associated with a C No If yes, indicate which branch or branches No fundraising event listed in Section L1? If yes, list Event # 12/17/2010 of government the contract is with: C Executive C Legislative Aggregate contributions Date Received Method of contribution: C. Cash Personal Check C. Credit/Debit Card C. Payroll Deduction C. Money Order 12/17/2010 \$150.00 \$0.00 Principal Occupation First Amount of Doctor of Optometry Mass Martha Α Contribution Zip Code Residential Street Address State Name of Employer CT 06073 Self Employer Glastonbury 33 Southpond Rd If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Is contributor a lobbyist, spouse, Yes municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? No No municipality valued at more than \$5,000? Yes @ No Yes Is this contribution associated with a Is contributor a principal of a state contractor or prospective state contractor? C Yes fundraising event listed in Section L1? No No If yes, indicate which branch or branches No No If yes, list Event # of government the contract is with: O Executive O Legislative Aggregate contributions Date Received Method of contribution: \$250,00 OCash Personal Check Credit/Debit Card Payroll Deduction O Money Order 12/15/2010 \$2,550.00 SUBTOTAL Section B-This Page

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		I. MON Section		XY RE				-	
NAME OF COMMITTEE		Section	D. Au	ultion.	*1 1		DUE DATE	400044	
Segarra for Mayor	and resource of the second				Con la Galleria		. 01/	10/2011	
	B. Ite	mized Con	tributi	ons fro			erezir-ar-ju		
Last Name Sanchez	First Danilo	Stranger and Stran	State	MI Zip Code	. !	Principal Occupation Manager Name of Employer			Amount of Contribution
Residential Street Address 283 Pennwood Place	City Bristol		СТ	06010	1	Brian Thomas C	7		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipal	ation is in excess ity does contribi ity valued at mo	utor or bu	siness he/s	he is	ommittee for a chief exect associated with have a co Yes ② No	utive officer ntract with s	of a aid	
Is this contribution associated with a fundraising event listed in Section L1? N If yes, list Event # 12/17/2010	es I		principal on the contract of t	of a state c	oranc	ctor or prospective state ches	egislative	O Yes O No	
Method of contribution: Cash Personal Check Caredit/Debit	Card 🛱 Pay	roll Deduction	Money	l l	Date R	12/17/2010	Aggregate o	ontributions \$0.00	\$500.00
Last Name Caro	First Angel			MI	;	Principal Occupation Hair Stylist			Amount of Contribution
Residential Street Address 150 Fern Street	City Hartfor	rd	State	Zip Code 06105		Name of Employer International Ha	ir Salon		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribu	ntion is in exces	s of \$400 utor or bu	siness he/	she is	ommittee for a chief exec associated with have a co Yes No	utive officer entract with	of a said	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 12/17/2010	es		principal ate which	of a state of branch or	branc	ctor or prospective state of hes		O Yes O No	
Method of contribution: Cash Personal Check C Credit/Debit	Card © Pay	yroll Deduction	[C Mone	y Order	Date I	Received 12/17/2010	Aggregate	contributions \$0.00	\$100.00
Last Name	First			MI E		Principal Occupation			Amount of Contribution
Platts Residential Street Address	City Hartfo	and the same of th	State	Zip Code 06103		Engineer Name of Employer ISO New Englar	ad		Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contrib	ention is in exces	ss of \$400 outor or b	to a candi usiness he/	she is	committee for a chief exer associated with have a control Yes No	cutive office	r of a said	
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Method of contribution: Cash Personal Check C Credit/Debit	Card 🗓 Pay	yroll Deduction	C Mone	y Order	Date	Received 12/17/2010	Aggregate	contributions \$0.00	\$100.00
Last Name Alvarez Residential Street Address	First Carlos City	S	State	MI A Zip Code		Principal Occupation Manager Name of Employer			Amount of Contribution
187 Talcott Notch Road	Farmii	ngton	CT	06032		Evis Medical Ed			_
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	municipa	oution is in excel ality does contribality valued at m	butor or b	usiness he	she is	committee for a chief exes associated with have a c	ontract with	said	-
Is this contribution associated with a fundraising event listed in Section L1? G. If yes, list Event # 12/17/2010		Is contributor a If yes, indic of government	cate which	ı branch o	bran	C Executive C	Legislative	© Yes ⓒ No	A CANADA
