

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



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Draft Report

Page 1 of 34

SUMMARY PAGE

1. NAME OF COMMITTEE				
Committee To Elect Robert Lee For Mayor				
2. TREASURER NAME				
Title Mr	First Cherron	MI	Last Jordan	Suffix
3. TREASURER ADDRESS				
Street Address 15 Francis Ave		City Hamden	State CT	Zip Code 06517
4. ELECTION DATE	5. OFFICE SOUGHT (if applicable)		6. DISTRICT CODE (if applicable)	
	Mayor			
7. CANDIDATE NAME				
Title Mr	First Robert	MI	Last Lee	Suffix Sr
8. TYPE OF REPORT				
7th Day Preceding Primary - Original				
9. PERIOD COVERED				
Beginning Date		Ending Date		
07/16/2011		thru 08/30/2011		
10. CERTIFICATION				
<input type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.				
Draft Report	Draft Report			
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.				

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Committee To Elect Robert Lee For Mayor	Original 09/06/2011	
	COLUMN A This Period	COLUMN B Aggregate
11. 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		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$0.00	
13. Contributions received from Individuals (Section A and B)	\$390.00	\$390.00
14. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Section D-K)	\$2,865.00	\$2,865.00
16a. Total Small Food and Beverage Receipts at Fair (Section L1)	\$0.00	\$0.00
16b. Total Proceeds from Small purchases at Tag Sales, Auctions or Other Sales (Section L2)	\$0.00	\$0.00
16c. Total Purchases of Advertising in a Program Book (Section L3)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$3,255.00	\$3,255.00
18. Subtotals (add totals in line 12 + line 17 in Column A and in line 11 + 17 in Column B)	\$3,255.00	\$3,255.00
19. Expenses Paid by Committee (Section P)	\$2,935.00	\$2,935.00
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18)	\$320.00	\$320.00
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O)	\$0.00	\$0.00
25. Beginning Loan Balance	\$0.00	\$0.00
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan(s)	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	\$0.00
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
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Committee To Elect Robert Lee For Mayor	Original 09/06/2011
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A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section	\$0.00
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B. Itemized Contributions from Individuals

Last Name Vaughn	First Name Grace	MI	Name of Employer			Amount of Contribution
Residential Street Address 428 Eastern St # 1A	City New Haven	State CT	Zip Code 06513	Principal Occupation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/16/2011	Aggregate Contribution \$10.00		\$10.00	

Last Name Lee	First Name Ivory	MI	Name of Employer			Amount of Contribution
Residential Street Address 162 Eastern St .	City New Haven	State CT	Zip Code 06513	Principal Occupation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/18/2011	Aggregate Contribution \$20.00		\$20.00	

Last Name Taylor	First Name Maryland	MI	Name of Employer			Amount of Contribution
Residential Street Address 84 Carmel St .	City New Haven	State CT	Zip Code 06511	Principal Occupation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/22/2011	Aggregate Contribution \$10.00		\$10.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Robert Lee For Mayor	Original 09/06/2011

B. Itemized Contributions from Individuals

Last Name Taylor, Sr.		First Name Douglas		MI	Name of Employer		Amount of Contribution \$10.00
Residential Street Address 84 Carmel St .		City New Haven		State CT	Zip Code 06511	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/22/2011	Aggregate Contribution \$10.00	
Last Name Roberts		First Name Catherine		MI	Name of Employer		Amount of Contribution \$10.00
Residential Street Address 87 Fowler St # 1L		City New Haven		State CT	Zip Code 06515	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/23/2011	Aggregate Contribution \$10.00	
Last Name Lee Jr.		First Name Robert		MI	Name of Employer		Amount of Contribution \$10.00
Residential Street Address 162 Eastern St .		City New Haven		State CT	Zip Code 06513	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/23/2011	Aggregate Contribution \$10.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Robert Lee For Mayor	Original 09/06/2011

B. Itemized Contributions from Individuals

Last Name Durant		First Name Luwan		MI	Name of Employer		Amount of Contribution
Residential Street Address 428 Eastern St # 1A		City New Haven		State CT	Zip Code 06515	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/23/2011	Aggregate Contribution \$20.00	\$20.00
Last Name Lee		First Name Linda		MI	Name of Employer		Amount of Contribution
Residential Street Address 162 Eastern St .		City New Haven		State CT	Zip Code 06513	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/23/2011	Aggregate Contribution \$10.00	\$10.00
Last Name Robinson		First Name Charlotte		MI	Name of Employer		Amount of Contribution
Residential Street Address 57 Winthrop Ave .		City New Haven		State CT	Zip Code 06519	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/23/2011	Aggregate Contribution \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Robert Lee For Mayor	Original 09/06/2011

