

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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Page 1 of 27

**SUMMARY PAGE**

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE				
<b>Jarjura For Comptroller</b>					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee				
3. TREASURER NAME									
Title	First	MI	Last	Suffix					
	<b>Tamara</b>		<b>Zappone</b>						
4. TREASURER ADDRESS									
Street Address			City	State	Zip Code				
<b>20 Welland Ave</b>			<b>Waterbury</b>	<b>CT</b>	<b>06708</b>				
5. ELECTION DATE			6. OFFICE SOUGHT (if applicable)				7. DISTRICT CODE (if applicable)		
<b>11/02/2010</b>			<b>State Comptroller</b>						
8. CANDIDATE NAME									
Title	First	MI	Last	Suffix					
	<b>Michael</b>	<b>J.</b>	<b>Jarjura</b>						
9. TYPE OF REPORT									
<b>7th Day Preceding Primary - Original</b>									
10. PERIOD COVERED									
Beginning Date		Ending Date							
<b>07/01/2010</b>		thru		<b>07/27/2010</b>					
11. CERTIFICATION									
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.									
<b>Electronic Filing</b>			<b>Tamara Zappone</b>			<b>08/02/2010</b>			
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 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE  
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
<b>Jarjura For Comptroller</b>	Original 08/03/2010	
	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$254,569.95</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$81,115.00</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D-I)	<b>\$374,000.00</b>	<b>\$374,000.00</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	<b>\$0.00</b>	<b>\$375,000.04</b>
18. Total Monetary Receipts (add totals for lines 14-17)	<b>\$374,000.00</b>	<b>\$830,115.04</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$628,569.95</b>	<b>\$830,115.04</b>
20. Expenses Paid by Committee (Section N)	<b>\$157,450.34</b>	<b>\$358,995.43</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 )	<b>\$471,119.61</b>	<b>\$471,119.61</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	<b>\$0.00</b>
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	<b>\$0.00</b>
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$0.00</b>	

<b>I. MONETARY RECEIPTS (Section A-I)</b>									
NAME OF COMMITTEE								FILING DUE DATE	
Jarjura For Comptroller								Original 08/03/2010	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>							<b>Subtotal Section A</b>		
<b>B. Itemized Contributions from Individuals</b>									
Last Name		First Name			MI	Method of contribution: Cash                      Personal Check Money Order              Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address			City		State	Zip Code		Date Received	
Principal Occupation		Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				Yes      No Executive      Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes      No		Aggregate Contributions	
								<b>Total of Section B</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>					(Sections A & B)		<i>(Total on Line 14 of Summary Page)</i>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE					FILING DUE DATE	
Jarjura For Comptroller					Original 08/03/2010	
<b>C1. Contributions from Other Committees</b>						
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section J1?		Yes	If yes, list Event #
					No	
City		State	Zip Code	Date Received	Aggregate Contributions	
<b>Total of Section C1</b>						

<b>I. MONETARY RECEIPTS (Section A-I)</b>				
NAME OF COMMITTEE				FILING DUE DATE
Jarjura For Comptroller				Original 08/03/2010
<b>C2. Reimbursements or Payments from other Committees</b>				
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	
<b>Total of Section C2</b>				

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	FILING DUE DATE
Jarjura For Comptroller	Original 08/03/2010

**D. Loans Received this Period**

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

**Total of Section D**

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE		FILING DUE DATE
Jarjura For Comptroller		Original 08/03/2010
<b>E. Personal Funds of the Candidate Received this Period</b>		
Date Received	Amount	Method of Payment
		Cash                      Personal Check                      Credit/Debit Card
		<b>Total of Section E</b>

<b>I. MONETARY RECEIPTS (Section A-I)</b>					
NAME OF COMMITTEE					FILING DUE DATE
Jarjura For Comptroller					Original 08/03/2010
<b>F. Anonymous Contributions</b>					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
<b>Total of Section F</b>					

<b>I. Monetary Receipts (Section A-I)</b>				
NAME OF COMMITTEE				FILING DUE DATE
Jarjura For Comptroller				Original 08/03/2010
<b>G. Interest from Deposits in Authorized Accounts</b>				
Name of Institution		Date Received		Total Amount Received
Street Address	City	State	Zip Code	
<b>Total of Section G</b>				