Method of contribution: Cash Personal Check C Credit/Debit	Card () Pa	yroli Deduction	C Mon	ey Order	Date	Received 12/17/2010	Aggregate	contributions \$0.00	\$100.00
Last Name Blake	First Thon	nas		MI A		Principal Occupation Social Worker		enter and the second second	Amount of Contribution
Residential Street Address 106 Oakwood Avenue A-6		Hartford	State CT	Zip Code 06119		Name of Employer Hartford Public	Author to the second of the		<u>.</u>
Is contributor a lobbyist, spouse, Or Yes or dependent child of a lobbyist? No	municipa	bution is in exce ality does contri ality valued at m	butor or b	ousiness he	/she i	committee for a chief exess associated with have a committee for No	cutive offic contract with	er of a said	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 12/17/2010		Is contributor a If yes, indi of governm	cate whic	h branch o	r bran ith:	O Executive O	Legislative		
Method of contribution: © Cash © Personal Check © Credit/Debi	t Card 🏠 Pa	ayroll Deduction	ı (Ö Mon	ey Order	Date	Received 12/17/2010	Aggregate	contributions \$0.00	\$100.00
	end to the second of the secon	u a parinta. Fermusia				SUBTO	IAL Section	on B-This Page	\$900.00
								٠, ٦	9

I. MONETARY RECEIPTS Section B. Additional Page

	EDATE		Section D. Additiona			
	01/10/2011	TITNG DU		mer Fall Sich	or Mayor	IAME OF COMMITTEE
		m Individuale	emized Contributions fro		or iviayul	Segarra fo
Amount of		Principal Occupation	emized Contributions to	B, II	- T	
Contribution		Retail Hardware	And the second s	Anne		ast Name Ricclo
	eller i de la composition della composition dell	Park Hardware	ersfield CT 06109	City Weth		esidential Street Address 7 Hayrake Drive
	tive officer of a tract with said	date committee for a chief executively she is associated with have a contract of Yes No	oution is in excess of \$400 to a candicality does contributor or business he/s ality valued at more than \$5,000?	municipa	O Yes O No	s contributor a lobbyist, spouse, or dependent child of a lobbyist?
	egislative	contractor or prospective state cont branches th: O Executive O Leg	Is contributor a principal of a state of If yes, indicate which branch or of government the contract is with	es	on L1? 📿 No	Is this contribution associated wifundraising event listed in Section If yes, list Event # 12/17/20
\$100.00	Aggregate contributions \$0.00	Date Received 12/17/2010	nyroll Deduction @ Money Order	Card O P		
Amount of Contribution		Principal Occupation Fire Chief Name of Employer	ard MI	First Edw		Last Name Casares
İ	The second section of the sect	City of Hartford	ord CT 06106	City Hartf		Residential Street Address 78 Roger Street
	illact with said	/she is associated with have a confi Yes No	bution is in excess of \$400 to a candi ality does contributor or business he/ ality valued at more than \$5,000?	municit	O Yes No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?
	35 140	r branches ith: O Executive O Les	Is contributor a principal of a state If yes, indicate which branch or of government the contract is w		vith a Ye you N	Is this contribution associated w fundraising event listed in Section If yes, list Event #
\$100.00	\$0.00	12/16/2010	ayroll Deduction (C) Money Order	Card 🔘 F	Ö Credit/Debit (Method of contribution:
Amount of Contribution		Principal Occupation	MI	First		Last Name
Contribution	<u> </u>	Attorney Name of Employer	In In: . O. J.	Syd		Schulman
	ociates	Schulman & Asso	mfield CT 06002	City Bloo		Residential Street Address 8 High Ledge Road
	eutive officer of a ontract with said	lidate committee for a chief execute/she is associated with have a conf	ibution is in excess of \$400 to a cand pality does contributor or business he pality valued at more than \$5,000?	munici	Yes No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?
	SE INO	or branches District Executive District Le	Is contributor a principal of a state If yes, indicate which branch o of government the contract is w	Yes	tion L1? Q N	Is this contribution associated v fundraising event listed in Section 12/17/20
\$100.00	\$0.00	12/17/2010	Payroll Deduction 🌣 Money Order	t Card 🛇	⟨ 🥝 Credit/Debit	Method of contribution: Cash Personal Check
Amount of Contribution			ardo MI State Zip Code	First Ger City		Last Name Sanchez Residential Street Address
-	autimo officer of a	Self Employer	ford CT 06106	Had		53 Lincoln Street #2
	ontract with said	e/she is associated with have a cor	ribution is in excess of \$400 to a can ipality does contributor or business h ipality valued at more than \$5,000?	munic	e, 🖸 Yes ? 🤨 No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?