B. Itemized Contributions from Individuals

Last Name Robinson		First Name Herman		MI	Name of Employer		Amount of Contribution \$10.00
Residential Street Address 57 Winthrop Ave .		City New Haven		State CT	Zip Code 06519	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/23/2011	Aggregate Contribution \$10.00	
Last Name Lawlorn		First Name Mike		MI	Name of Employer		Amount of Contribution \$10.00
Residential Street Address 47 Stanley St .		City New Haven		State CT	Zip Code 06511	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/23/2011	Aggregate Contribution \$10.00	
Last Name Williams		First Name Cynthia		MI	Name of Employer		Amount of Contribution \$10.00
Residential Street Address 30 Foxon Hill Rd		City New Haven		State CT	Zip Code 06513	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/23/2011	Aggregate Contribution \$10.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Robert Lee For Mayor	Original 09/06/2011

B. Itemized Contributions from Individuals

Last Name Evans		First Name Sydney		MI	Name of Employer		Amount of Contribution \$10.00
Residential Street Address 18 Tower Ln # 1251		City New Haven		State CT	Zip Code 06519	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/23/2011	Aggregate Contribution \$10.00	
Last Name Boland		First Name Barry		MI	Name of Employer		Amount of Contribution \$75.00
Residential Street Address 19 Rockefeller Ave .		City West Haven		State CT	Zip Code 06516	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/25/2011	Aggregate Contribution \$75.00	
Last Name Cowan-Moore		First Name Inger		MI	Name of Employer		Amount of Contribution \$10.00
Residential Street Address 129 Hubinger St .		City New Haven		State CT	Zip Code 06511	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/25/2011	Aggregate Contribution \$10.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Robert Lee For Mayor	Original 09/06/2011

B. Itemized Contributions from Individuals

Last Name Lee		First Name Gladys		MI	Name of Employer		Amount of Contribution
Residential Street Address 98 Carmel St .		City New Haven		State CT	Zip Code 06511	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 07/26/2011	Aggregate Contribution \$10.00	\$10.00	
Last Name Whitaker		First Name Levon		MI	Name of Employer		Amount of Contribution
Residential Street Address 47 Rock Creek Rd		City New Haven		State CT	Zip Code 06515	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 07/26/2011	Aggregate Contribution \$10.00	\$10.00	
Last Name Clayton		First Name Desiree		MI	Name of Employer		Amount of Contribution
Residential Street Address 98 Carmel St .		City New Haven		State CT	Zip Code 06511	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 07/26/2011	Aggregate Contribution \$10.00	\$10.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Robert Lee For Mayor	Original 09/06/2011

B. Itemized Contributions from Individuals

Last Name Wilson		First Name Tamekia		MI	Name of Employer		Amount of Contribution
Residential Street Address 681 Russell St .		City New Haven		State CT	Zip Code 06513	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/26/2011	Aggregate Contribution \$20.00	\$20.00
Last Name H		First Name Denise		MI	Name of Employer		Amount of Contribution
Residential Street Address 2 Crescent St .		City New Haven		State CT	Zip Code 06511	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/26/2011	Aggregate Contribution \$10.00	\$10.00
Last Name Distefano		First Name Thomas		MI	Name of Employer		Amount of Contribution
Residential Street Address 215 Alsoce		City Bridgeport		State CT	Zip Code 06604	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/27/2011	Aggregate Contribution \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Robert Lee For Mayor	Original 09/06/2011

B. Itemized Contributions from Individuals

Last Name Gay		First Name Marie		MI	Name of Employer		Amount of Contribution
Residential Street Address 57 Coleman		City West Haven		State CT	Zip Code 06516	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 07/28/2011		Aggregate Contribution \$10.00	
Last Name Gay		First Name Richard		MI	Name of Employer		Amount of Contribution
Residential Street Address 57 Coleman St .		City West Haven		State CT	Zip Code 06516	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 07/28/2011		Aggregate Contribution \$10.00	
Last Name Ashley		First Name Margaret		MI	Name of Employer		Amount of Contribution
Residential Street Address 1 Sanford St .		City West Haven		State CT	Zip Code 06516	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 07/29/2011		Aggregate Contribution \$10.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Robert Lee For Mayor	Original 09/06/2011

