## **SEEC FORM 20**

Itemized 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**

1. NAME OF COMMI	HTEE		i je k					
	Wood	den For Mayor		***************************************				
	First		МІ		Last		Suffix	
Mr	Ryan			P	Greco			
3. TREASURER ADDI Street Address 55 Trumbull S		A CONTRACTOR OF THE CONTRACTOR	City Ha	rtford	**************************************	State CT	Zip Code	6103
INSCRIPTION OF THE PROPERTY OF THE	an engagement	5. OFFICE SOUGHT (Cor	156738290	 1918/2008/1930/06	Adote Committee)		T NUMBER	
(mm/dd/yyyy) 11/08/	2011	Mayor				11	Hicapier · ·	
7. CANDIDATE NAM Title	E (Complete only First	if Candidate or Exploratory (	Committe M	1-1-10-11-3-3-3-3-11	Last		Suffix	
Mr	Shaw	/n	["	" <b>T</b>	Wooden		Sunix	
3. TYPE OF REPORT	(Check One Box		<b>VII.</b> (140)					
		C 7th day preceding prin	mary	C 7t	h day preceding referen	dum C Ini	tial Contribution o	or Disbursement
April 10 filing		C 30 days following pri	тагу	C. 45	days following referen	ndum 🖰 An	(PACs ONLY)	
O July 10 filing		O 7th day preceding ele-	ction	Ĉ D∈	eficit	<del></del>	ype of Report:	
C October 10 filing		C 12th day preceding el		C: To	ermination			
C. Independent Exper	nditure C Election	(State Central Committee	ection					
9. PERIOD COVERED			<u> </u>					
		Beginning Date			Ending Date		AN 10 10 10 10 10 10 10 10 10 10 10 10 10	
		11/04/2010	<u>-</u>	thru	12/31/20	10		
			CERTI	TCATION				Turning stage of the series of
Disclosure Staten	nent for the pe	penalties of false stateme riod covered is true, accu	ent, that	t all of th	e information set fort	th on this Item	ized Campaign	Finance
Figar 1. TREASURER OR DE	TER STEER STIP	ED (GIONIAMIDE)		an P. (				9/2011
I GBASURER OR DEI	OTT TREASUR	ER (SRINATURE)	PKII	NINAME	OF SIGNER		DATE	(mm/dd/yyyy)
		PENALTY FOR FALSE STA \$1,000, OR IMPRISONMENT	ATEMEN T FOR N	NT IS PUI NOT MOR.	NISHABLE BY FINE N E THAN ONE YEAR, OR	OT TO EXCEED BOTH.		

## SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
		0/2011
Wooden 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		\$36,791.47
12. Balance on hand at the beginning of Reporting Period	\$0.00	
13. Contributions received from Individuals (Sections A and B)	\$51,995,00	\$51,995.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Sections D-K)	\$0.00	\$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)	\$0.00	\$0.00
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$51,995.00	\$51,995.00
19. Expenses Paid by Committee (Section P)	\$15,203,53	\$15,203.53
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	\$36,791.47	\$36,791.47
21. In-Kind Donations not Considered Contributions Received (Section 1.4)		\$0.00
22. In-Kind Contributions Received (Section M)	\$13.09	\$13.09
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)	\$3,208.61	\$3,208.61
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)	\$7,309.06	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$7,309.06	

		I. MONETARY REC	CEIPT	S (Se	ections A-K)			Page 3 of 17
NAME OF COMMITTEE Wooden For Mayor						FILING !	DUE DATE	
· A. Total Contributions from S	mall C	ontributors-Receive	d this	Peri	od ONLY		01/10/2011	<del></del> ·
(See instructions for definition of Small Co			300V N 200	Marina A.	otal Section A	\$ : :::::::::::::::::::::::::::::::::::	0.00	C TOTAL PROPERTY
1-ast Name	First	R. Itemized Con	tributi Mi	ons i	Fom Individ			
SEE INSERTED SPREADSHEET Residential Street Address	City	[S	Zip Cods	·			<u> </u>	Amount of Contribution
		State CT	'		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	munic	ntribution is in excess of \$400 cipality does contributor or be cipality valued at more than \$	osiness he	e/she is	committee for a c s associated with l C Yes C No	nave a co	utive officer of a ntract with said	
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #		Is contributor a principal  If yes, indicate which of government the con	branch of	r branc	ictor or prospective ches		∑O No	
Method of contribution:  C. Cash C. Personal Check C Credit/Debi	t Card 🕰	Payroll Deduction [C] Mone	y Order	Date	Received		Aggregate contributions \$0.00	\$0.0
Last Name	First	<del></del>	MI		Principal Occupation	on .		Amount of
Residential Street Address	City	State CT	Zip Code		Name of Employer	•		Contribution
Is contributor a lobbyist, spouse, C Yes or dependent child of a lobbyist? No	munic	tribution is in excess of \$400 cipality does contributor or but ipality valued at more than \$	siness he	/she is	ommittee for a cl associated with h	nief execu ave a cor	tive officer of a tract with said	1
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #		Is contributor a principal of fyes, indicate which of government the con-	branch oi	contra r branc	ctor or prospectiv		C¹No.	1
Method of contribution: C Cash  Personal Check  C Credit/Debit	Card 💢	Payroll Deduction C. Money	Order	Date F	Received		Aggregate contributions	\$0.00
ast Name	First		MI	<u>.</u> . [	Principal Occupation	n	\$0.00	Amount of
esidential Street Address	City	State	Zip Code		Name of Employer			Contribution
s contributor a lobbyist, spouse, C Yes	If cont	cT tribution is in excess of \$400	to a sond	idata a		t. c		ļ
or dependent child of a lobbyist? C No	munici	ipality does contributor or buipality valued at more than \$5	siness he/	she is	associated with h	ier execu	tract with said	
Is this contribution associated with a fundraising event listed in Section L1?   **Types**, list Event #**  **List**  **List**		Is contributor a principal of If yes, indicate which to of government the cont	branch or	branci	ctor or prospective hes C Executiv		O No	
Method of contribution: C. Cash □ Personal Check □ Credit/Debit	Card 🗘 I	Payroll Deduction (2) Money	Order	Date R	eceived		Aggregate contributions	\$0.00
ast Name	First		MI	1	Principal Оссиряно	,		Amount of
esidential Street Address	City		Zip Code	ì	Name of Employer	_		Contribution
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	munici	ribution is in excess of \$400 t pality does contributor or bus	iness he/	date co	ommittee for a chi	ef execut	ive officer of a	
Is this contribution associated with a fundraising event listed in Section L1?	es	pality valued at more than \$5  Is contributor a principal o  If yes, indicate which b	f a state o	ontrac branch	ies		© No I	
Method of contribution: C Cash C Personal Check C Credit/Debit	Card 🗘 P	of government the control	T	th: Date Re	© Executive eceived		gislative Aggregate contributions \$0.00	\$0.00
					SUB	OTAL	Section B-This Page	\$0.00
							onal Section B Pages	\$51,995.00
TOTAL OF ALL CONTRIBU	TIONS	FROMINDIVIDUALS	Section	8 A &	B) (Enter tota	(on Lin	e 13 of Summary Page)	\$51,995.00

## WOODEN FOR MAYOR B. Itemized Contirbutions from Individuals

Lastname	Firstname	Street Address	<b>À</b>	State	Zip Code	Date of Contribution	Amount Co	Aggregate Source of Amount Contribution Employer	Employer	Organisation	3	_ <del>-</del> _ <del>-</del> _	į
Addison	Karen Bailey	11 Mayrand Way	Windsor Locks CT	s CT	06096-1258	11/15/10	\$100.00	\$100.00 Check			FALSE	FALSE	NOTES
Alleyne Alleyne	Kenneth Richard	837 Prospect Ave 156 S Main St	Hartford West Hartford	ಕರ	06105.4229 06107.3454	12/29/10 12/23/10	\$1,000.00	\$1,000.00 ccOnline \$1,000.00 Check	EOSM The Hartford Insurance Attorney	Physician c≮ Attomey	FALSE FALSE	FALSE	
Ansari Belval	Abdulshahid Paul	192 Vine St 32 Leigh Gate Road	Hartford Glastonbury	ಕರ	06112-1951 06033	12/5/10 11/19/10	\$50.00	\$50.00 Check \$500.00 Check	Day Pitney LLP	Attorney	FALSE	FALSE	
Berkmand	Jarome	4 Valley View Drive	Stamford	古	06903	12/23/10	\$150.00	\$150.00 Check	Day Pitney LLP	Attomey	FALSE	FALSE	
Bronin	Andrew	11 Windabout Dr	Greenwich	cī	06831-3702	12/31/10	\$500.00	\$500.00 ccOnline	self	physician/dermatolo gist	FALSE	FALSE	
Budd	Aviva	215 Ocean Drive West Stamford	st Stamford	ь	D6902	12/23/10	\$1,000.00	\$1,000.00 Check	Retired	Retired	FALSE	FALSE	
Budď	Martin	215 Ocean Drive West Stamford	st Stamford	ಕ	06902	12/23/10	\$1,000.00	\$1,000.00 Check	Retired	Retired	FALSE	FALSE	
Burnis	Jeny	45 Westland Rd	Avon	5	06001-3196	12/31/10	\$500.00	\$500.00 ccOnline	Barnes Group Inc.	Segment President	FALSE	FALSE	
Burris	Paula	45 Westland Rd 225 E 57th Street	Avon	сł	06001-3196	12/31/10	\$500.00	\$500.00 ccOnline	N/A	Homemaker	FALSE	FALSE	
Carney	Alfonso	Aparlment 22A	New York	È	10022	12/30/10	\$1,000.00	\$1,000.00 Check			FALSE	FALSE	
Chase Clopec <del>X</del>	Thomas Jeff	57 Cobblestone Cir 46 Ledgetree Road 25 Mountain Spring	North Andover Medfield	r MA MA	01845-4547 02052	11/18/10 12/3/10	\$500.00 \$500.00	\$500.00 ccOnline \$500.00 Check	Day Pitney LLP Day Pitney LLP	Аttоrney Attorney	FALSE FALSE	FALSE FALSE	
Cloud	Sanford	Road	Farmington	ಕ	06032	12/31/10	\$500.00	\$500.00 Check	The Cloud Company	Attorney/Real Estate Developer	FALSE	TRUE	
Colbert	Richard	179 Lyons Plain Rd	Weston	ci	06883-3011	12/31/10	\$250.00	\$250.00 ccOnline	Day Pitney LLP	Ацотеу	FALSE	FALSE	
Considine	Michael	39 Sweet Briar Ct	Stamford	CT	06905-1509	12/3/10	\$300.00	\$300.00 ccOnline	Day Pitney ⊥LP	Partner	FALSE	FALSE	
D Broadus	Charlsa	33 Neck Rd	Old Lyme	ct	06371-1485	12/31/10	\$250.00	\$250.00 ccOnline	Day Pitney LLP	Attorney/Partner	FALSE	FALSE	
Doot	David	242 Trumbull St	Harfford	L CI	06103-1213	11/18/10	\$500.00	\$500.00 ccOnline	Day Pitney	Attorney	FALSE	FALSE	
Drakes	Emerson	31 Valley View Dr	Windsor	៦	06095-3400	12/31/10	\$25.00	\$25.00 ccOnline	General Electric	Sourcing Program Leader	FALSE	FALSE	
Farrish FitzMaurice	Thomas Daniel	423 Old Post Rd 23 Greenridge Lane	Tolland West Hartford	ಕಕ	06084-3321 06107	11/27/10 11/29/10	\$100.00 \$1,000.00	\$100.00 ccOnline \$1,000.00 Check	Day Pitney LLP Day Pitney LLP	Attorney Attorney	FALSE FALSE	FALSE FALSE	
Gibbs	Gerville Joan	2314 S Branch Rd 79 Hartland Street	Branchburg Hartford	⊋ნ	08853-4117 6112	12/31/10 11/23/10	\$1,000.00 \$100.00	\$1,000,00 ccOnline \$100.00 Check	Capital Impact Group	Public Affairs	FALSE FALSE	FALSE FALSE	
Goldberg	Thomas	10 White Woods Lane Westport	Westport	ct	06880	11/20/10	\$1,000.00	\$1,000.00 Check	Day Pitney LLP	Attorney	FALSE	FALSE	
Goldberg	Lynn	10 White Woods Lane Westport	Westport	더	06880	12/20/10	\$1,000.00	\$1,000.00 Check	Self Employed	Math Tutor	FALSE	FALSE	
Gooden	jeraki	15 Wyndham Ln 55 Trumbull Street.	Farmington	۲۵	06032-2758	12/31/10	\$500.00	\$500,00 ccOnline	aetna inc	Vice President	FALSE	FALSE	
Griffih Griffih	Ryan Lee	#208 5 Marsh Road	Harfford Westport	더러	06103 06880	11/4/10 11/23/10	\$100,00 \$50.00	\$100.00 Check \$50.00 Check	Day Pitney LLP Day Pitney LLP	Attorney Attorney	FALSE	FALSE FALSE	