	Legislative	e contractor or prospective state co or branches with: © Executive © L	Is contributor a principal of a state If yes, indicate which branch of government the contract is well.	Yes No	with a Cl V	Is this contribution associated of fundraising event listed in Sectifyes, list Event #
\$250.00	Aggregate contributions \$0.00	Date Received 12/15/2010	Payroll Deduction 🔁 Money Order	it Card 🗘	k 🖾 Credit/Debit	Method of contribution:
Amount of Contribution		Principal Occupation CPA	chael MI	First		Last Name Ziebka
	erJack PC		State Zip Code mington CT 0603	City		Residential Street Address
	ecutive officer of a	ndidate committee for a chief execu	tribution is in excess of \$400 to a car sipality does contributor or business in sipality valued at more than \$5,000?	If cor	e, C Yes	5 Greencrest Drive Is contributor a lobbyist, spouse or dependent child of a lobbyist
	Legislative	with: O Executive O I	Is contributor a principal of a state *If yes*, indicate which branch of government the contract is	Yes No	ction L1?	Is this contribution associated fundraising event listed in Sec If yes, list Event # 12/17/2
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\$250.0	Aggregate contributions \$0.00	Date Received 12/17/2010	Payroll Deduction [Money Order	bit Card 🌾	ck ② Credit/Deb	Method of contribution: O Cash Personal Chec

Section B. Additional Page FILING DUE DATE NAME OF COMMITTEE 01/10/2011 Segarra for Mayor B. Itemized Contributions from Individuals ΜI Principal Occupation Amount of Last Name Bookkeeper Contribution Andrea Carvajal Name of Employer Zip Code Residential Street Address Hogar Crea International CT 06114 Hartford 79 Otis Street If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Yes Is contributor a lobbyist, spouse, municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? No O Yes municipality valued at more than \$5,000? Is contributor a principal of a state contractor or prospective state contractor? O Yes Yes Is this contribution associated with a If yes, indicate which branch or branches Nο fundraising event listed in Section L1? If yes, list Event # 12/17/2010 of government the contract is with: C Executive C Legislative Aggregate contributions Date Received Method of contribution: \$250.00 Cash Personal Check C Credit/Debit Card Payroll Deduction Money Order 12/17/2010 \$0.00 Principal Occupation Amount of Manager Contribution Nelson R Carvaial Name of Employer Zip Code Residential Street Address State Connecticut Parking Services CT 06114 :Hartford 182 Linnmoore Street If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Is contributor a lobbyist, spouse, Yes municipality does contributor or business he/she is associated with have a contract with said ٦ or dependent child of a lobbyist? No municipality valued at more than \$5,000? Yes 🧐 No Is contributor a principal of a state contractor or prospective state contractor? 0 O Yes Yes Is this contribution associated with a No O No If yes, indicate which branch or branches fundraising event listed in Section L1? O Executive O Legislative If yes, list Event # of government the contract is with: Aggregate contributions Date Received Method of contribution: \$250.00 Cash Personal Check C Credit/Debit Card Payroll Deduction C Money Order 12/13/2010 \$0.00 Principal Occupation First **Executive Director** Seratin Contribution Mendez Zip Code Name of Employer Residential Street Address State 06105 Padres Abriendo Puertas Hartford CT 71-B Imlay Street If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Yes Is contributor a lobbyist, spouse, municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? No O Yes O No municipality valued at more than \$5,000? Is this contribution associated with a Is contributor a principal of a state contractor or prospective state contractor? C Yes C) Yes If yes, indicate which branch or branches No ○ No fundraising event listed in Section L1? C Executive C Legislative of government the contract is with: If yes, list Event # Aggregate contributions Date Received Method of contribution: \$250.00 \$0.00 Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 12/16/2010 Principal Occupation Amount of Attorney Richard 4 Contribution Zayas Vame of Employe Zip Code State Residential Street Address Self-Employer CT Simsbury 06070 7 Hunter Road Ext If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Yes Is contributor a lobbyist, spouse, municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? No municipality valued at more than \$5,000? C Yes 🔞 No C Yes Is this contribution associated with a Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches No fundraising event listed in Section L1? O No If yes, list Event # 12/17/2010 of government the contract is with: C Executive C Legislative Aggregate contributions Date Received Method of contribution: \$250.00 12/17/2010 \$0.00 Principal Occupation First Amount of Last Name Retired Chavez Α Contribution Zip Code Name of Employer Residential Street Address State MA 01108 Springfield 130 Eleanor Road If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Yes Is contributor a lobbyist, spouse, municipality does contributor or business he/she is associated with have a contract with said (No or dependent child of a lobbyist? municipality valued at more than \$5,000? Yes (No Is contributor a principal of a state contractor or prospective state contractor? Is this contribution associated with a Tes Yes O Yes No No If yes, indicate which branch or branches fundraising event listed in Section L1? ⊗ No of government the contract is with: O Executive O Legislative If yes, list Event # Aggregate contributions Date Received Method of contribution: \$250.00 Cash Personal Check Credit/Debit Card C Payroll Deduction Money Order \$0.00 12/16/2010 \$1,250.00 SUBTOTAL, Section B-This Page Page