B. Itemized Contributions from Individuals

Last Name Evans		First Name Allan		MI	Name of Employer		Amount of Contribution
Residential Street Address 53 Hillside Ave		City West Haven		State CT	Zip Code 06516	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative					
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/31/2011	Aggregate Contribution \$10.00	\$10.00
Last Name Amin		First Name Dawud		MI	Name of Employer		Amount of Contribution
Residential Street Address 383 Norton St .		City New Haven		State CT	Zip Code 06511	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/31/2011	Aggregate Contribution \$10.00	\$10.00
Last Name Evans		First Name Iris		MI	Name of Employer		Amount of Contribution
Residential Street Address 53 Hillside Ave		City West Haven		State CT	Zip Code 06516	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 07/31/2011	Aggregate Contribution \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-K)								
NAME OF COMMITTEE						FILING DUE DATE		
Committee To Elect Robert Lee For Mayor						Original 09/06/2011		
B. Itemized Contributions from Individuals								
Last Name Evans		First Name Jonathan		MI	Name of Employer		Amount of Contribution	
Residential Street Address 53 Hillside Ave		City West Haven		State CT	Zip Code 06516	Principal Occupation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative						
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 07/31/2011	Aggregate Contribution \$10.00			\$10.00
Total of Section B							\$390.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>							\$390.00	

Draft

I. MONETARY RECEIPTS (Section A-I)						
NAME OF COMMITTEE					FILING DUE DATE	
Committee To Elect Robert Lee For Mayor					Original 09/06/2011	
C1. Contributions from Other Committees						
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section L1?		Yes If yes, list Event #	Amount of Contribution
					No	
City		State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1						

Draft Report

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Robert Lee For Mayor	Original 09/06/2011

C2. Reimbursements, Payments, or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services Surplus Distribution	

Total of Section C2

Draft Report

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Robert Lee For Mayor	Original 09/06/2011

D. Loans Received this Period

Name of Lender				Source of Loan: Bank Candidate Individual Other Committee	Is there a cosigner or Guarantor of this loan? Yes No	Amount Received
Street Address	City	State	Zip Code			
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code	Date Received		
Total of Section D						

Draft Report

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE			FILING DUE DATE	
Committee To Elect Robert Lee For Mayor			Original 09/06/2011	
E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)				
Name				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
Total of Section E				

Draft Report

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		FILING DUE DATE
Committee To Elect Robert Lee For Mayor		Original 09/06/2011
F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)		
Is this transaction associated with a fundraising event listed in Section L1?	Date of Receipt	Amount
Yes No If yes, list Event #		
		Total of Section F

Draft Report

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		FILING DUE DATE
Committee To Elect Robert Lee For Mayor		Original 09/06/2011
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (<i>Organization Committees ONLY</i>)		
Date of Receipt	Amount	
		Total of Section G

Draft Report

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Robert Lee For Mayor	Original 09/06/2011

H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date Received	Amount	Method of Payment
07/16/2011	\$200.00	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card
07/19/2011	\$2,000.00	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card
07/26/2011	\$440.00	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card
07/27/2011	\$225.00	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card
Total of Section H		\$2,865.00

Draft Report

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE					FILING DUE DATE
Committee To Elect Robert Lee For Mayor					Original 09/06/2011
I. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section I					

Draft Report

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Robert Lee For Mayor	Original 09/06/2011

J. Interest from Deposits in Authorized Accounts

Name of Institution		Date Received		Amount Received
Street Address	City	State	Zip Code	
Total of Section J				

Draft Report

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Robert Lee For Mayor	Original 09/06/2011

K. Miscellaneous Monetary Receipts not Considered Contributions

Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Total of Section K				

Draft Report

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE					FILING DUE DATE	
Committee To Elect Robert Lee For Mayor					Original 09/06/2011	
L1. Fundraiser Event Information						
Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
<i>Subpart 1: (All Committees)</i>						
Was this fundraising event hosted at a personal residence?				Yes	No	<i>If yes, go to Section L4</i>
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	No	<i>If yes, go to Section L4</i>
Was this fundraiser a tag sale, auction, or other sale of donated items?				Yes	No	<i>If yes, go to Section L2</i>
<i>Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)</i>						
Were there purchases of advertising space in a program book associated with this fundraiser?				Yes	No	<i>If yes, go to Section L3</i>
<i>Subpart 3: (Town Committees ONLY)</i>						
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?				Yes	No	<i>If yes, enter Total Receipts from small purchases</i>
					Total of Section L1	

Draft Report

II. FUNDRAISING EVENT ACTIVITY									
NAME OF COMMITTEE								FILING DUE DATE	
Committee To Elect Robert Lee For Mayor								Original 09/06/2011	
L2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items									
Name of the Purchaser <i>(Individuals ONLY)</i> Last Name		First Name		MI	Method of payment: Cash Personal Check Credit/Debit Card			Aggregate Amount of Purchases	
Residential Street Address		City		State	Zip Code	Date Received	Event #		
Items Purchased									
Total of Section L2									