Notes																						
Contract with City in excess of \$5,000?	FALSE	FALSE	FALSE FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE FALSE FALSE	FALSE
Lobbylst?	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE FALSE FALSE	FALSE
Occupation	Attomey	Lawyer	Attorney	Attorney	Educational ix Consultant	Consulting Attorney	Attorney	rou Owner	retired	Business Manager	Attomey	Consultant	Real Estate Developer	Line Insurance Broker	retail and gardener	Consultant	Attorney Attorney	attorney Attorney	2o President	lawyer	pharmacist Attorney L'Attorney	physician
n Employer	Day Pitney LLP	Day Pitney LLP	Day Pitney LLP	Day Pitney LLP	University of Phoenix	GrossmanSolutions Day Pitney LLP	Day Pitney LLP	PCC Technology Grou Owner	e/u	Univ. of CT	Day Pitney LLP	Self Employed	Self-Employed	Seff-employed	Self	GrossmanSolutions	Day Pitney LLP Self-Employed	guardian life Day Pitney LLP	C&R Delveopment Co President	Day Pitney LLP	Sanof-Aventis pharmac Day Pitney LLP Attorney Rubenstein & Sendy L' Attorney	ОСНС
Aggragate Source of Amount Contribution Employer	\$250.00 ccOnline	\$100.00 ccOnline	\$200.00 ccOnline \$50.00 Check	\$1,000.00 ccOnline	\$25.00 ccOnline	\$5.00 ccOnline \$1,000.00 Check	\$50.00 Check \$500.00 Check	\$1,000.00 ccOnline	\$250.00 ccOnline	\$1,000.00 ccOnline	\$500.00 Check	\$1,000.00 Check	\$1,000.00 ccOnline	\$50.00 ccOnline	\$1,000.00 ccOnline	\$1,000.00 Check	\$300.00 Check \$50.00 Check	\$1,000.00 ccOnline \$1,000.00 Check	\$1,000.00 ccOnline	\$1,000.00 ccOnline	\$1,000.00 ccOnline \$1,000.00 Check \$1,000.00 Check	\$750,00 ccOnline
Amount C	\$250.00	\$100.00	\$200.00	\$1,000.00	\$25.00	\$5.00 \$1,000.00	\$50.00	\$1,000.00	\$250.00	\$1,000.00	\$500.00	\$1,000.00	\$1,000.30	\$50.00	\$1,000.00	\$1,000.00	\$300.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000,00 \$1,000,00 \$1,000,00	\$750,00
Date of Contribution	11/21/10	12/1/10	12/3/10 12/20/10	11/22/10	12/16/10	11/24/10	12/23/10 12/10/10	12/31/10	12/31/10	12/11/10	12/3/10	11/16/10	12/22/10	12/31/10	12/16/10	12/20/10	12/11/10 12/23/10	11/28/10 12/1/10	11/18/10	11/19/10	11/39/10 11/30/10 11/10/10	12/31/10
Zip Code	07830-3443	06470-1440	06824-2975 06002	10024-4960	77418-0338	11238-5500 07960	11367 06117	06002-4318	06002-4318	06268-2523	96090	06103	10025-7106	06040-6937	06117-2912	10011	06880 07021	06001-3018 06853	06479-1228	10036-6524	06880-6828 06107 06105	06105-4229
State	3	5	ಕಕ	ķ	¥	žΖ	Ċ₩	cŢ	cł	ե	ç	ರ	È	ct	c <sub>1</sub>	¥	t ₹	៦៦	ל	ž	ದರದ	ե
Clty	Califon	Newtown	Fairfield Bloomfield	New York	Bellville	Brooklyn Morristown	Flushing West Hartford	Bloomfield	Bloomfield	Mansfield	Windsor	Hartford	New York	Manchester	West Harfford	New York	West Hartford Essex Fells	Avon Norwalk	Plantsville	New York	Westport West Hartford Hartford	Hartford
Street Address	2 Temill Dr	40 Saw Mill Rd	50 Walbin Ct 90 Darby Street 225 W 83rd St. Ant	14F	PO Box 338	606 Saint Johns Pl 1 Canfield Way 156-11 Aquilar Ave.	Apt 5k 37 Porter Drive	17 Avery Rd	17 Avery Rd	87 Davis Rd	108 Gary Lynn Lane 21 Temple Street Ard	208 333 Central Park W	Apt 103	104 Valley View Rd	32 Orchard Rd 77 - 7th Avenue, Act	14f	16 Wedgewood Road West Hariford 12 Maple Lane Essex Felis	65 N Farms Rd 12 Pennoyer Street	510 Mount Vernon Rd Plantsville	7 Times Sq	12 Norwalk Ave 26 Fulton Place 80 Goodwin Circle	851 Prospect Ave
Firstname	Benjamin	Helen	Gregory Robet	Ronald	Ralph	Logan Cennis	Myrtha Charlie	Jerry	Marjorie	Rosemary	Emie	John	Jonah	Jesse	Agnes	Lynn	Jeffrey Lawrence	Tracy Ken	Curtis D.	Sabino	Jane Jim Bruce	Wilner
Lastname	Hagiund	Hamis	Hayes Re	Janis	Johnson	Kelly LaFiura	Lamane Lenore	Long	Pud	Marcellino	Mattei	Motley	Neuman	Pasker	Peelle	Pincus	Plotkin Reilly	Rich Ritt	Robinson		Rodriguez Rotondo Rubenstein	Samson