I. MONETARY RECEIPTS

I. MONETARY RECEIPTS Section B. Additional Page FILING DUE DATE NAME OF COMMITTEE 01/10/2011 Segarra for Mayor Itemized Contributions from Individuals В. Principal Occupation Amount of ΜĬ Last Name Baker Contribution Roberto Muniz Name of Employer Zip Code Residential Street Address City Los Cubanitos Bakery 06067 CT Rocky Hill 59 Valley View Drive If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Yes Is contributor a lobbyist, spouse, municipality does contributor or business he/she is associated with have a contract with said No or dependent child of a lobbyist? municipality valued at more than \$5,000? C Yes 🙆 No Is contributor a principal of a state contractor or prospective state contractor? 🗘 Yes Yes Is this contribution associated with a If yes, indicate which branch or branches No No fundraising event listed in Section L1? 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I. MONETARY RECEIPTS Section B. Additional Page FILING DUE DATE NAME OF COMMITTEE 01/10/2011 Segarra for Mayor Itemized Contributions from Individuals Principal Occupation Amount of Clinician Contribution Ricardo Rico Zip Code Name of Employe Residential Street Address Wheeler Clinic 06032 East Hartford CT 193 Hollister Drive If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Yes Is contributor a lobbyist, spouse, municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? No No C Yes No municipality valued at more than \$5,000? Is contributor a principal of a state contractor or prospective state contractor? Yes Is this contribution associated with a Yes If yes, indicate which branch or branches No fundraising event listed in Section L1? 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I. MONETARY RECEIPTS Section B. Additional Page FILING DUE DATE NAME OF COMMITTEE 01/10/2011 Segarra for Mayor Itemized Contributions from Individuals Principal Occupation Amount of Last Name Owner Contribution Hwang Joon Name of Employer Zip Code Residential Street Address State Jay's Jewerly LLC CT 06043 Bolton 22 Fairway Drive If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Yes Is contributor a lobbyist, spouse, municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? No C Yes 💿 No municipality valued at more than \$5,000? Is contributor a principal of a state contractor or prospective state contractor? O Yes Yes Is this contribution associated with a (0) No fundraising event listed in Section L1? 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I. MONETARY RECEIPTS Section B. Additional Page FILING DUE DATE. NAME OF COMMITTEE 01/10/2011 Segarra for Mayor B. Itemized Contributions from Individuals Amount of Principal Occupation MI Contribution CEO Charlie Ortiz Name of Employer Zip Code Residential Street Address Casa Blanca Realty 06105 CT Hartford 760 Prospect Avenue If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Yes Is contributor a lobbyist, spouse, municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? (•): No O Yes O No municipality valued at more than \$5,000? Is contributor a principal of a state contractor or prospective state contractor? O Yes Yes Is this contribution associated with a No If yes, indicate which branch or branches O No fundraising event listed in Section L1? C Executive C Legislative of government the contract is with: If yes, list Event # 12/17/2010 Aggregate contributions Date Received Method of contribution: \$1,000.00 Cash Personal Check C Credit/Debit Card C Payroll Deduction C Money Order 12/17/2010 Amount of Principal Occupation Contribution Zip Code Name of Employer If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Yes Is contributor a lobby ist, spouse, municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? No municipality valued at more than \$5,000? Yes 🧐 No Is contributor a principal of a state contractor or prospective state contractor? Yes Is this contribution associated with a If yes, indicate which branch or branches fundraising event listed in Section L1? © Executive © Legislative of government the contract is with: If yes, list Event # Aggregate contributions Date Received Method of contribution: Cash O Personal Check O Credit/Debit Card O Payroll Deduction Money Order Amount of Principal Occupation ΜI Contribution Name of Employer Zip Code Residential Street Address If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Yes Is contributor a lobbyist, spouse, municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? No municipality valued at more than \$5,000? O Yes 💿 No Is contributor a principal of a state contractor or prospective state contractor? C. Yes Is this contribution associated with a Yes Yes No If yes, indicate which branch or branches fundraising event listed in Section L1? of government the contract is with: Executive 1 Legislative If yes, list Event # Aggregate contributions Method of contribution: Cash Personal Check Cardit/Debit