



**SEEC FORM 30**

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

**SUMMARY PAGE**  
**TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Amanu 2010	04/13/2009	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	35,488.67	
14. Contributions received from Individuals (Sections A and B)	0	0
15. Receipts from Other Committees (Sections C1 +C2)	0	<del>35,488.67</del>
16. Other Monetary Receipts (Sections D-1)	0	0
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	0	0
18. Total Monetary Receipts (add totals for lines 14-17)	0	35,488.67
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	35,488.67	35,488.67
20. Expenses Paid by Committee (Section N)	31,378.32	31,378.32
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both Columns)	4,110.35	4,110.35
22. In-Kind Donations not Considered Contributions Received (Section J3)	0	0
23. In-Kind Contributions Received (Section K)	0	0
24. Refundable Deposit to Telephone Company (Section L)	0	0
25. Receipts of Organization Expenditures (Section M)	0	0
26. Beginning Loan Balance	0	0
26a. + Loans Received (Section D)	0	0
26b. + Interest and Penalties on Loan(s)	0	0
26c. - Payments on Loan(s)	0	0
26d. Total Outstanding Loan Amount	0	0
27. Campaign Expenses Paid by Candidate (Section O)	2,581.94	2,581.94
28. Expenses Incurred on Committee Credit Card (Section P)	0	0
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	* 0	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	* 0	

\* See explanation - money owed to CEP



I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE	FILING DUE DATE
Annex 2010	04/13/2009

C1. Contributions from Other Committees

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

C2. Reimbursements or Payments from other Committees

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

<b>SUBTOTAL Section C-This Page</b>	0
<b>TOTAL of additional Section C Pages</b>	0
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 15 of Summary Page)</b>	0

Sof 20

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE <i>Annunzio 2010</i>	FILING DUE DATE <i>04/13/2009</i>
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D. Loans Received this Period

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

  

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

Total Section D (Enter Total on Line 26a on Summary Page)

\$ 0

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

Date of Receipt	Method of payment:	Date of Receipt	Method of payment:	Total Amount Received
_____	<input type="checkbox"/> Cash	_____	<input type="checkbox"/> Cash	
Amount	<input type="checkbox"/> Personal Check	Amount	<input type="checkbox"/> Personal Check	
_____	<input type="checkbox"/> Credit/Debit Card	_____	<input type="checkbox"/> Credit/Debit Card	\$ 0

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

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

\$ 0

G. Interest from Deposits in Authorized Accounts

Date Received	Amount	Date Received	Amount	Total Amount Received
_____	_____	_____	_____	
Name of Institution		Name of Institution		
Street Address		Street Address		
City	State	City	State	
_____	_____	_____	_____	\$ 0

\$ 0

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE	FILING DUE DATE
<i>Hamm 2010</i>	<i>04/13/2009</i>

H. Public Grant Funds Received from the Citizens' Election Fund

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

Total Section H \$ 0

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Street Address	City	State
Zip Code	Description	
		\$
Name	Date of Transaction	Amount Received
Street Address	City	State
Zip Code	Description	
		\$
Name	Date of Transaction	Amount Received
Street Address	City	State
Zip Code	Description	
		\$

Total Section I \$ 0

Summary of Other Monetary Receipts (Sections D-I)

Total Loans Received this Period (Section D)	+	0
Total Amount of Personal Funds of the Candidate Received this Period (Section E)	+	0
Total Amount of Anonymous Contributions (Section F)	+	0
Total Amount of Interest from Deposits in Authorized Accounts (Section G)	+	0
Total Public Grant Funds Received from the Citizens' Election Fund (Section H)	+	0
Total Miscellaneous Monetary Receipts not Considered Contributions (Section I)	+	0
<b>Total of Other Monetary Receipts not Considered Contributions</b> <i>(Enter total on Line 16 of Summary Page)</i>		0

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE <i>Annun 2010</i>	FILING DUE DATE <i>09-13-2009</i>
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J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
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Was this fundraising event hosted at a personal residence?  Yes (If yes, go to Section J3 **In-kind Donations not Considered Contributions** and complete required information for purchases made by host(s) for food, beverage and invitations.)  No

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

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

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
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Was this fundraising event hosted at a personal residence?  Yes (If yes, go to Section J3 **In-kind Donations not Considered Contributions** and complete required information for purchases made by host(s) for food, beverage and invitations.)  No

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

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

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
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Was this fundraising event hosted at a personal residence?  Yes (If yes, go to Section J3 **In-kind Donations not Considered Contributions** and complete required information for purchases made by host(s) for food, beverage and invitations.)  No

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

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

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
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Was this fundraising event hosted at a personal residence?  Yes (If yes, go to Section J3 **In-kind Donations not Considered Contributions** and complete required information for purchases made by host(s) for food, beverage and invitations.)  No

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

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

II. FUNDRAISING ACTIVITY

NAME OF COMMITTEE <i>Annun 2010</i>	FILING DUE DATE <i>04-13-2009</i>
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**J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items**

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

**SUBTOTAL Section J2-This Page**

0

**TOTAL of additional Section J2 Pages**

0

**TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS**  
*(Enter total on Line 17 of Summary Page)*

0

II. FUNDRAISING ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
<i>Amem 2010</i>	<i>04-13-2009</i>

J3. In-Kind Donations Not Considered Contributions

Name of Donor	Donation given by:	Fair Market Value of Donation
Street Address	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
City	Aggregate value for this event	
Description of donation	Date Received Event #	
Name of Donor	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	Aggregate value for this event	
Description of donation	Date Received Event #	
Name of Donor	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	Aggregate value for this event	
Description of donation	Date Received Event #	
Name of Donor	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	Aggregate value for this event	
Description of donation	Date Received Event #	
Name of Donor	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	Aggregate value for this event	
Description of donation	Date Received Event #	
Name of Donor	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	Aggregate value for this event	
Description of donation	Date Received Event #	
Name of Donor	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	Aggregate value for this event	
Description of donation	Date Received Event #	
Name of Donor	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	Aggregate value for this event	
Description of donation	Date Received Event #	
Name of Donor	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	Aggregate value for this event	
Description of donation	Date Received Event #	

SUBTOTAL Section J3-This Page

0

TOTAL of additional Section J3 Pages

0

TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 22 of Summary Page)

0

**III. NONMONETARY RECEIPTS**

<b>NAME OF COMMITTEE</b> <i>Awam 2010</i>	<b>FILING DUE DATE</b> <i>04-13-2009</i>
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**K. In-Kind Contributions**

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

**SUBTOTAL Section K-This Page**      0

**TOTAL of additional Section K Pages**      0

**TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23 of Summary Page)**      0

**L. Refundable Deposit to Telephone Company**

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

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

**Total Section L (Enter total on Line 24 of Summary Page)**      0