Lastname	Firstname	Street Address	City	State	Zip Code	Date of Contribution	Amount Co	Aggregate Source of Amount Contributions Contribution Employer	n Employer	Octabation	Otherise	Contract with City in excess of	
Savage Schwartz	Archie Daniel	299 Steele St 71 Russet Road	New Britain Stamford	55	06052-1500 06903	12/31/10 12/23/10	\$100.00	\$100.00 ccOnfine \$1,000.00 Check	N/A Day Pitney LLP	Retired	FALSE FAISE	""	NOIGS
Scopellifi See	David Edmund	9 Grimes Rd 134 Westerly Terrace	Old Greenwich e Hartford	55	06870-2007 06105	11/19/10 12/23/10	\$1,000.00 \$500.00	\$1,000.00 ccOnline \$500.00 Check	GarMark Advisors Day Pitney LLP	Principal Attorney	FALSE	FALSE	
Senatus	Patrick	10 Jordan Ln	Unionville	5	06085-1166	11/19/10	\$1,000.00	\$1,000.00 ccOnline	University of Connectic Physician	dic Physician	FALSE	FALSE	
Senatus Sendy	Anjanette Kathrine	10 Jordan Ln 80 Goodwin Circle	Unlonville Kartford	ಕಕ	06085-1166 06105	11/19/10 12/29/10	\$1,000.00 \$1,000.00	\$1,000.00 ccOnline \$1,000.00 Check	University of Connectic Physician Rubenstein & Sendy L. Attorney	tic Physician L Attorney	FALSE	FALSE	
Shea Sicillan Siegel	Michael Jim Robert	325 Quaker Ln N 59 Berwyn Road 38 Ironwood Road	West Harford West Harford West Harford	ដដដ	06119-1036 06107 06117	11/27/10 11/23/10 11/29/10	\$250.00 \$500.00 \$500.00	\$250.00 ccOnline \$500.00 Check \$500.00 Check	Day Pitney LLP Day Pitney LLP Day Pitney LLP	Lawyer Attorney Attorney	FALSE FALSE FALSE	FALSE FALSE FALSE	
Smedley	Michelle	851 Prospect Ave	Hartford	5	06105-4229	12/31/10	\$750.00	\$750.00 ccOnline	CT G	physician	FALSE	FALSE	
Springer Surgeon	Felix Shirley	60 Stoner Drive 160 Adams Street	West Harford Harfford	ಕಕ	06107 06112	11/23/10 12/5/10	\$1,000.00 \$25.00	\$1,000.00 Check \$25.00 Cash	Day Pitney LLP Unemployed	Атотеу	FALSE FALSE	FALSE FALSE	
Swerdloff Taylor	David Allan	87 Alexandra Dr 238 Whitney St.	Stamford Harfford	55	06903-1731 06105	12/31/10 11/22/10	\$1,000.00	\$1,000.00 ccOnline \$1,000.00 Check	Oay Pitney LLP Day Pitney LLP	lawyer Attorney	FALSE FALSE		
Taylor	Rob	7 Clover Lande	Wealogue	5	06089	11/23/10	\$500.00	\$500.00 Check	Day Pitney LLP	Attorney	TRUE	FALSE K	Wife is a registered lobbyist.
Tindall Tropp	Alphonso Jonathan	54 Whiteoak Dr 91 Strobel Road	South Orange Trumbull	<b>⊋</b> ნ	07079-1008 06611	12/31/10 12/20/10	\$1,000.00 \$50.00	\$1,000.00 ccOnline \$50.00 Check	Edwards Angell Palme attorney Day Pitney LLP Attorney	e attorney Attorney	FALSE	FALSE	
Trotter Trotter Twandy Vargas	Lloyd Teri Stern Amado	13 Farnham Way 13 Famham Way 45 DeForest Road 26 Paley Farm Road	Farmington Farmington Wilton Portland	5555	06032 06032 06897 06897	12/3/10 12/3/10 12/29/10 12/9/10	\$1,000.00 \$1,000.00 \$500.00	\$1,000.00 Check \$1,000.00 Check \$500.00 Check	GennX360 Capital Par Managing Partner Unemployed House wife Day Pitney LLP Attorney	ir Managing Partner House wife Attorney	FALSE FALSE FALSE	FALSE FALSE FALSE	
Wasserman Wasserman	Rich Cynthia	33 Lincoln Road 33 Lincoln Road 67 Under Mountain	Wethersfield Wethersfield	ಕರ	06109 06109		\$1,000.00	\$1,000.00 Check \$1,000.00 Check	Day Pitney LLP Unemployed	Attorney Homemaker	FALSE FALSE FALSE	FALSE FALSE	
Whitaker	G Warren	Road	Falls Village	ci	06031	11/30/10	\$250.00	\$250.00 Check	Day Pitney LLP	Attorney	FALSE	FALSE	
Wiggins	ĹaJoi	1001 Sage Green Ct	Rateigh	Š	27610-6310	11/28/10	\$25.00	\$25.00 ccOnline	UNCC	Assistant	FALSE	FALSE	
Wiggins Wildman	Eula Thomas	50 Hillside St, Apt C2 324 Steele Road	East Harfford West Harfford	ದರ	06108-3627 06117	12/31/10 12/23/10	\$50.00	\$50.00 ccOnline \$500.00 Check	DMV Day Pitney LLP	Reg Examiner Attorney	FALSE	FALSE	
Wilmot	Damian	306 Grove St	Randolph	MA	02368-2923	12/8/10	\$250.00	\$250.00 ccOnline	Goodwin Procter LLP	Attorney	FALSE	FALSE	
Wooden	Robert	15318 Ripplewind Ln	Houston	Ķ	77068-3002	12/8/10	\$1,000.00	\$1,000.00 ccOnline	Nationwide Insurance		FALSE	FALSE	
Wooden Ziobrowski	Wayne Stephen	15015 Walters Rd 599 Dutton Road	Houston Sudbury	X M	77068-2505 01776	12/29/10 12/23/10	\$40.00	\$40.00 ccOnline \$100.00 Check	Continental Airlines Day Pitney LLP	Manager, Training Programs Attorney	FALSE	FALSE	

Wooden For Mayor  Wooden For Mayor  Cit Court Dutions from Other Committee  Stem of Counting  No CONTRIB RECEIVED FROM OTHER COMMITTEES  Is this contribution susceided with a City Very Myre, list Includesting revent interior succeided with a City Very Myre, list Includesting revent interior succeided with a City Very Myre, list Includesting revent interior succeided with a City West Myre, list Includesting revent interior succeided with a City of Myre, list Includesting revent interior succeided with a City of Myre, list Includesting revent interior succeided with a City of Myre, list Includesting revent interior succeided with a City of Myre, list Includesting revent interior in Section Lift (No livens #  So.00  Some of Counsilities  Is this contribution associated with a City of Myre, list Includesting revent interior in Section Lift (No livens #  So.00  Some of Counting over Interior in Section Lift (No livens #  So.00  Some of Counting over Interior in Section Lift (No livens #  So.00  Some of Counting over Interior in Section Lift (No livens #  So.00  Amount of Countribution  So.00  Some of Countribution  Solution  The State City Code Date Received Appropriate Countributions  Solution City Code Date Received Appropriate Countributions  Solution City Code Date Received Propriets Countributions  Solution City City Code Date Received Propriets Countributions  Solution City City Code Date Received Propriets City Code Date Received Propriets City City City City City City City City			I. MON	ETARY R	ECEIPTS	S (Section	ns A-K)	<del>-</del>	-	Page 4 of
The Contribution Strom Other Committees  No CONTRIB. RECEIVED FROM OTHER COMMITTEES  In this contribution associated with a C 'yes   ffyer, list   fundaming even listed in School, 1/1 °C   No   Event if   So, 0.00  Amount of Contribution   So, 0.00  Contribution   So, 0.00  Amount of Contribution   So, 0.00  Contribution   So, 0.00  Amount of Contribution   So, 0.00  Amount of Contribution   So, 0.00  Amount of Contribution   So, 0.00  Contribution   So, 0.00  Contribution   So, 0.00  Amount of Contribution   So, 0.00  Contribution   So, 0.00  Amount of Contribution   So, 0.			100			*:		FILING DUE DATE		
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State   Zip Code   Date Reserved   Aggregate Contributions   \$0.00	MALLOG			Is this contr	ibution asso	ciated with	a Ö Yes	If yes, list	Amount of C	Contribution
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Is this contribution associated with a C Yes *** *** **** ***** **** **** **** *						Name of Trea	asurer		-	
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NAM    Name of Treasurer		CT						\$0.00	,	0.00
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TOTAL of additional Section C Page \$0.00		СТ	L		Payment	for goods a	snared expe ind services	ense 🕫 Surplus  B Distribution		ψυ.υυ
TOTAL of additional Section C Page \$0.00						SUBTO	TAL Sem	ion C.This Page		<b>\$</b> በ በበ
						W	CA . C W TO . V S SV	8888 W 8770 X		
TOTAL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 14 of Summary Page) \$0.00			Martin - A Chicago							

	PRI 4000		TARY F	RECEIPTS	(Sections A-K)			Page 5 of 17
NAME OF COMMITTEE					ne de la compania de La compania de la co	FILING DI	JE DATE	
	Wooden For May			• •			01/10/	
		<b></b>	oans Re	ceived this	s Period		Comparison	Pagada Pagada
Name of Lender N/A					Source of Loan:		Is there a Cosigner or Guarantor of	Amount Received
Street Address	City	Sta	te Zij	p Code	S Bank 🖸 🤄	Candidate	this loan?	
Name of Cosigner/Guarantor	,,,,		<u>''                                    </u>		Individual F. (	Other	C. Yes (if yes list name and address of Cosigner/Guarantor)	\$0.00
Street Address	City	Sta	te l7ii	p Code	Date of Receipt	Committee	C. No	
		c	;	,				
Name of Lender	<u> </u>				Source of Loan:		Is there a Cosigner	Amount Received
Street Address	City	Sta	te Zi	p Code	© Bank €	Candidate	or Guarantor of this loan?	<del>-</del>
Name of Cosigner/Guarantor			<u>''  </u>	:	☐ ☐ Individual ☐ €	Other	C. Yes (if yes list name and address of Cosigner/Guarantor)	\$0.00
Street Address	City	Sta		p Code	Date of Receipt	Committee_	™ No	
		C	i Mariantena	:		:	X./ (15 WX:XX: 7/X)	
							Total Section D	s 0.00
	eipts from Entit	ies other than In	dividua	ls or Othe	r Committees	(Referendu	m Committees ONI	7)
Name of Entity N/A							<u>.</u>	
Street Address		<u></u>		Da	ate Received			Amount Received
								741114411 32000 120
City		State Zip (	ode	Ag	gregate Contributions		\$0.00	\$0.00
Name of Entity			_		-		<u> </u>	
Street Address	_			- In-	nto Donatival			
				Da	ate Received			Amount Received
City		State Zip (	Code	Aş	ggregate Contributions		50.00	\$0.00
Name of Entity				_				
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City		State Zip (	Code	Ag	ggregate Contributions		50.00	\$0.00
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r.	Amount Transf	erred from Acti	oted R	neiness Tr	100	T. C. A.		
Date of Receipt	Amoun			of Receipt		Amount	nmuses <b>o</b> very	Total Transfers
		\$0.00				. <u>.</u>	\$0.00	TVW- *TAILUTETS
ls this transaction associate fundraising event listed in		If yes, list Event #	is th fund	is transaction a traising event li	ssociated with a costed in Section L1?	Yes If y No Eve	ves, list ent#	s 0.00
G. Amount Tr	ansferred from	Affiliated Labor	Union (	or Other O	rganization T	reasury /	Organization Comp	nittees ONLYI
Date of Receipt				ate of Receipt				Total Transfers
	\$0.00		Ι.		<del></del>	 D.00	<del></del>	
			^	mount			<del>_</del>	s 0.00
	H. Personal Fun	ds of the Candic	late Re	ceived this	Period (Candid	late Comm	inees ONLY)	
Date of Receipt		Method of payment:	Date	of Receipt		Me	thod of payment:	Total Amount Received
Amount	\$0.00	C. Cash C Personal Check C Credit/Debit Card		· -	\$0.00	l Ç	Cash Personal Check	
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		<u>.</u>	I. MO	NETA	RY RECEIPTS	(Section	s A-ŀ	<u>()</u>				Page 6 of 1
NAME OF COMMIT							2 2 2 / 2//	FIL	ING DUE I	ÁTE'		
		For Mayor								01/10/	2011	
		I. Anony	mous Co	ıtribu	ions (Specify do	lar amoun	t of th	e bills	received)	,	Karala Karala	
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coins _	\$0.00	\$10 5ill	\$0.00		coins	\$0.00		\$10 b	ili <b>\$0</b> .	00	s	0.00
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			\$0.00		Date Received			Апюш	I	\$0.00	•	Fotal ot Received
Name of Institution N//	4			r	Name of Institution		_			_	]	
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City	<u>.</u>	State CT	Zip Code		City	_		State	СТ	Sip Code	- s	0.00
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			* 172						Š.	tal Section K	\$ \$	0.00
		Summar	v of Other	Mone	tary Receipts (	Sections	D-K	n i			Jan 1	
Total Loans Receiv	ed this Peri	.vanimer/ergit.c	enseelestissentati. Migg					tant terti	<u> </u>		0.0	
Total Receipts from	Entities of	ber than Indivi	duals or Otl	ier Com	mittees (Section E	E)	-		+	<del>                                     </del>	0.0	
Total Amount Trai	sferred fro	m Affiliated Bu	isiness Treas	ury (Se	ction F)				+	1	0,0	
Total Amount Trai							etion (	G)	+		0.0	00
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Total of Other I Enter total on Lif	Nonetary ie 15 of Su	Receipts (a mmary Page)	Add Section	is D-K							0.0	00
								anguite if s	, xwi.A.A.iii.X.X	<u> </u>		