Card Payroll Deduction Card Money Order Amount of Principal Occupation Contribution Name of Employer Zip Code State Residential Street Address If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Yes Is contributor a lobbyist, spouse, municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? municipality valued at more than \$5,000? Tycs 💽 No Is contributor a principal of a state contractor or prospective state contractor? C Yes Is this contribution associated with a If yes, indicate which branch or branches fundraising event listed in Section L1? C Executive C Legislative of government the contract is with: If yes, list Event # Aggregate contributions Date Received Method of contribution: Cash C Personal Check C Credit/Debit Card C Payroll Deduction C Money Order Amount of Principal Occupation Last Name Contribution Name of Employer Zip Code State Residential Street Address If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Yes Is contributor a lobbyist, spouse, municipality does contributor or business he/she is associated with have a contract with said No or dependent child of a lobbyist? 🗘 Yes 👙 No municipality valued at more than \$5,000? Is contributor a principal of a state contractor or prospective state contractor? C Yes Yes Is this contribution associated with a If yes, indicate which branch or branches 🙉 No fundraising event listed in Section L1? ♠ No (1) Executive (2) Legislative of government the contract is with: If yes, list Event # Aggregate contributions Date Received Method of contribution: @Cash O Personal Check O Credit/Debit Card O Payroll Deduction O Money Order \$1,000.00 SUBTOTAL Section B-This Page

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		Interest fr	om D	eposits in Aut	horized A	ceounts			rengangan sabah Pengangan dipen	
Date Received	Amount	\$0.00		Date Received		Amount	\$0.	.00	Total Amount Receive	d
Name of Institution		<u>and and a second as a second </u>		Name of Institution	<u> </u>					
Street Address	<u>Aggregoria</u>		· · · · · · · · · · · · · · · · · · ·	Street Address		and the second	e de la companya de l			
City	State CT	Zip Code		City		State	Zip Co	ode	s 0.0	o
	L MAGAZII	magne Ma	Alc	v Receipts not	Consider	ed Contri	hutions	10.00		
Name Doris Rojas						Date of Tr			Amount Receive	d
Street Address 73 Mountford St A	and the second second			lartford		State	Zip Code 061	14		
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Doris Rojas	and the second second second					<u></u>	2/03/2010			
Street Address 73 Mountford St			City F	lartford		State CT	Zip Code 061	14		
						8 6 6 7 8 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			\$ \$25.	00
Name	,	C 40 1 10 10 10 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10				Date of T	ransaction		Amount Receiv	ed
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Description		<u> </u>		<u>er er e</u>	en e			·	\$0	വ
		And the second s		ANNALO, est compensation			anazio grafica	Section K	Φ	.00
	Summa	ry of Other	Mon	etary Receipt	(Section	s D-K)		la esta esperante por Esta esta esperante de la constante de l	Margaran dinasa mina Dan kangaran dan 1971	
Total Loans Received this Per	thinks and the major through the part of the								0.00	(1000)
Total Receipts from Entities o			her Co	mmittees (Section	n E)		+		0.00	
Total Amount Transferred fr	/						+		0.00	
Total Amount Transferred fr	om Affiliated l	abor Union o	or Oth	er Organization	Γreasury (S	ection G)	+		0.00	
Total Amount of Personal Fu	nds of the Can	didate Receiv	ed this	Period (Section	Н)		+		0.00	
Total Amount of Anonymous	Contributions	(Section I)					+		0.00	
Total Amount of Interest from	n Deposits in A	Authorized Ac	ccounts	(Section J)			+		0.00	
Total Miscellaneous Monetar					() .		+		26.00	
Total of Other Monetar (Enter total on Line 15 of S			ns D-				sering United Initiation Successive United Successive		26.00	

	II	. FUNDRAISI	NG EVENT	ACTIVITY	SALVA BANG AND SALVANDA SALVAN		Page 7 of 1
NAME OF COMMITTEE					FILING DUE DA	and the second of the second	
Sega	rra for Mayor					01/10/20)11
		.1. Fundraisei		ormation 🚽		有新主要 多。	
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street	t Address		City	State	Zip Code
12/17/2010	Cocktail Party	693 Park St	reet		Hartford	СТ	06106
Subpart 1: (All Committees) Was this fundraising event ho		·	an be © •No	I complete require verage and invitati		rchases made by ho	st(s) for food,
Did this fundraiser include ite \$100 or items donated by an i		ntity of up to	an No	i complete require			-
Was this fundraiser a tag sale, with purchases from an indivi		onated items		es, go to Section I nated Items.)	.2 Proceeds from Ta	ag Sale, Auction, o	or Other Sale of
Subpart 2: (Town Committee Were there purchases of adversith this fundraiser?	es and Municipal Candidat ertising space in a program	le Committees ON book associated	Yes (/)	<i>yes</i> , go to Section d complete require	L3 Purchases of Aded information.)	lvertising Space in	ı a Program Bool
Subpart 3: (Town Committee Did your committee sell food gathering held within the stat	l or beverage at a fair or sin	nilar mass	Yes (!	^r <i>yes</i> , enter Total F	Receipts from small	purchases here.)	\$ 0.00
Fundraising Event # Date of Fundraiser Letter	Description	Location: Stree	et Address		City	State CT	Zip Code
Subpart 1: (All Committees, Was this fundraising event ho		ž?	an		L4 In-kind Donation of putions.)		
