

**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 24

**SUMMARY PAGE**

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE				
<b>Nappier For State Treasurer 2010</b>					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee				
3. TREASURER NAME									
Title	First	MI	Last	Suffix					
	<b>Bruno</b>	<b>W.</b>	<b>Mazzulla</b>						
4. TREASURER ADDRESS									
Street Address				City	State	Zip Code			
<b>700 Maple Ave # 405</b>				<b>Hartford</b>	<b>CT</b>	<b>06114</b>			
5. ELECTION DATE			6. OFFICE SOUGHT (if applicable)				7. DISTRICT CODE (if applicable)		
<b>11/02/2010</b>			<b>State Treasurer</b>						
8. CANDIDATE NAME									
Title	First	MI	Last	Suffix					
	<b>Denise</b>	<b>L.</b>	<b>Nappier</b>						
9. TYPE OF REPORT									
<b>October 10 Filing - Original</b>									
10. PERIOD COVERED									
Beginning Date					Ending Date				
<b>09/23/2010</b>					thru <b>09/30/2010</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>Bruno Mazzulla</b>			<b>10/07/2010</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.									

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Itemized Campaign Finance Disclosure Statement

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CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

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**SUMMARY PAGE  
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
<b>Nappier For State Treasurer 2010</b>	Original 10/12/2010	
	<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>\$30,293.77</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$80,713.45</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D-1)	<b>\$0.00</b>	<b>\$750.09</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14-17)	<b>\$0.00</b>	<b>\$81,463.54</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$30,293.77</b>	<b>\$81,463.54</b>
20. Expenses Paid by Committee (Section N)	<b>\$6,048.66</b>	<b>\$57,218.43</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	<b>\$24,245.11</b>	<b>\$24,245.11</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>\$776.87</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	
Nappier For State Treasurer 2010								Original 10/12/2010	
<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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Yes	No
				Executive	Legislative			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
Nappier For State Treasurer 2010	Original 10/12/2010

**C1. Contributions from Other Committees**

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

**Total of Section C1**

<b>I. MONETARY RECEIPTS (Section A-I)</b>			
NAME OF COMMITTEE	FILING DUE DATE		
Nappier For State Treasurer 2010	Original 10/12/2010		
<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
Nappier For State Treasurer 2010	Original 10/12/2010

**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
Nappier For State Treasurer 2010		Original 10/12/2010
<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
Nappier For State Treasurer 2010					Original 10/12/2010
<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
Nappier For State Treasurer 2010				Original 10/12/2010
<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	
Nappier For State Treasurer 2010			Original 10/12/2010	
<b>H. Public Grant Funds Received from the Citizen's Election Fund</b>				
Purpose of Grant: Initial Primary	Supplemental/Independent Expenditure		Date Received	Amount
	General or Special Election	Primary General or Special Election		
Supplemental/Post Election Deficit General or Special Election	Supplemental/Excess Expenditure		Total of Section H	
	Primary General or Special Election			

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

NAME OF COMMITTEE				FILING DUE DATE	
Nappier For State Treasurer 2010				Original 10/12/2010	
<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 Nappier For State Treasurer 2010	FILING DUE DATE Original 10/12/2010
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**J1. Fundraising Event Information**

Fundraising Event # Date of Fundraiser	Description Letter	Location: Street Address	City	State	Zip Code
Was this fundraising event hosted at a personal residence?		Yes	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	No		
Was this fundraiser a tag sale, auction, or other sale of donated items?		Yes	No		

**II. FUNDRAISING EVENT ACTIVITY**

NAME OF COMMITTEE	FILING DUE DATE
Nappier For State Treasurer 2010	Original 10/12/2010

**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
Residential Street Address			State	Zip Code	Date Received	Event #	
Items Purchased							

**Total of Section J2**

**II. FUNDRAISING EVENT ACTIVITY**

NAME OF COMMITTEE	FILING DUE DATE
Nappier For State Treasurer 2010	Original 10/12/2010

**J3. 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 #		

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

NAME OF COMMITTEE	FILING DUE DATE
Nappier For State Treasurer 2010	Original 10/12/2010

**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? Yes No	If yes, indicate which branch or branches of government the contract is with: Executive Legislative		
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
Nappier For State Treasurer 2010	Original 10/12/2010

**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	
Nappier For State Treasurer 2010				Original 10/12/2010	
<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		
Nappier For State Treasurer 2010						Original 10/12/2010		
N. Expenses Paid By Committee								
Name of Payee					Date of Payment	Method of Payment		Amount
SEEC					09/23/2010	<input checked="" type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	Method of Payment		
20 Trinity St		Hartford	CT		Misc *	<input type="checkbox"/> Debit Card		
Description						Event #		
The difference between what we raised and 75,000								
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes								
<input checked="" type="checkbox"/> No								
\$5,713.45								
Name of Payee					Date of Payment	Method of Payment		Amount
Arch Street Tavern					09/29/2010	<input checked="" type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	Method of Payment		
85 Arch St		Hartford	CT		FOOD	<input type="checkbox"/> Debit Card		
Description						Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes								
<input checked="" type="checkbox"/> No								
\$80.21								
Name of Payee					Date of Payment	Method of Payment		Amount
Ansonia NAACP					09/30/2010	<input checked="" type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	Method of Payment		
PO Box 6		Ansonia	CT		A-OTH	<input type="checkbox"/> Debit Card		
Description						Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes								
<input checked="" type="checkbox"/> No								
\$50.00								

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Nappier For State Treasurer 2010	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Cultural Dance Troupe of The West Indies	09/30/2010	<input checked="" type="checkbox"/> Check #		
Street Address PO Box 4046	City Hartford	State CT		Zip Code 06147
Description		Purpose of Expenditure A-OTH		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
			\$80.00	
Norwich NAACP	09/30/2010	<input checked="" type="checkbox"/> Check #		
Street Address PO Box 24	City Norwich	State CT		Zip Code 06360
Description		Purpose of Expenditure A-OTH		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
			\$125.00	
<b>Total of Section N</b>			<b>\$6,048.66</b>	

<b>IV. EXPENDITURES</b>	
NAME OF COMMITTEE	FILING DUE DATE
Nappier For State Treasurer 2010	Original 10/12/2010
<b>O. Campaign Expenses Paid By Candidate</b>	
Name of Payee	Date of Payment
Street Address	City
Purpose of Expenditure	Description
Is Reimbursement Claimed?	Event #
Yes	
No	
<b>Total of Section O</b>	
<b>Amount</b>	
State	Zip Code

<b>IV. EXPENDITURES</b>						
NAME OF COMMITTEE					FILING DUE DATE	
Nappier For State Treasurer 2010					Original 10/12/2010	
<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
Nappier For State Treasurer 2010	Original 10/12/2010

**Q. Expenses Incurred By Committee but Not Paid During this Period**

Name of Creditor		Date Incurred	Event #		Amount Incurred (Estimate or Actual)
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					

**Total of Section Q**

IV. EXPENDITURES					
NAME OF COMMITTEE					FILING DUE DATE
Nannier For State Treasurer 2010					Original 10/12/2010
R. Itemization of Reimbursements to Committee Workers and Consultants					
Name of Worker/Consultant			Date of Payment	Method of Payment Check #	Amount
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
Nappier For State Treasurer 2010				Original 10/12/2010
<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>				