		II. I	FUNDR	AISING:	EVI	ENT ACTIVITY	· · · · · · · · · · · · · · · · · · ·			Page 7 of 1
NAME OF COMMITTEE							FILING DUE	DATE		
Woo	den For Mayor							0	1/10/201	11
	ankini 'yani ya sa	Li	Fundr	aiser Ev	ent	Information				
Fundraising Event # Date of Fundraiser Letter	Description N/A		Location:	Street Addr	<b>c</b> 35		City		State CT	Zip Code
Subpart 1: (All Committees)			_				<u>.</u>			
Was this fundraising event ho	sted at a personal resid	ence?			Yes No	(If yes, go to Section and complete requir- beverage and invitat	ed information for	ations not Con purchases ma	isidered ( de by host	Coutributions (s) for food,
Did this fundraiser include ite \$100 or items donated by an i	ms donated by a busine ndividual of up to \$50?	ess entit	ty of up to	, O		(If yes, go to Section and complete require	L4 In-kind Dona ed information.)	etions not Con	sidered C	Contributions
Was this fundraiser a tag sale, with purchases from an individual	dual of up to \$50?				Yes No	(If yes, go to Section Donated Items.)	L2 Proceeds from	n Tag Sale, Au	iction, or	Other Sale of
Subpart 2: (Town Committee Were there purchases of adve with this fundraiser?	rtising space in a progr	idate C am boo	<i>ommittee</i> k associa	s ONLY) ted O		(If yes, go to Section and complete require	L3 Purchases of ed information.)	Advertising S	Space in a	Program Book
Subpart 3: (Town Committee Did your committee sell food gathering held within the state	or beverage at a fair or	simila	r mass		Yes No	(If yes, enter Total I	Receipts from sm	all purchases	here.)	0.00
										57235
Fundraising Event # Date of Fundraiser Letter	Description		Location:	Street Addre	288		City	15.5.5	State CT	Zip Code
Subpart 1: (All Committees)	<u> </u>					<u> </u>	<u> </u>	<u></u>		<u>!</u>
Was this fundraising event hos				Qı		(If yes, go to Section and complete require beverage and invitation	d information for	tions not Cons purchases mad	sidered Colle by host(	entributions s) for food,
Did this fundraiser include iten \$100 or items donated by an in	dividual of up to \$50?			0 Y		(If yes, go to Section and complete require	L4 In-kind Dona d information.)	tions not Cons	idered Co	ontributions
Was this fundraiser a tag sale, a with purchases from an individ	auction, or other sale of lual of up to \$50?	f donate	d items		Yes (	If yes, go to Section I Donated Items.)	L2 Proceeds from	Tag Sale, Au	ction, or	Other Sale of
Subpart 2: (Town Committee Were there purchases of adver with this fundraiser?	s and Municipal Cand tising space in a progra	<i>lidate C</i> un book	ommittee associat	s ONLY)		(If yes, go to Section and complete require	L3 Purchases of d information.)	Advertising S	pace in a	Program Book
Subpart 3: (Town Committee Did your committee sell food of gathering held within the state	or beverage at a fair or	similar	mass	O 1		(If yes, enter Total R	eceipts from sma	ill purchases h	sere.)	0.00
		SI	JBTOTA	L Section	Lı (	Town Committees	ONLY) Total R	eccipts-This	Page	\$0.00
					rd . !	TOTA	L of additional	Section L.1	ages +	\$0.00
	TOTAL OF ALL	RECE	IPIS F	ROM SE	CT.	ON L1 (Enter sol	al on Line 16a	of Summary	Page)	\$0.00

NAME OF COMMITTEE						T ACTIVITY		Page 8 o
	For Mayor	<u>se la maria .</u>					FILING DUE DATE	
	** 798022893 ***	1.200	Part of the Control			<u> </u>	01/10/2	
lame of Purchaser Last Name	124 1 1966	First	1ag Sale	, Auctio			nated Items	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
Individuals ONLY) N/A		1			MI	Method of payment	: rsonal Check 🚨 Credit/Debit (	Aggrega
Residential Street Address	City		State	Zip Co	de	Date Received	Event #	Card Amount of
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ame of Purchaser Last Name Individuals (ONLY)		First	_	<u>-</u>	MJ	Method of payment:	<u> </u>	
esidential Street Address	City		- 10.			Cash C Per	rsonal Check Credit/Debit C	Aggregat  Card Amount 6
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dividuals ONLY)	<u>.                                    </u>				MI	Method of payment:	sonal Check C Credit/Debit C	Aggregate
esidential Street Address	City	<del>-</del>	State	Zip Cod	e	Date Received	Event #	ard Amount o
ms Purchased		<u> </u>	<u> </u>	<u> </u>		<u> </u>		
								\$0.00
me of Purchaser Last Name dividuals ONLY)		First			MI	Method of payment:		<del></del> -
sidential Street Address	City		le.		<u>l</u>	Cash C Per	sonal Check C Credit/Debit C	Aggregate ard Amount of
	City		State	Zip Code	e	Date Received	Event #	Purchases
ms Purchased	<u></u>		<del></del>			<del></del>	<u> </u>	<b>-</b> -  _
me of Purchaser Last Name		Ter .						\$0.00
dividuals ONLY)		First			MI	Method of payment:		Aggregate
sidential Street Address	City		State	Zip Code	<del>!                                    </del>	Date Received	onal Check Credit/Debit Ca	ard Amount of Purchases
ms Purchased			CT			· · ·	,	Latenases
								\$0.00
me of Purchaser Last Name		First				Method of payment:		
dividuals ONLY) sidential Street Address						C Cash C Person	onal Check   Credit/Debit Ca	Aggregate Amount of
sidestrial offeet Augress	City		State CT	Zip Code		Date Received	Event #	Purchases
ns Purchased	l		1_01			<u> </u>		_
								\$0.00
ne of Purchaser Last Name		First .	,			Method of payment:	<del></del>	Aggregate
idential Street Address	City		State	Zip Code		Cash C Person		d Amount of
	_		СТ	Zip Code		Date Received	Event #	Purchases
s Purchased	-			<del>'</del>				<b>-</b>
of Purchaser Last Name		First	_; <u>.</u>					\$0.00
lividuals ONLY)		rust .				Method of payment:		Aggregate
dential Street Address	City		State	Zip Code		Date Received	mal Check C Credit/Debit Car	Amount of Purchases
s Purchased			СТ	<u></u>			:	Luicasses
								\$0.00
						SUBT	OTAL Section L2-This Page	\$0.00
			1000 ·u					# # # # # # # # # # # # # # # # # # #
TOTAL OF ALL SM						STORY OF STREET SHOPE STREET STREET	additional Section L2 Pages	25.
TOTAL OF ALL SM	AT E. PTIDOUS	CTC PRO	NATIONAL PROPERTY.		V W.	4 16 *************	ES OF DONATED ITEMS	-
		NO STRO	MIAU SA	LES, AU	CTIO	VS OR OTHER SAY	ES OF DONATED ITEMS Line 16b of Summary Pare)	\$0.00

		. FUNDRAIS					Page 9 of 17
NAME OF COMMITTEE					FILING DI		
	n For Mayor	each Moss (SV)		anico an anti-	Discouration (Continuedos)	01/10/20	11
L3. Purch Name of Purchaser	ases of Advertising	in a Progra	m Book (Mu	nicipal Cand	date and Town		
Name of Purchaser N/A				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State CT	Zip Code	C 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	Zip Code	☐ Yes ☐ No	Event #	\$0.00	\$0.00
Name of Purchaser		"	101 100	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	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	Zip Code	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	Zip Code	O Yes	Event #	\$0.00	\$0.00
Name of Purchaser		<del> </del>		Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	O Yes O No	Event #	\$0.00	\$0.00
Name of Purchaser		<del></del>		Business Entity	Date Received	Augregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	O Yes	Event #	\$0.00	\$0.00
Name of Purchaser		<u> </u>		Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State CT	Zip Code	C 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	O Yes	Event #	\$0.00	\$0.00
Name of Purchaser		<u> </u>	<u></u>	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zîp. Code	O Yes	Event #	\$0.00	\$0.00
Name of Purchaser	<u> </u>	<del></del>		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
Name of Purchaser				<del></del> +	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	C Yes	Event #	\$0.00	\$0.00
Market Company		- 10°50		SU)	FFOTAL Section	n Lo-This Page	\$0.00
				TOTAL of	additional Sect	ion La Pages	\$0.00
TOTAL OF ALL PURC	SSC III D 20 DOMONO COMMON AND REAL PROPERTY OF THE PARTY		OGRAM BOO				\$0.00