Did this fundraiser include ite \$100 or items donated by an i		entity of up to		yes, go to Section d complete require	L4 In-kind Donationd information.)	ns not Considered	Contributions
Was this fundraiser a tag sale with purchases from an indivi	, auction, or other sale of dodual of up to \$50?	onated items	Yes (If	yes, go to Section onated Items.)	L2 Proceeds from T	ag Sale, Auction,	or Other Sale of
Subpart 2: (Town Committee Were there purchases of adversith this fundraiser?	ges and Municipal Candide ertising space in a program	ate Committees O book associated	Yes (I	Tyes, go to Section ad complete requir	a L3 Purchases of Ac ed information.)	dvertising Space in	a Program Boo
Subpart 3: (Town Committee Did your committee sell food gathering held within the star	l or beverage at a fair or sir	nilar mass	O Yes (A	fyes, enter Total I	Reccipts from small	purchases here.)	\$ 0.00
			4				
		SUBTOTALS	Section L1 (7	own Committee	s <i>ONLY</i>) Total Re	ceipts-This Page	\$0.00
		THE STATE OF THE S			AL of additional S		40.0
	TOTAL OF ALL R	ECEIPTS FRO	OM SECTIO	ON L1. (Enter to	otal on Line 16a o	f Summary Page	\$0.0
			·V				
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VAME OF COMMITTEE	History and the second		est desprisingered by	ieni ne		PILING DUE DATE	011
Segarra for						01/10/2	UII
	2. Proceeds		Sale, A	uction		ther Sale of Donated Items	
Vame of Purchaser Last Name Individuals ONLY)		First		o de la compania del compania de la compania del compania de la compania del compania de la compania del compania de la compania del compan	MI	Method of payment: Cash Personal Check Credit/Debit	
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Jame of Purchaser Last Name		First		er er er er er e	МІ	Method of payment:	Aggregat
(ndividuals ONLY) Residential Street Address	City	<u>1</u>	State	Zip Code		C Cash C Personal Check C Credit/Debit Date Received Event #	Card Amount of Purchase
tems Purchased		1 512 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	:CT	<u>.</u>			\$0.00
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Vame of Purchaser Last Name Individuals ONLY)		First			MI	Method of payment: Cash Personal Check C Credit/Debit	Aggregat Card Amount of
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Individuals ONLY)	Letter	1	<u></u>	la: c :		Cash C Personal Check C Credit/Debit	Card Amount
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Items Purchased		,	.,				\$0.00
Name of Purchaser Last Name		First			МІ	Method of payment:	Aggrega
(Individuals ONLY) Residential Street Address	City	<u></u>	State	Zip Code	<u> </u>	O Cash O Personal Check O Credit/Debi	Card Amount Purchas
Items Purchased			СТ	<u> </u>			φη ης
HOME I WORKSON	the man provided many man	17 - 1875 to 1885 <u>gar a many bank</u>		9 - 12 - 19 - 19 - 19 - 19 - 19 - 19 - 1			\$0.00
Name of Purchaser Last Name (Individuals ONLY)		First			МІ	Method of payment: Cash Personal Check Cachedit/Debi	
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(Individuals ONLY)	Ic.	1 1	1Ctoto	Zip Cod	:	Cash C Personal Check C Credit/Debi	t Card Amount
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MANAGEMENT OF THE PROPERTY OF		L'O(t		was and sales with the control of th	- Aleksania		
Name of Purchaser Last Name (Individuals ONLY)		First				Method of payment: Cash Personal Check C Credit/Deb	
Residential Street Address	City		State CT	Zip Cod	e	Date Received Event #	Purcha
Items Purchased		· · · · · · · · · · · · · · · · · · ·	1 7.1				\$0.00
				The design of the second		SUBTOTAL Section L2-This	Page \$0.00
				ner decad.			
				nd opening	io checcia.	TOTAL of additional Section 1.2	
TOTAL OF ALL SM	ALL PURCH	ASES FROM	1 TAGS	ALES,	VUCTI	ONS OR OTHER SALES OF DONATED IT (Enter total on Line 16b of Summary	
	marini wa manaka 2000 Makawali 1900	CONTRACTOR OF STREET	Company of the Company	A STATE OF THE PERSON NAMED IN	NAME OF TAXABLE PARTY.		