<b>I. MONETARY RECEIPTS (Section A-K)</b>			
NAME OF COMMITTEE			FILING DUE DATE
Jarjura For Comptroller			Original 08/03/2010
<b>H. Public Grant Funds Received from the Citizen's Election Fund</b>			
Purpose of Grant: <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date Received	Amount
<input type="checkbox"/> Supplemental/Post Election Deficit <input type="checkbox"/> General or Special Election	<input type="checkbox"/> Supplemental/Excess Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	07/21/2010	\$374,000.00
<b>Total of Section H</b>			<b>\$374,000.00</b>

<b>I. MONETARY RECEIPTS (Section A-K)</b>					
NAME OF COMMITTEE				FILING DUE DATE	
Jarjura For Comptroller				Original 08/03/2010	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
<b>Total of Section I</b>					

**II. FUNDRAISING EVENT ACTIVITY**

NAME OF COMMITTEE Jarjura For Comptroller	FILING DUE DATE Original 08/03/2010
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**J1. Fundraising Event Information**

Fundraising Event # Date of Fundraiser	Description Letter	Location: Street Address	City	State	Zip Code
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Was this fundraising event hosted at a personal residence?	Yes	No
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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
--	-----	----

Was this fundraiser a tag sale, auction, or other sale of donated items?	Yes	No
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**II. FUNDRAISING EVENT ACTIVITY**

NAME OF COMMITTEE	FILING DUE DATE
Jarjura For Comptroller	Original 08/03/2010

**J2. 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:			Aggregate Amount of Purchases
				Cash	Personal Check	Credit/Debit Card	
Residential Street Address		City	State	Zip Code	Date Received	Event #	
Items Purchased							

**Total of Section J2**

**II. FUNDRAISING EVENT ACTIVITY**

NAME OF COMMITTEE	FILING DUE DATE
Jarjura For Comptroller	Original 08/03/2010

**J3. In-Kind Donations Not Considered Contributions**

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

<b>Total of Section J3</b>						
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**III. NONMONETARY RECEIPTS**

NAME OF COMMITTEE	FILING DUE DATE
Jarjura For Comptroller	Original 08/03/2010

**K. In-Kind Contributions**

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

**III. Non Monetary Receipts**

NAME OF COMMITTEE	FILING DUE DATE
Jarjura For Comptroller	Original 08/03/2010

**L. Refundable Deposit to Telephone Company**

Last Name ( Individuals Only )	First Name	MI	Date Received	Amount of Deposit
Street Address	City	State	Zip Code	
Name of Telephone company				
Street Address	City	State	Zip Code	
<b>Total of Section L</b>				

**III. NONMONETARY RECEIPTS**

NAME OF COMMITTEE				FILING DUE DATE	
Jarjura For Comptroller				Original 08/03/2010	
<b>M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee</b>					
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	
<b>Total of Section M</b>					

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jarjura For Comptroller	Original 08/03/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Adam Shaban	07/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State		Zip Code
376 Maybrook Rd	Waterbury	CT		06708
Purpose of Expenditure		115		
Description		Event #		
Computer Services				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
			\$1,000.00	
Kevin Soden	07/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State		Zip Code
10 Bronson Rd	Prospect	CT		06712
Purpose of Expenditure		116		
Description		Event #		
Computer Services				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
			\$1,000.00	
Robert Brown	07/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State		Zip Code
166 Ice House Rd	Watertown	CT		06779
Purpose of Expenditure		114		
Description		Event #		
Consultant				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
			\$2,000.00	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jarjura For Comptroller	Original 08/03/2010

#### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Robert Brown				07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>120</u>	
166 Ice House Rd	Watertown	CT	06779	CNSLT	<input type="checkbox"/> Debit Card	
Description					Event #	
Consultant						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$2,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Name of Payee				Date of Payment	Method of Payment	Amount
Commercial Services				07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>119</u>	
45 Freight St # 1	Waterbury	CT	06702	POST	<input type="checkbox"/> Debit Card	
Description					Event #	
Postage Mailing Absentee						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Name of Payee				Date of Payment	Method of Payment	Amount
Bridge Communications				07/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>121</u>	
50 Progress Cir Unit 7A	Newington	CT	06111	A-DM	<input type="checkbox"/> Debit Card	
Description					Event #	
Mailer						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$34,045.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jarjura For Comptroller	Original 08/03/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Bridge Communications	07/22/2010	<input checked="" type="checkbox"/> Check #	\$36,146.00	
Street Address 50 Progress Cir Unit 7A	City Newington	State CT		Zip Code 06111
Purpose of Expenditure A-DM		<u>123</u> <input type="checkbox"/> Debit Card		
Description Mailer		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Bridge Communications	07/22/2010	<input checked="" type="checkbox"/> Check #	\$37,895.00	
Street Address 50 Progress Cir Unit 7A	City Newington	State CT		Zip Code 06111
Purpose of Expenditure A-DM		<u>124</u> <input type="checkbox"/> Debit Card		
Description Mailer		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Bridge Communications	07/22/2010	<input checked="" type="checkbox"/> Check #	\$39,018.37	
Street Address 50 Progress Cir Unit 7A	City Newington	State CT		Zip Code 06111
Purpose of Expenditure A-DM		<u>125</u> <input type="checkbox"/> Debit Card		
Description Mailer/Insterts/LetterHead/Postage		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jarjura For Comptroller	Original 08/03/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Julie Turzo	07/22/2010	<input checked="" type="checkbox"/> Check #		
Street Address 73 Bryan St	City Waterbury	State CT		Zip Code 06705
Purpose of Expenditure FOOD		<u>122</u>		<input type="checkbox"/> Debit Card
Description Food Supplies		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$800.00
Robert Brown	07/23/2010	<input checked="" type="checkbox"/> Check #		
Street Address 166 Ice House Rd	City Watertown	State CT		Zip Code 06779
Purpose of Expenditure CNSLT		<u>126</u>		<input type="checkbox"/> Debit Card
Description Consultant		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$2,000.00
Postmaster	07/26/2010	<input checked="" type="checkbox"/> Check #		
Street Address 195 Grand St	City Waterbury	State CT		Zip Code 06702
Purpose of Expenditure POST		<u>127</u>		<input type="checkbox"/> Debit Card
Description Postage		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$440.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Jarjura For Comptroller						Original 08/03/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Jack Cronan					07/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>128</u>	
20 Ivy Ave		Prospect	CT	06712	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Overhead/Phones							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$105.97
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Total of Section N</b>						<b>\$157,450.34</b>	

<b>IV. EXPENDITURES</b>			
NAME OF COMMITTEE	FILING DUE DATE		
Jarjura For Comptroller	Original 08/03/2010		
<b>O. Campaign Expenses Paid By Candidate</b>			
Name of Payee	Date of Payment	Is Reimbursement Claimed?	<b>Amount</b>
Street Address	City	State	Zip Code
Purpose of Expenditure	Description	Event #	
<b>Total of Section O</b>			

<b>IV. EXPENDITURES</b>						
NAME OF COMMITTEE					FILING DUE DATE	
Jarjura For Comptroller					Original 08/03/2010	
<b>P. Expenses Incurred on Committee Credit Card</b>						
Name of Issuing Institution			Type of Credit Card:			
			Visa      Master Card      Discover      American Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description			Event #		
<b>Total of Section P</b>						

IV. EXPENDITURES					
NAME OF COMMITTEE					FILING DUE DATE
Jarjura For Comptroller					Original 08/03/2010
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor			Date Incurred	Event #	
Street Address		City		State	Zip Code
Purpose of Expenditure	Description				
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought	
Yes					
No					
					<b>Total of Section Q</b>

IV. EXPENDITURES					
NAME OF COMMITTEE					FILING DUE DATE
Jariura For Comptroller					Original 08/03/2010
R. Itemization of Reimbursements to Committee Workers and Consultants					
Name of Worker/Consultant			Date of Payment	Method of Payment	Amount
				Check #	
Secondary Payee			Purpose of Expenditure	Debit Card	
Street Address		City	State	Zip Code	
Description				Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought		
Yes					
No					
<b>Total of Section R</b>					

<b>IV. EXPENDITURES</b>				
NAME OF COMMITTEE				FILING DUE DATE
Jarjura For Comptroller				Original 08/03/2010
<b>S. Surplus Distribution of Equipment and Furniture</b>				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
<b>Total of Section S</b>				