		NDRAISING EVE	NT ACTIVITY	<del>,</del>	Page 10 of 17
TISTING OF COMMITTIES				PILING DUE DATE	
Wooden Fo		18	+ X · X * X * X * X * X * X * X * X * X *	01/10/20	011
Name of Donor	L4. In-Kind De	nations Not Con	sidered Contri		
N/A Street Address	·			Donation O Individual given by: O Business Entity	Fair Market Value of Donatio
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation			Date Received	Event #	1
Name of Donor	<u>.</u>			Donation Individual given by: Business Entity	Fair Market Value of Donatio
Street Address	City	State	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation			Date Received	Event #	_
Name of Donor	<del></del> -	<u> </u>		Donation 🖸 Individual	Fair Market
Street Address	City	State	Zip Code	given by:	Value of Donation
Description of donation		СТ		\$0.00	\$0.00
			Date Received	Event #	
Name of Donor				Donation	Fair Market Value of Donation
Street Address	City	State CT	Zip Code	Aggregate value for this event	\$0.00
Description of donation			Date Received	Event #	1
Name of Donor	-		l	Donation	Fair Market
Street Address	City	State	Zip Code	given by:	Value of Donation
Description of donation	·	СТ	Date Received	\$0.00	\$0.00
			Date Received	Even #	
Name of Donor		"		Donation O Individual given by: O Business Entity	Fair Market Value of Donation
Street Address	City	State CT	Zip Code	Aggregate value for this event	\$0.00
Description of donation			Date Received	\$0.00 Event #	
Name of Donor		<u></u>		Donation (individual	Fair Market
Street Address	City	State	Zip Code	given by:	Value of Donation
:		СТ	izip code	Aggregate value for this event \$0.00	\$0.00
Description of donation			Date Received	Event #	
Name of Donor				Donation	Fair Market Value of Donation
treet Address	City	State	Zip Code	Aggregate value for this event	\$0.00
Description of donation	L	ст	Date Received	\$0.00 Event #	. \$0.00
				BTOTAL Section La-This Page	#0.00
			20 2	For additional Section La Pages	\$0.00
TOTAL OF ALL IN VINE NO.			ENVAGE.		
TOTAL OF ALL IN KIND DO	TATIONS NOT CONSIDE	<del>ikodkeuni</del> kiboi	IUNS (Enter total	on Line 21 of Summary Page)	\$0.00

			Ì	III. NO	NMONETARY	RECEIPTS	• 1 <del>2</del>	Page 11 of 17
NAME OF COMMIT	ree					FILING D	JE DATE	
	Wooden Fo	r Mayo	r				01/10/201	
				· M. ]	in-Kind Coutri	butions		M. H.
Name Ryan Greci	0					Type of Contributor.		Fair Market
Street Address	<del>-</del>	City		State	Zip Code	C Individual C Committee		Value of this Contribution
55 Trumbull Streets Is contributor a lobby:			tford	СТ	06103		to Referendum Committees)	_
or dependent child of a		No No	municipality	does cont	cess of \$400 to a cand tributor or business he more than \$5,000?	idate committee for a chief execut.  she is associated with have a cont  Yes No	ve officer of a ract with said	
Date Received	Is this contribution	n associa	ited with a	⊖ Yes	Description of In-Ki	nd Contribution	Aggregate contributions	1
11/23/2010	fundraising event  If yes, list Event	listed in	Section L1? (	€ No	Postage, enve	opes.	\$113.09	\$13.09
Name						Type of Contributor:		Fair Market
Street Address		City		State	Zip Code	O Individual O Committee Other (Applicable only	to Referendum Committees)	Value of this Contribution
Is contributor a lobbyis or dependent child of a		Yes No	municipality	does cont	cess of \$400 to a cand ributor or business he more than \$5,000?	idate committee for a chief executi /she is associated with have a contr	ve officer of a	]
Date Received	Is this contribution	n associa	ted with a (	Yes	Description of In-Kin		Aggregate contributions	-
	fundraising event <i>If yes</i> , list Event	listed in	Section L17 (	No No			\$0.00.	\$0.00
Name			_		<del>-</del> .	Type of Contributor:		Fair Market
Street Address	<del></del>	City		State CT	Zip Code	C Individual Committee Other (Applicable only	to Referendum Committees)	Value of this Contribution
ls contributor a lobbyis or dependent child of a	t, spouse, C	Yes No	If contribution	n is in exc	ess of \$400 to a cand	idate committee for a chief executi	ve officer of a	1
	1000yist? 1.4	NU	municipality, municipality	ooes con valued at	เกษบเอร or business he more than \$5,000?	/she is associated with have a cont	ract with said	
Date Received	Is this contribution	n associa	ted with a	) Yes	Description of In-Kir	d Contribution	Aggregate contributions	
	fundraising event If yes, list Event	#	action Fit if	∄ No	1		\$0.00	\$0.00
Name						Type of Contributor:		Fair Market
Street Address		City	-	State CT	Zin Code	C Individual C Committee C Other (Applicable only	to Referendum Committees)	Value of this Contribution
Is contributor a lobbyist or dependent child of a	t, spouse, C lobbyist? C	Yes No	municipality of	loes contr	foutor or business he/	date committee for a chief executive she is associated with have a contri	e officer of a	
Date Received	Is this contribution	associat		Yes	more than \$5,000?  Description of In-Kin	C: Yes C: No	Aggregate contributions	
	fundraising event If yes, list Event	listed in !		) No			\$0.00	
Name					<del></del>	Type of Contributor:		Fair Market
Street Address		City	· · ·	State	Zip Code	☐ Individual ☐ Committee ☐ Other (Annlicable only)	o Referendum Committees)	Value of this Contribution
Is contributor a lobbyist or dependent child of a	, spouse, Colobbyist? C	Yes No	municipality d	loes contr	ess of \$400 to a candi ibutor or business he/ more than \$5,000?	date committee for a chief executive she is associated with have a contra	e officer of a	
Date Received	ls this contribution	associat		Yes	Description of In-Kine		Aggregate contributions	
	fundraising event l If yes, list Event	listed in S	Section L1? Ĉ	No	1		\$0.00	\$0.00
						SUBTOTAL S	ection M-This Page	\$13.09
						272200 · · · · · · · · · · · · · · · · · ·	nal Section M Pages	\$0.00
		тç	TAL OF ALI	JIN-KI	ND CONTRIBUT	IONS (Enter total on Line 22	of Summary Page)	\$13.09
N. Refundal	ole Deposit to	and 10	C-0/00(CC)22:500C-0/CC000C-0 4:35/5	S/W/088/A / 1985		NOTE: This section refers only to exonal funds to beneft the comm	advances of deposits by in	dividuals from
ast Name of Individual N/A			First	maaabid bu''.		MI Date D	eposit Made A	mount of Deposit
Residential Street Address			City		Str	tte Zip Code		,
vame of telephone company	у		<del></del>					
Street Address			City			State Zip Code		\$0.00
	1320 00 - 0.3			07		Enter total on Line 23 of Sum		\$0.00

III.	NONMONE	TARY RECEI	PTS		Page 12 of 17
				FILING DUE DATE	
Wooden For Mayor				01/10	0/2011
O. Non-Monetary R  Legislative Leaders  Name of Committee (Legislative Leudership, Legislative Caucus, and Party Co	hip. Legislat	ive Caucus, a	nd Par	tures Made By ty Committee	
N/A	mmittees ONLY)	Name of Tre	ASUTET		
Street Address				Date Notice Received	Fair Market Value of Donation
City Description of Donation	State CT	Zip Code		Aggregate Donations \$0.00	
Description of Donation				pose of Expenditure (see instructions)  A C B C C C D C E	\$0.00
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Co	munittees ONLY)	Name of Treas		A Sec D Sec D	<u></u> .
Street Address	·			Date Notice Received	Fair Market Value
City	State CT	Zip Code		Aggregate Donations \$0.00	1
Description of Donation		· · · · · · · · · · · · · · · · · · ·		A C B C C D C E	\$0.00
Name of Committee (Legislative Leadership, Legislative Cancus, and Party Con	mmittees ONLY)	Name of Trea	_	A SHOUSD CE	
Street Address				Date Notice Received	Fair Market Value of Donation
City	State CT	Zip Code		Aggregate Donations \$0.00	
Description of Donation			Punp 🖺 A	ose of Expenditure (see instructions)  CBCCDDEE	\$0.00
Name of Committee (Legislative Leadership, Legislative Caucus, and Purty Con	umittees ONLY)	Name of Treas			l
Street Address				Date Notice Received	Fair Market Value of Donation
City	State CT	Zip Code	_	Aggregate Donations	V1 201141011
Description of Donation				se of Expenditure (see instructions)	\$0.00
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Com	unittees ONLY)	Name of Treas		<u> </u>	<u> </u>
treet Address				Date Notice Received	Fair Market Value
ity	State CT	Zip Code		Aggregate Donations \$0.00	==
Description of Donation				se of Expenditure (see instructions)  OBCCODOE	\$0.00
same of Committee (Legislative Leadership, Legislative Caucus, and Party Com	mittees ONLY)	Name of Treasu	irer		_
treet Address		<u> </u>		Date Notice Received	Fair Market Value of Donation
escription of Donation	State CT	Zip Code		Aggregate Donations \$0.00	
<u> </u>			C A	e of Expenditure (see instructions)  BCC QD CE	\$0.00
ame of Committee (Legislative Leadership, Legislative Caucus, and Party Comm	mittees ONLY)	Name of Treasu	rer		
reet Address				Date Notice Received	Fair Market Value of Donation
ly	State CT	Zîp Code		Aggregate Donations \$0.00	
escription of Donation		<u></u>		e of Expenditure (see instructions)  GBCCGDCE	\$0.00
	Total Se	ction O Œnter (c	tal on L	ine 24 of Summary Page)	\$0.00