· ·	II. FUN	DRAISIN	IG EVENT AC	CTIVITY	7		Page 9 of 17
TAME OF COMMITTEE		nte da	Accessors in the		FILING DUE DA	The second contract of the second	
Segarra for Mayo						01/10/201	
L3. Purchases of A	dvertising in a P	rogram	Book (Municip	al Candid	ate and Town Com	mittees ONLY)	
Name of Purchaset					Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State CT	Zip Code	O Yes O No	Event #	\$0.00	\$0.00
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State CT	Zip Code	O Yes O No	Event #	\$0.00	\$0.00
Name of Purchaser		e in executive in the e		Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State CT	Zip Code	O Yes O No	Event#	\$0.00	\$0.00
Name of Purchaser	The second se	Particular de la companya de la comp		Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State CT	Zip Code	O Yes O No	Event #	\$0.00	\$0.00
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State CT	Zip Code	O Yes O No	Eyent #	\$0.00	\$0.00
Name of Purchaser			Andrew American Company of the Compa	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State CT	Zip Code	O Yes O No	Event#	\$0.00	\$0.00
Name of Purchaser		-,	Allen Marie II de la Companya (1997) de la C	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State CT	Zip Code	O Yes O No	Event #	\$0.00	\$0.00
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State CT	Zip Code	(i) Yes (i) No	Event #	\$0.00	\$0.00
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State CT	Zip Code	O Yes	Event #	\$0.00	\$0.00
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State CT	Zip Code	Yes No	Event #	\$0.00	\$0.00
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	Q Yes Q No	Event#	\$0.00	\$0.00
Name of Purchaser ,				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State CT	Zip Code	C Yes C No	Event #	\$0.00	\$0.00
				e e e e e e e e e e e e e e e e e e e	JBTOTAL Section	La-This Page	\$0.00
		Carry March Physics (Clare)		TOTAL	of additional Section	n L3 Pages	\$0.00
TOTAL OF ALL PURCHASES	OF ADVERTISING	JINA PR	OGRAM BOOL	C (Enter t	otal on Line 16c of	Summary Page)	\$0.00

		II. FUNDRAIS	ITTACE TO A TOTAL	ACIIVIII		Page 10 of 17
NAME OF COMM					FILING DUE DATE	
-	Segarra for Mayor		gage and the Service and Associated Service 	A STATE OF THE STA	01/10/201	1
area de quillo e a		In-Kind Donations	Not Consid	lered Contrib	itions	
Name of Donor					Donation 🗘 Individual	Fair Market
\$ 4.2		n ann an ann an an an an an an an an an			given by:	Value of Donation
Street Address		City	State	Zip Code	Aggregate value for this event \$0.00	\$0.00
	and the second s	<u> </u>	СТ	Date Received	\$0.00 Event #	
Description of donation	1		1	Daie Received	Event #	
Name of Donor	The state of the s	Party of Street, and the Stree	w		Donation O Individual	Fair Market
					given by:	Value of Donation
Street Address		City	State	Zip Code	Aggregate value for this event	\$0.00
	. De ser en		СТ	1	\$0.00	ψ2.22
Description of donation	n Colonia companie e estadores e estados e en el seminor de el colonidor de electronista de electronista de electronista de el colonidor de electronista de electronista de electronista de el colonidor de electronista de el	The second secon	- 25 - 2 - 2 - 2 - 2 - 2 - 2	Date Received	Event #	
Name of Donor					Donation Olndividual	Fair Market
Name of Dollor		•			given by:	Value of Donation
Street Address	<u> </u>	City	State	Zip Code	Aggregate value for this event	#0.00
			CT	1	\$0.00	\$0.00
Description of donatio	n			Date Received	Event #	
:	· · · · · · · · · · · · · · · · · · ·				Donation CIndividual	Fair Market
Name of Donor		:			Donation Undividual given by: Business Entity	Value of Donation
Street Address	1.141 (1)4 (1)4 (1)4 (1) (1) (1) (1)	City	State	Zip Code	Aggregate value for this event	
participation of the second of		7	CT		\$0.00	\$0.00
Description of donation	MI.	the second comment to the second control of		Date Received	Event #	
<u> </u>	<u> </u>			:		
Name of Donor	and the second of the second o				Donation Individual given by: Business Entity	Fair Market Value of Donatio
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Description of donatic	<u>) </u>		<u>t in a said</u>	Date Received	Event #	-
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Name of Donor					Donation Ondividual given by: O Business Entity	Fair Market Value of Donatio
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Description of donation	nt and a second an			Date Received	Event #	
_ 3						1
Name of Donor					Donation Oludividual	Fair Market Value of Donatio
<u></u>		Tev.	Ctata	Zip Code	given by:	Value of Donatio
Street Address	man were an extra manager of the second of t	City	State	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation	on			Date Received	Event #	1
Name of Donor	The second secon	entre de la reconstruir de la companya de la compa	and a second of the		Donation C Individual	Fair Market
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Street Address		City	State	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation	OTI	<u> </u>	CT	Date Received	Event #	
Description of donain		gradus de la companya				
					BTOTAL Section L4-This Page	\$0.00
er i gengered dag		APARTON SECURITY CONTRACTOR OF THE PROPERTY OF			DIOTAL Section 14-1 inst 2ge	Φ0.00
				TOTAL	of additional Section L4 Pages	\$0.00
	Control of the Contro	Control of the Contro				\$0.00