Draft Report

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Robert Lee For Mayor	Original 09/06/2011

L3. Purchases of Advertising in a Program Book (Municipal Candidate and Town Committees ONLY)

Name of Purchaser	for All Events	Business Entity		Event #	Date Received	Amount of Purchase
		Yes	No			
Street Address	City	State	Zip Code	Aggregate Purchases for All Events		

Total of Section L3	
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Draft Report

II. FUNDRAISING EVENT ACTIVITY

Page 1 of 1

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Robert Lee For Mayor	Original 09/06/2011

L4. In-Kind Donations Not Considered Contributions

Name of the Donor				Donation given by: Individual Business Entity		Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event		
Description of Donation			Date Received	Event #		

Total of Section L4

Draft Report

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Robert Lee For Mayor	Original 09/06/2011

M. In-Kind Contributions

Name		Type of Contributor: Individual Committee Other		Fair Market Value of this Contribution
Street Address		City		
State	Zip Code	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more Yes No Is contributor a principal of state contractor or prospective state contractor? Yes No	Date Received	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No				
Is this contribution associated with a fundraising event listed in Section J1? Yes No If yes, list Event#		Description of In-Kind Contribution	Aggregate contributions	
Total of Section M				

Draft Report

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Robert Lee For Mayor	Original 09/06/2011

N. Refundable Deposit to Telephone Company

Last Name (Individuals Only)	First Name	MI	Date Received	Amount of Deposit
Residential Street Address	City	State	Zip Code	
Name of Telephone company				
Street Address	City	State	Zip Code	
Total of Section N				

Draft Report

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE			
Committee To Elect Robert Lee For Mayor				Original 09/06/2011			
O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee							
Name of Committee			Name of Treasurer				
Street Address			Date Notice Received		Fair Market Value of Donation		
City	State	Zip Code	Aggregate Donations				
Description of Donation			Purpose of Expenditure				
			A	B	C	D	E
Total of Section O							

Draft Report

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Committee To Elect Robert Lee For Mayor	Original 09/06/2011

P. Expenses Paid By Committee

Name of Payee Home, Inc.		Date of Payment 07/19/2011		Method of Payment <input checked="" type="checkbox"/> Check # 0098		Amount \$2,000.00
Street Address 560 Whalley Ave .		City New Haven	State CT	Zip Code 06511	Purpose of Expenditure (by code) OVHD <input type="checkbox"/> Debit Card	
Description Campaign Headquarters						Event #
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		

Name of Payee WOW Creative Design, LLC		Date of Payment 07/27/2011		Method of Payment <input checked="" type="checkbox"/> Check # 105		Amount \$935.00
Street Address 207 Ivy St .		City New Haven	State CT	Zip Code 06511	Purpose of Expenditure (by code) A-SIGN <input type="checkbox"/> Debit Card	
Description Flyers and Signs						Event #
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		

Total of Section P						\$2,935.00
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IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE	
Committee To Elect Robert Lee For Mayor					Original 09/06/2011	
Q. Campaign Expenses Paid By Candidate						
Name of Payee (Name of Vendor who candidate paid directly)			Date of Payment	Purpose of Expenditure (by code)	Is Reimbursement Claimed? Yes No	
Street Address	City		State	Zip Code	Event #	
Description						
Total of Section Q						

Draft Report

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Committee To Elect Robert Lee For Mayor						Original 09/06/2011	
R. Expenses Incurred on Committee Credit Card							
Name of Issuing Institution				Type of Credit Card:			
				Visa Master Card Discover American Express Other			
Name of Vendor			Purpose of Expenditure (by code)		Date of Transaction		Amount
Street Address		City	State	Zip Code	Event #		
Description							
Total of Section R							

Draft Report

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Committee To Elect Robert Lee For Mayor						Original 09/06/2011	
S. Expenses Incurred By Committee but Not Paid During this Period							
Name of Creditor				Event #	Date Incurred		Amount Incurred (Estimate or Actual)
Street Address		City	State	Zip Code	Purpose of Expenditure (by code)		
Description							
Type of Expenditure (if applicable)			Candidate(s) Name (if applicable)		Office Sought	Supported Opposed	
Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions)							
A	B	C	D	E			
Total of Section S							

Draft Report

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Committee To Elect Robert Lee For Mavor						Original 09/06/2011	
T. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant				Date of Payment		Method of Payment	Amount
Secondary Payee				Purpose of Expenditure		Check #	
Street Address				City		State	Zip Code
Description							
Type of Expenditure <i>(if applicable)</i> Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization <i>(see Instructions)</i> A B C D E			Other Candidate(s) Name		Office Sought	Supported Opposed	
Total of Section T							

Draft