\*

		IV.	EXPENDITUR	RES			Page 13 of 17
NAME OF COMMITTEE  Wooden For N	Mayor	78 W 17 G			PILING DUE DATE	्राजन स्टब्स	
en Karasan - eskalayan en	1 2 528 2 4 1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2	W-none	es Paid by Co		U1/1	0/201	
Name of Payee Sarah Kelly		expens	ca traid by ten	Date of Payment	Method of Payment	T	Amount
Street Address 606 St. John's Place	City Brooklyn	State NY	Zip Code 11238	12/5/2010	€ Check #		,,,,,,
Purpose of Expenditure (by code) RCW	Description		meet and greet	_ <del> </del>	Event #		
Type of Expenditure (if applicable): C: Coordinated with reimbursement sough C: Coordinated without reimbursement so C: Independent C: Organization (see Instructions) C: A C: B C: C: D	Candidate(s) Nar (if applicable) ought			e Sought	☐ Supported ☐ Opposed	s	190.15
Name of Payee Curtis Robinson				Date of Payment	Method of Payment	+	Amount
Street Address 510 Mt. Vernon Road	City Plantsville	State CT	Zip Code 06479	12/21/2010	© Check # © Debit Card		
Purpose of Expenditure (by code) REF	Description Refund co	ontribution.		· · · · · · · · · · · · · · · · · · ·	Event #	$\exists$	
Type of Expenditure (If applicable):  Coordinated with reimbursement sough Coordinated without reimbursement so Independent Corganization (see Instructions)	ught	ne	Office	e Sought	☐ Supported ☐ Opposed	s	1,000.00
Name of Payee Grossman Solutions LL		<del></del>		Date of Payment	Method of Payment	╬	Amount
Street Address 17 Hop Hollow Road Purpose of Expenditure	City Simsbury Description	State CT	Zip Code 06070	12/21/2010	Check #		Timount
(by code) CNSLT		r payment	for consulting s	ervices.	Event #		
Type of Expenditure (if applicable): C Coordinated with reimbursement sough Coordinated without reimbursement sou Independent Organization (see Instructions)  A C B C C D	ught	ie	Office	Sought	☐ Supported ☐ Opposed	s	9,000.00
Name of Payee Grossman Solutions LL		,		Date of Payment	Method of Payment	+	Amount
Street Address 17 Hop Hollow Road Purpose of Expenditure (by code) CNSLT	City Simsbury Description	СТ	Zip Code .06070	12/21/2010 onsulting invoice	© Check # © Debit Card  Event #	_	
Type of Expenditure (if applicable):  O Coordinated with reimbursement sough O Coordinated without reimbursement sou O Independent O Organization (see Instructions)	Candidate(s) Nam (if applicable)	_		Sought	□ Supported □ Opposed	. \$	4,500.00
Name of Payee Officers Club, Hartford		_		Date of Payment	Method of Payment	十	Amount
Street Address 360 Broad Street	City Hartford	State CT	Zip Code 06105	12/21/2010	C Check #		
Purpose of Expenditure by code) MISC	Description Rental fee	for use of :	space at the Off	icers Club.	Event#	$\dashv$	
ype of Expenditure (if applicable): C Coordinated with reimbursement sought C Coordinated without reimbursement sou Independent C Organization (see Instructions)	Candidate(s) Name (if applicable)			Sought	□ Supported □ Opposed		
CA OB CC OD	O E	,,				\$	212.24
				SUBT	OTAL Section P-This Pag		\$14,902.39
				V	additional Section P Page		\$301.14
	AL OF ALL EXPEN	ISES PAID	ВУ СОММІТІ	TE (Enter total o	n Line 19 of Summary Pag	2)	\$15,203.53

			EXPENDIT P. Addition		-		•
NAME OF COMMITTEE			nl ,	CONTROL OF THE PARTY OF THE PAR	ILING DUE DATE		
	P.	Expens	es Paid by C	ommittee			
Name of Payee Harland Clarke Check	· · · · · · · · · · · · · · · · · · ·			Date of Payment	Method of Payment		Amount
Street Address P.O. Box 660073	City Dallas	State TX	Zip Code 75266	12/23/2010	C. Check # © Debit Card		
Purpose of Expenditure (by code) WEB	Description Purchase	checks.	_ <del>'</del>		Event #	$\dashv$	
Type of Expenditure (if applicable):  C. Coordinated with reimbursement soug  C Coordinated without reimbursement so  C Independent  C Organization (see Instructions)  C A C B C C D	ought	nie	Of	fice Sought	☐ Supported ☐ Opposed	 s	21.80
Name of Payee				Date of Payment	Method of Payment	$-\!\!\!+\!\!\!\!-$	Amount
Merchant Bank Card S	<del></del>						AMOUNT
P.O. Box 407066	City Fort Lauderdale	State FL	Zip Code 33340	12/03/2010	C Check # C Debit Card		
Purpose of Expenditure (by code) WEB	Description Credit ca	rd proces:	sing fees for on	line donations.	Event #		
Type of Expenditure (If applicable):  Coordinated with reimbursement sough Coordinated without reimbursement so Independent Corganization (see Instructions)	ught	ne .	Off	ice Sought	□ Supported □ Opposed		070.00
Name of Payee	СЕ			Data of Data		\$	279.34 
Street Address	City	State	Zip Code	Date of Payment	Method of Payment		Amount
Purpose of Expenditure	Description	СТ		<u> </u>	O Debit Card	_	
(by code)							
Fype of Expenditure (if applicable):  Coordinated with reimbursement sough Coordinated without reimbursement so Independent Corganization (see Instructions)	ught	ne	 	ice Sought	☐ Supported ☐ Opposed	s	0.00
Name of Payee	<u>UB</u>			Date of Payment	Method of Payment		Amount
treet Address	City	State	Zip Code	-	Check#		Amount
'urpose of Expenditure by code)	Description	СТ	1		C Debit Card Event #	4	
ype of Expenditure (if applicable); Coordinated with reimbursement sough Coordinated without reimbursement sou Independent Organization (see Instructions)	ight	e .	Öffi	ce Sought	Supported Opposed		0.00
GA GB GC GD	OE .		<u></u>	In	T	\$	0.00
<u> </u>				Date of Payment	Method of Payment		Amount
reet Address	City	State	Zip Code	1	Check #		
urpose of Expenditure y code)	Description		<del></del>	<del></del>	Event #	-	
pe of Expenditure (If applicable): Coordinated with reimbursement sought Coordinated without reimbursement sou Independent Organization (see Instructions)	ght	e ·	Offic	e Sought	□Supported □Opposed		0.00
		au j				<b>_ \$</b> \$28 <b>1</b>	
Table for a confidence of the service of the		Vijeviji.	e y L	SUBT(	OTAL Section P-This Pa	ze	\$301.14
					Page_(	12	of 02

			EXPENDIT	JRES		Page 14 of 1			
				A TOP CONTRACTOR OF	LING DUE DATE				
Wooden For	NATE OF STREET		and the second second	1999	01/10/201	11			
Name of Payee (Name of Vendor who candida	Q.C.	mpaign l	Expenses Pai	d by Candidate					
	USPS I	PO Boxes		Date of Payment	Is Reimbursement Claimed?	Amount			
Street Address  WWW.USPS.COM  Purpose of Expenditure	City	State CT	Zip Code	11/04/2010	9 Yes	\$62.00			
(by code) POST	Description Post Of	ffice box rei	ntal.		Event #	1			
Name of Payee (Name of Vendor who candida	te pald directly) Wood-I	N-Tan		Date of Payment	Is Reimbursement Claimed?	Amount			
Street Address	City	State	Zip Code	11/12/2010	∰. Yes				
99 Sisson Avenue Purpose of Expenditure	Hartford	ст		11/12/2010	Ö No	\$42.40			
(by code) FOOD	Description Meeting	Event #	1						
Name of Payee (Name of Vendor who candida	te paid directly) The Ru	ssell		Date of Payment	Is Reimbursement Claimed?	Amount			
Street Address	City	Štate	Zip Code	11/15/2010	€ Yes				
103 Pratt Street Purpose of Expenditure	Hartford	ст	06103		Q No	\$39.35			
(by code) FOOD	Description Meeting	). 		···	Event #				
Name of Payee (Name of Vendor who candidate	te paid directly) NGP So	oftware Inc.	<del></del>	Date of Payment	Is Reimbursement Claimed?	Amount			
Street Address	City	State	Zip Code	11/10/2010	Yes				
1225 Eye Street NW, Suite 1225 Purpose of Expenditure	Washington	DC	20005		Ö No	\$2,180.00			
(by code) WEB	Description Initial pa	yment for t	website related	services.	Event #				
Name of Payee (Name of Vendor who candidat	e paid directly) East We	est Grille		Date of Payment	Is Reimbursement Claimed?	Amount			
Street Address	City	State	Zip Code	11/29/2010					
526 New Park Avenue Purpose of Expenditure	West Hartford  Description	CT	06110		€ No	\$13.59			
(by code) FOOD	Meeting				Event #				
Name of Payce (Nume of Vendor who candidate	e paid directly) NGP So	ftware Inc.		Date of Payment	Is Reimbursement Claimed?	Amount			
Street Address 1225 Eye Street NW, Suite 1225	City Washington	State	Zip Code	12/02/2010	€ Yes	4444			
Purpose of Expenditure	Description	DC	20005		C No	\$360.00			
	ľ	t for website	e related servic	<u> </u>					
Name of Payee (Nume of Vendor who candidate	r paid directly) Toktumi			Date of Payment	Is Reimbursement Claimed?	Amount			
treet Address www.toktumi.com	City	State CA	Zip Code	12/06/2010		£14.05			
urpose of Expenditure	Description		<u> </u>		Event.#	\$14.95			
by code) OVHD  Name of Payee (Name of Vendor who candidate		nternet host	ted phone serv		<u> </u>				
	AT&T Mo	obile	_	Date of Payment	Is Reimbursement Claimed?	Amount			
treet Address 1801 Valley View Lane	City	State	Zip Code	12/14/2010	• Yes	•			
urpose of Expenditure	Dallas Description	<u>                                   </u>	75234	<u> </u>	C' No	\$265.05			
by code) OVHD		of candida	te's campaign (						
ame of Payee (Name of Vendor who candidate	paid directly) Fernwood	d Restaura	nt	Date of Payment	Is Reimbursement Claimed?	Amount			
treet Address 113 New Britain Avenue	City West Hartford	State	Zip Code 06110	12/20/2010	②€ Yes Ω No	\$98.45			
urpose of Expenditure by code) FOOD	Description		90110	<del></del>	Event #	ψ30.43			
	Meeting.								
				SUBTO	TAL Section Q-This Page	\$3,075.79			
					dditional Section Q Pages	\$132.82			
a in in the second of the second	OTAL OF ALL EXI	enses pa	ID BY CANDI		Line 76 of Summary Page)	\$3,208.61			
				The state of the s	Something Park	,			