	A TO POST YEART TO COME A TELEPONI	CAIATEANAIGHDEDEN	CONTRIBIL	TOME Contain take	l on Line 21 of Summary Page)	Ψ0.00

			III. NON	IMONETARY I	RECEIPTS		Page 11 of 17
NAME OF COMMITT	TEE				FILING DU	EDATE	
	Segarra for	Mayor	an an individual to the superior of the same of the superior of the superior of the superior of the superior o			01/10/20	11
		Section Ex	M. In	-Kind Contrib	utions		
Name :					Type of Contributor:		Fair Market Value of this
Street Address		City	State CT	Zip Code	100	to Referendum Committee	Contribution s)
Is contributor a lobbyis or dependent child of a	st, spouse, O	Yes No		butor or business he/:	date committee for a chief execution is associated with have a contract of the Yes O No		
Date Received	Is this contribution fundraising event			Description of In-Kind	1 Contribution	Aggregate contribution	·
Nima	If yes, list Event	#	3			\$0.00	\$0.00 Fair Market
Name Street Address		City	State	Zip Code	Type of Contributor:		Value of this Contribution
Is contributor a lobbyis	st, spouse, O	Yes	CT If contribution is in exce	ess of \$400 to a candi		to Referendum Committee	(s)
or dependent child of a		No		ibutor or business he/ nore than \$5,000?	she is associated with have a contr Yes Q No	act with said	
Date Received	Is this contributio fundraising event If yes, list Event	listed in		Description of In-Kin	d Contribution	Aggregate contribution \$0.00	
Name	17 yes, list Event	#			Type of Contributor:		Fair Market
Street Address		Citv	State	Zip Code	○ Individual ○ Committee	to Onformation Committee	Value of this Contribution
Is contributor a lobbyis or dependent child of a		Yes No			Other (Applicable only date committee for a chief execution is associated with have a continuous date.)		28)
:			municipality valued at r	more than \$5,000?	O Yes O No	Aggregate contributio	ne
Date Received	Is this contributio fundraising event If yes, list Event	listed in		Description of In-Kin	a Contribution	\$0.00	
Name			The second secon	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Type of Contributor:		Fair Market Value of this
Street Address		City	State CT	Zip Code	Individual Committee Other (Applicable only	to Referendum Committee	Contribution
Is contributor a lobbyi or dependent child of a		Yes No	municipality does contr	ibutor or business he	date committee for a chief execut she is associated with have a cont		
Date Received	Is this contributio	n associa	municipality valued at r ted with a \tilde{Q} Yes	Description of In-Kin	☐ Yes ☐ No d Contribution	Aggregate contributio	ns
	fundraising event If yes, list Event		Section L1? () No			\$0.00	
Name					Type of Contributor: Individual		Fair Market Value of this
Street Address		City	State CT	Zip Code	Committee	to Referendum Committee	Contribution (es)
Is contributor a lobbyi or dependent child of a		Yes No		ibutor or business he	date committee for a chief execut she is associated with have a cont Yes No		
Date Received	Is this contribution		ited with a 🔘 Yes	Description of In-Kin		Aggregate contribution	ns
	fundraising event If yes, list Even		Section L1? No			\$0.00	\$0.00
restrous saute venticula			Street of proceeding 15 (Book) of		SUBTOTAL	Section M-This Pag	\$0.00
				i de Carles inglikatik Diskumatikat dalah 1944		onal Section M Page	
		ringia.	OTAL OF ALL IN-KI		TIONS (Enter total on Line ; NOTE: This section refers only		
and the second of the control of the second	able Deposit t	o Tele	phone Company		ersonal funds to benefit the com		
Last Name of Individual Residential Street Addres			First	TS	MI Date	Deposit Made	Amount of Deposit
Name of telephone comp	<u> </u>	· · · · · · · · · · · · · · · · · · ·		W. C. C. C. C. C.	CT L		
		·	Ecity .	·	[Sect. 27: C-1:		
Street Address			City		State Zip Code		\$0.00
(1974) villagi (1975) de la relación (1976)				Total Section N	(Enter total on Line 23 of Su	mmary Page)	\$0.00

	NWONETAL	RY RECEIPTS	S ************************************		Page 12 of 1
AME OF COMMITTEE				FILING DUE DATE 01/10/2	0011
Segarra for Mayor O. Non-Monetary Receip				Santa de La carecta de la care	2011
Legislative Leadership,	Legislative				
ame of Committee (Legislative Leadership, Legislative Caucus, and Party Committee	ees ONLY)	Name of Treasurer	·		
reet Address		<u>1 </u>		Date Notice Received	Fair Market Value of Donation
ity	State CT	Zip Code		Aggregate Donations \$0.00	
escription of Donation	1 134 1			se of Expenditure (see instructions)	\$0.00
CO in A Maria Ladabia Ladabia Canaga and Barta Committee	(aan ONI V)	Name of Treasurer		OBOC OD OE	
ame of Committee (Legislative Leadership, Legislative Caucus, and Party Committee	en was to the contract of the	Name of Treasurer	the amount		
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reet Address		- 1 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3		Date Notice Received	Fair Market Valu- of Donation
ty	State	Zip Code	111	Aggregate Donations \$0.00	
escription of Donation	1			se of Expenditure (see instructions)	\$0.0
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				Date Notice Received	×
reet Address		<u></u>			Fair Market Valu of Donation
ity	State	Zip Code		la . 15 d	4
the second of th	СТ	Zip Code		Aggregate Donations \$0.00	
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TOTAL OF ALL EXPENS	ES INCURRED ON	COMMITTEE	CREDIT CA	ARD (Enter total o	n Line 27 of Summary Page)	\$0.00

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