			EXPENDITU Q. Addition			
NAME OF COMMPTTEE			Q. Addition	CONTRACTOR OF THE PROPERTY OF	LING DUE DATE	- :
Wooden For Mayor		2001			01/10/2	011
None Co		ampaign I	Expenses Paid	by Candidate		
Name of Payer (Name of Vendor who	candidate paid directly) Ralph-	n-Rich's Re	staurant	Date of Payment	Is Reimbursement Claimed?	Amount
Street Address 815 Main Street	City Bridgeport	State	Zip Code 06604	12/22/2010	€ Yes ○ No	132.82
Purpose of Expenditure (by code) FOOD	Description Meeting	g.			Event #	
Name of Payce (Name of Vendor who	candidate paid directly)			Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code	1	C Yes	0.00
Purpose of Expenditure (by code)	Description		<del></del>	<u> </u>	Event#	0.00
Name of Payee (Name of Vendor who	cundidate paid directly)			Date of Payment	ls Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		○ Yes	Amount
Purpose of Expenditure	Description	CT			No Event #	0.00
(by code)					Event #	
Name of Payee (Name of Vendor who	candidate paid directly)			Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State CT	Zip Code	7	C Yes	0.00
Purpose of Expenditure (by code)	Description		<u>-•</u>	<u> </u>	Event #	
Name of Payee (Name of Vendor who o	andidate paid directly)		<u> </u>	Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	Cíty	State CT	Zip Code	_	C Yes	0.00
Purpose of Expenditure (by code)	Description	1 01		<u> </u>	C No	0.00
Name of Payee (Nume of Vendor who c	andidate paid directly)			Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		O Yes	Militrat
Purpose of Expenditure	13	СТ		:	O No	0.00
(by code)	Description				Event #	
Name of Payee (Name of Vendor who ca	andidate paid directly)		<u> </u>	Date of Payment	Is Reimbursement Claimed?	Amount
street Address	City	State CT	Zip Code	1	C Yes C No	0.00
upose of Expenditure by code)	Description	· · ·		<u> </u>	Event #	0.00
Name of Payee (Name of Vendor who ca	indidate paid directly)			Date of Payment	Is Reimbursement Claimed?	Amount
treet Address	City	State	Zip Code		○ Yes	
urpose of Expenditure	Description	СТ			C No	0.00
lame of Payee (Name of Vendor who ca	redidate naid discreto)					
				Date of Payment	Is Reimbursement Claimed?	Amount
treet Address	City	State CT	Zip Code		Ç Yes Ç No	\$0.00
urpose of Expenditure ry code)	Description				Event #	
				SURTO	PAL Section Q-This Page	\$132.82
			The second secon		CHARLES AND STATE OF THE PARKS.	
		_			Page 2	of 2

		IV. EXPENDITU	RES		Page 15 of 1
				FILING DUE DATE	
Wooden For Mayor		**************************************	CONTRACTOR OF THE PROPERTY OF		10/2011
	R. Expenses I	ncurred on Comp	nittee Credit	Card	
Name of Issuing Institution N/	'A		Type of Credit	t Card:	
			○ Visa	Master Card C Discover	C American Express
N			C Other		
Name of Vendor	•			Date of Transaction	Amount
Street Address	City	Ctata	lari a s		
	<b>1 2.</b> , 9	State CT	Zip Code		
Purpose of Expenditure	Description			Event #	\$0.00
(by code)					
Name of Vendor		· · ·	-	Date of Transaction	Amount
Street Address	City				Ambunt
	Cuy	State CT	Zip Code	<u> </u>	ı
Purpose of Expenditure	Description		<u> </u>	Event #	\$0.00
(by code)					
Name of Vendor				Date of Transaction	A
Street Address	Town				Amount
anset (100003	City	State CT	Zip Code		
Purpose of Expenditure	Description		<u> </u>	Event #	\$0.00
by code)				Even #	1
ame of Vendor				Date of Transaction	
				or Hadienon	Amount
Street Address	City	State	Zip Code	_	
Aurpose of Expenditure	Description	СТ			\$0.00
by code)	2 3331.pag,1			Event #	V4
ame of Vendor	· · · · · · · · · · · · · · · · · · ·	<u> </u>	_	Date of Transaction	<u> </u>
				Date of Fransaction	Amount
treet Address	City	State	Zip Code	_	
urpose of Expenditure	Description		<u> </u>		\$0.00
by code)	Desir, provi			Event #	45.50
ame of Vendor		<u></u>	<del></del>		<del>-  </del> -
<u> </u>				Date of Transaction	Amount
treet Address	City	State	Zip Code		
	Description	СТ	<u> </u>		\$0.00
urpose of Expenditure by code)	Description			Event #	
ame of Vendor					
				Date of Transaction	Amount
reet Address	City	State	Zip Code		
	Description	СТ	<u> </u>		\$0.00
upose of Expenditure y code)	Description			Event#	70.00
me of Vendor	<del></del>	<del>_</del>			
				Date of Transaction	Amount
reet Address	City	State	Zip Code		1
BE Vi		СТ	<u> </u>		\$0.00
rpose of Expenditure ( code)	Description			Event #	
			SUB	IOTAL Section R-This Page	\$0.00
		pp := v60000000000000010	\$900 (100 (100 (100 (100 (100 (100 (100 (		7. [

			IV. EXPE	ENDITUR	ES		Page 16 of 17
NAME OF COMMITTEE						FILING DUE DATE	
Wooden						01/10/2	011
Name of Constitution	S. Exp	enses Incu	irred by Commit	tee but N		ng this Period	
Name of Creditor Shawn Wooden					Date Incurred	11/04/2011	Amount Incurre
Street Address 115 Scarborough S	Street				Event#		
City Hartford,		State CT	Zip Code 06105	Candidate(s	Name (if applicable)	Office Sought	
Purpose of Expenditure (by code) POST  Description PO Box rental.	Coc Coc Inde	Expenditure ( prdinated with ordinated with ependent earligation (see	if applicable): reimbursement sought out reimbursement sough Instructions) C. C. D. 1. E.	it Supporte Opposed			\$62.00
Name of Creditor Shawn Wooden					Date incurred	11/12/2010	Amount Incurre
Street Address See initial entry.	•		· · · ·		Event #		
City		State	Zip Code	Candidate(s)	Name (if applicable)	Office Sought	1
Purpose of Expenditure (by code) FOOD Description Meeting.	Coo	ordinated with ependent anization (see	reimbursement sought out reimbursement sough Instructions)	1 Supports JiOpposed	d d		\$42.40
Name of Creditor	<u> </u>	A 1, B	CC DC.E		Date Incurred		Amount Incurre
Street Address	<del>-</del>				Event#	11/15/2010	(Estimate or Actual
See initial entry.					1.46111 #		
Purpose of Expenditure	Type of	State CT Expenditure (t	Zip Code	Candidate(s)	Name (if upplicable)	Office Sought	
(by code) FOOD Description		rdinated withe pendent	reimbursement sought out reimbursement sought Instructions)	Supporte	d		
Meeting. Name of Creditor		A F B	Instructions)	_(Opposed		<u></u>	\$39.35
Shawn Wooden					Date Incurred	11/10/2010	Amount Incurred
Street Address See initial entry.		1.00			Event #		1
City		State CT	Zip Code	Candidate(s)	Name (if applicable)	Office Sought	-
Purpose of Expenditure (by code) WEB Description	Coor Coor Inde	rdinated witho pendent	reimbursement sought out reimbursement sought	you Supported	3		#D 488 00
Website services.	, Orga	A B	Instructions)	(* Opposed			\$2,180.00
					SUE	BTOTAL Section S-This Page	\$2,323.75
	_				TOTAL	of additional Section S Pages	\$4,985.31
TOTAL	OF ALL	EXPENSES	INCURRED BY CO	OMMITTE	E DURING TH	IS PERIOD BUT NOT PAID on Line 28 of Summary Page)	\$7,309.06
<u> </u>	_		Pres	viously rep	orted Expenses	Unpaid and still Outstanding	+ \$0.00
TOTAL OF ALL EXPE	NSES INC	CURRED B	Y COMMITTEE BU	T NOT PA	ID (Enter total o	on Line 28a of Summary Page)	\$7,309.06
					Tarinte Wall	Due 200 of Summary Page)	<del></del> .

			IV. EXP				
NAME OF COMMITTEE	 		Section S. A	zaamon	SEXTEMPT - POSSE WE SHARE A SECURITY OF STREET	FILING DUE DATE	
	Muren d				555 MA(351) 122 XXX A147 M. 100 S		
Name of Creditor	S. Ex	enses Inc	urred by Commi	tee but	Not Paid Durin	g this Period	
Shawn Wooden					Date incurred	11/29/2010	Amount Incur (Estimate or Actu
115 Scarborough	Street				Event #		7
City Hartford	<del>- ·</del>	State	Zip Code	Candidate	(s) Name (if applicable)	Office Sought	-
Purpose of Expenditure (by code) FOOD	Co	f Expenditure ordinated with	reimbursement sought	+			
Description  Meeting.	[ C] Inc	lependent ganization <i>(see</i>	out reimbursement sough	CSuppor COppose			\$13.59
Name of Creditor	<u> </u>	WA GB	OC OD CE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date Incurred		
Shawn Wooden Street Address			<u> </u>		Date inclined	12/02/2010	Amount Incurr (Estimate or Actua
See initial entry.	_	_			Event #		
City		State CT	Zip Code	Candidate(	s) Name (if applicable)	Office Sought	_
Purpose of Expenditure (by code) WEB	□ Coc	Expenditure (	if applicable): reimbursement sought out reimbursement sough				
Description Website services.	I (_) Ind	enendent	-	C Support			ľ
Name of Creditor		CA CB	Instructions) OC OD OE	<b>©</b> ⊃ppose	<del></del>		\$360.00
Shawn Wooden					Date Incurred	12/06/2010	Amount Incurre
Street Address See initial entry.					Event #		1
City	_	State	Zip Code	Candidate(s	) Name (if upplicable)	Office Sought	+
Purpose of Expenditure by code) OVHD	Coo	Expenditure (t)	eimbursement sooght	1			I
Description Internet hosted phone service.	I C∷Inde	rendent	ut reimbursement sought  Instructions)  OC OD OE	(C)Supporte	ed I		
Name of Creditor Shawn Wooden	<u>L</u>	A MB	DC NB DE		Date Incurred	42/44/2040	\$14.95
itreet Address See initial entry.					Event #	12/14/2010	(Estimate or Actual)
City	<u> </u>	State	Zip Code	Candidate(s)	Name (if upplicable)	Office Sought	
urpose of Expenditure by code)  OVHD	Type of I	CT Expenditure (y) dinated with n	applicable); eimbursement sought				
escription	Coor Inde	dinated withou pendent	it reimbursement sought	C Supporte	d		******
Campaign cell phone.	(	CA OB	nstructions) OC OD OE	C:Opposed			\$265.05
Shawn Wooden					Date Incurred	12/20/2010	Amount Incurred (Estimate or Actual)
See initial entry	_				Event #	-	
ity		State CT	Zip Code	Candidate(s)	Name (if applicable)	Office Sought	
rpose of Expenditure ( code) FOOD	Coord	xpenditure (if a	applicable): imbursement sought t reimbursement sought				
scription	C Indep	endent	cremoursement sought	C Supported	i		<b>\$</b> 00 40
leeling.	C	а Овс	CODCE	COpposed			\$98.45
Province   Province				***************************************	SUBTO	TAL Section S-This Page	\$752.04
	_		-	_		Page 2	of 2

			IV, EXPE Section S, A				
NAME OF COMMITTEE	a in i i i i i i i i i i i i i i i i i i					ILING DUE DATE	
	S. Exp	enses Inc	urred by Commit	tee but d	iot Paid During	ithic Parind	· · · · · · · · · · · · · · · · · · ·
Name of Creditor Shawn Wooder			**************************************	Section Section Control	Date Incurred	THIS I CITION	Amount Incurr
Street Address 115 Scarborough			· :		Event#		(Estimate or Actua
City	1 Oueç.	A	lar o a	· · · · · · · · · · · · · · · · · · ·			
Hartford	·	State CT	Zip Code 06105	Candidate(:	s) Name (if upplicable)	Office Sought	7
Purpose of Expenditure (by code) FOOD	C∞	Expenditure ordinated with ordinated with	(if applicable): a reimbursement sought sout reimbursement sough	, ,			
Description  Meeting.	□ C Inde	ependent anization <i>(see</i>	Instructions)	C Support			\$132.82
Name of Creditor Allan Taylor		Provide the D	330 4,0 1, 6	<u> </u>	Date Incurred		Amount Incurre
Street Address			<u> </u>		Event #	12/20/2010	(Estimate or Actual)
238 Whitney Stree	et	Is	17:- 0-1		<u> </u>		
Hartford		State CT	Zip Code 06105	Candidate(s	) Name (if applicable)	Office Sought	7
Purpose of Expenditure by code) OVHD	Ω′ Coo	Expenditure ( rdinated with	if applicable): reimbursement sought out reimbursement sought	1			
Description	I ♥ Inde	pendent	•	Support			
Telephone charges.		CA CB	Instructions) GC C D C E	Dopposed	<u> </u>		\$20.37
Mosaic					Date Incurred	12/13/2010	Amount Incurred (Estimate or Actual)
4801 Viewpoint P	lace				Event #		1
Cheverly	<u> </u>	State MD	Zip Code 20781	Candidate(s)	Name (if applicable)	Office Sought	4
Purpose of Expenditure by code) PRNT	-   € Coo₁	Expenditure (interest of the control	reimbursement sought				1
Description	C Inde	pendent inization <i>(see</i> )	out reimbursement sought	(C) Supporte	d d		
Stationary, business cards etc	C Tonga	OA OB	OC OD OE	@Opposed			\$545.00
Grossman Soluti	ions —				Date Incurred	12/21/2010	Amount Incorred (Estimate or Actual)
treet Address 17 Hop Hollow Ros	ad				Event #		] (/
City Simsbury		State CT	Zip Code 06070	Candidate(s)	Name (if applicable)	Office Sought	†
urpose of Expenditure by code) TRVL	Type of E	xpenditure (i)	(applicable): eimbursement sought				
escription	Coord U Indep	dinated withor	ut reimbursement sought				
Flight/Travel	Organ	nization (see I	(nstructions) OC QD QE	C Opposed	1		\$329.30
ame of Creditor  Voter Activation N					Date Incurred	11/03/2010	Amount Incurred
48 Grove Street, St					Event #	11703/2010	(Estimate or Actual)
Somerville		State MA	Zip Code (	Candidate(s) 1	Name (if applicable)	Office Sought	
rpose of Expenditure ( code) CNSLT	Coord	xpenditure (1)	eimbursement sought				
scription //oter database software.		endent		C Supported			\$3,000.00
		A NB (	C C D C E				
Section of the sectio	Aggregation .				SUBTO	TAL Section S-This Page	\$4,027.49
						Page 3	of 3

			IV. EXP				
NAME OF COMMITTEE			Section S. A	<u>Additiona</u>		Ell INC DATE DATE	
Wooden for Mayor	<u> </u>	··		<del></del>		FILING DUE DATE	
	S. Exp	enses Inc	urred by Commi	ttee but N	lot Doid Dwyl	01/10/2	:011
Name of Creditor AT&T			arred by Commi	tice but iv	Date incurred	g this Period	
Street Address						12/05/2010	Amount Incuri (Estimate or Actual
1801 Vailey V	iew Lane				Event #		ヿ
City		State	Zip Code	Candidatete	) Name (if applicable)		_
Dallas		TX	75234	anotoaic(a	у мане (у аррисате)	Office Sought	ĺ
Purpose of Expenditure (by code) OLGUD	Type of	Expenditure	(if applicable):				
	Co	ordinated with ordinated with	h reimbursement sought hout reimbursement sough	rht l			Ì
Description	I ♥ Ind	ependent	_	C Support	ed		\$205.78
Campaign telephone.	_   ``''	A B	e Instructions) OC CDCE	COpposed			\$205.76
Name of Creditor				<u> </u>	Date Incurred		A mount In
Street Address					<u> </u>		Amount Incurr (Estimate or Actua
					Event #	<u> </u>	٦
City		State	Zip Code	Cata	<u> </u>		_
		СТ		c andidate(s)	Name (if applicable)	Office Sought	
Purpose of Expenditure by code)	Type of	Expenditure	(if applicable):	-			
	Coc	ordinated with	reimbursement sought out reimbursement sough				
Description	l ⊡ Inde	enendent	•	C-Supporte			
	© Org	anization (see	Instructions)	©Opposed	id		\$0.00
Name of Creditor		-	G.C. I. D. V.E.		Date Incurred	<u> </u>	
treet Address					Date Montes		Amount Incurre
an cer variatess			-		Event #		-
City		State	Tin Cade				
		CT	Zip Code	Candidate(s)	Name (if applicable)	Office Sought	7
urpose of Expenditure	Type of	Expenditure (	if applicable)	4			
by code)	Coo	rdinated with	reimbursement sought	]			1
escription	l ⁴- Inde	pendent	out reimbursement sough				1
	€ Orga	nization (see	Instructions) CDDCE	Supported	1		
ame of Creditor	<del></del>	TA VIB	3C 2D 1E	1	Date Incurred		\$0.00
					Date incurred		Amount Incurred (Estimate or Actual)
treet Address					Event #		1
ity							
	i	State CT	Zip Code	Candidate(s) 1	Name (if applicable)	Office Sought	1
urpose of Expenditure	Type of F	expenditure (i)	f unnlicable)	-			
y code)	- { ↓ ₽ Coor	dinated with a	reimbursement sought	1			
escription	□ Jinder	endent	ut reimbursement soughi	1			1
	☐ Orga	nization (see	Instructions) DC DDDE	Supported			\$0.00
ame of Creditor		<u> </u>	SOC RUD SUE	<u> </u>	Date Incurred		
					эас пісцітед		Amount Incurred (Estimate or Actual)
reet Address					Event #		1 12.5000 Mile OF PILIUM
ity			lar to				
·	ľ	State CT	Zip Code	Candidate(s) N	ame (if upplicable)	Office Sought	
rpose of Expenditure	Type of F	xpenditure (if	anniiouhie):	,			
code)	Coord C	finated with n	eimbursement sought				
scription	C Coord	linated withou	ut reimbursement sought	_			
			,	∴Supported ○Opposed			\$0.00
	<u> </u>	A : B :	C C.D CE				
	<u> </u>		<u></u>		SUBTO	OTAL Section S-This Page	\$205.78
				-		Page 4	of 4
						• ## T	v: -

IV. EXPENDITURES							Page 17 of 17
NAME OF COMMITTEE	89330 E C				FILIN	G DUE DATE	
Wooden For Mayor	**************************************	1550.000.000.000.1 1000.000	BEKANDKASIR -	Mar Color Address Science		01/10/2011	<u></u> _
T. Itemizat	ion of Rein	nbursements to	Comp	aittee <b>V</b>	orkers and (	Jonsultants	
Last Name of Worker/Consultant Kelly	First Sara	Sarah		Date of Payment 12/05/2010		Method of Payment	ment Amount
Secondary Payee Park Slope Shipping Center				Purpose of Expenditure (by code) MISC		© Check #	_
Street Address 123 7th Ave		City		State		Zip Code	┥
Description				<u> </u>	NY	11215	
Purchase supplies for a campaign fur	nction.						
Type of Expenditure (if applicable):  Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Corganization (see Instructions)		Candidate(s) Name Office Sought C Supported (if applicable) C Opposed					
Last Name of Worker/Consultant	First	First		Date of Payment		Mad at Ch	S \$04.70
Kelly	Sarat	Sarah		12/05/2010		Method of Payment	Amount
Secondary Payee Fed Ex Office				Purpose of Expenditure (by code) MISC		€ Check #	_
Street Address	· ·	City Hartford	-	State		Zip Code	$\dashv$ $\mid$
Description Description	544 Farmington Avenue				CT	06105	_
Purchase supplies for a campaign function.							
Type of Expenditure (if applicable):  Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions)  CACBBCCBCBCE	Candidate(s) Name Office Sought Supported (if applicable) C. Opposed						\$ \$15.74
Last Name of Worker/Consultant	First	First MI Date of Payment					
Kelly	Sarah		12/05/2010		Method of Payment A	Amount	
Secondary Payor Staples  Purpose of Expenditure (by code) MISC  Check #  Debit Card							-
348 4th Avenue Brooklyn					State	Zip Code	-
Description 11213							-
Purchase supplies for a campaign fu	inction.					••	
Type of Expenditure (if upplicable): Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions)	Candidate(s) Name Office Sought C Supported (if upplicable) Opposed						
SA CB CC CD CE  ast Name of Worker/Consultant  First			МІ	Date of	Payment	<u> </u>	\$ \$109.63
						Method of Payment	Amount
Secondary Payee				Purpose of Expenditure (by code)		C Check #	!
Street Address	City		State		C Debit Card Zip Code	_	
			_				
Description							]
Type of Expenditure (if applicable):  O Coordinated with reimbursement sought C Coordinated without reimbursement sought Independent	Candidate(s (if applicab		Office Sought		ought	C: Opposed	-
Organization (see Instructions)  CA OBCC DD CE							\$ \$0.00
SUBTOTAL Section 1 This Page							<del>                                     </del>
TOTAL of additional Section Prages							\$0.00
	OF ALL R	EIMBURSEMENT	8 TO 0	ОММЕР	FKE WORKED	SAND CONSULTANTS	\$190.15