

**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 35

**SUMMARY PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
<b>Wright For Treasurer</b>				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
Title	First <b>Michael</b>	MI	Last <b>Casasanta</b>	Suffix	
4. TREASURER ADDRESS					
Street Address <b>110 Steeplechase Dr</b>		City <b>Newington</b>		State <b>CT</b>	Zip Code <b>06111</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 <b>Jeffrey</b>	MI <b>A.</b>	Last <b>Wright</b>	Suffix	
9. TYPE OF REPORT					
<b>October 10 Filing - Original</b>					
10. PERIOD COVERED					
Beginning Date		Ending Date			
<b>09/16/2010</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>Michael Casasanta</b>		<b>10/10/2010</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>Wright For Treasurer</b>	Original 10/12/2010	
	COLUMN A This Period	COLUMN 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>\$31,258.54</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$83,343.00</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$0.00</b>	<b>\$270.00</b>
16. Other Monetary Receipts (Section D-1)	<b>\$749,950.08</b>	<b>\$749,950.08</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>\$749,950.08</b>	<b>\$833,563.08</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$781,208.62</b>	<b>\$833,563.08</b>
20. Expenses Paid by Committee (Section N)	<b>\$464,849.23</b>	<b>\$517,203.69</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	<b>\$316,359.39</b>	<b>\$316,359.39</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>\$1,374.34</b>	<b>\$2,972.56</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>\$76,378.95</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$76,378.95</b>	

<b>I. MONETARY RECEIPTS (Section A-I)</b>									
NAME OF COMMITTEE								FILING DUE DATE	
Wright For Treasurer								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 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
Wright For Treasurer	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	If yes, list Event #	Amount of Contribution
		No		
City	State	Zip Code	Date Received	Aggregate Contributions

<b>Total of Section C1</b>
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<b>I. MONETARY RECEIPTS (Section A-I)</b>			
NAME OF COMMITTEE	FILING DUE DATE		
Wright For Treasurer	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
Wright For Treasurer	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
Wright For Treasurer	Original 10/12/2010

**E. Personal Funds of the Candidate Received this Period**

Date Received	Amount	Method of Payment		
		Cash	Personal Check	Credit/Debit Card

**Total of Section E**

<b>I. MONETARY RECEIPTS (Section A-I)</b>					
NAME OF COMMITTEE					FILING DUE DATE
Wright For Treasurer					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
Wright For Treasurer				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
Wright For Treasurer			Original 10/12/2010
<b>H. Public Grant Funds Received from the Citizen's Election Fund</b>			
Purpose of Grant: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Primary <input checked="" 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	09/28/2010	\$749,950.00
<b>Total of Section H</b>			<b>\$749,950.00</b>

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

NAME OF COMMITTEE				FILING DUE DATE	
Wright For Treasurer				Original 10/12/2010	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
CEF			09/21/2010		
Street Address		City	State	Zip Code	
20 Trinity St		Hartford	CT		
Description					\$0.08
Penny Test					
<b>Total of Section I</b>					<b>\$0.08</b>

**II. FUNDRAISING EVENT ACTIVITY**

NAME OF COMMITTEE Wright For Treasurer	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
Wright For Treasurer	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
				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
Wright For Treasurer	Original 10/12/2010

**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
Wright For Treasurer	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
Wright For Treasurer	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	
Wright For Treasurer				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
Wright For Treasurer	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
One Pay	09/16/2010	<input type="checkbox"/> Check #	
Street Address 2 Huntington Quadrangle	City Melville	State NY	Zip Code 11747
Purpose of Expenditure FNDR		<input checked="" type="checkbox"/> Debit Card	
Description Credit card fees		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
			\$3.03
One Pay	09/16/2010	<input type="checkbox"/> Check #	
Street Address 2 Huntington Quadrangle	City Melville	State NY	Zip Code 11747
Purpose of Expenditure FNDR		<input checked="" type="checkbox"/> Debit Card	
Description Credit card fees		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
			\$2.30
One Pay	09/16/2010	<input type="checkbox"/> Check #	
Street Address 2 Huntington Quadrangle	City Melville	State NY	Zip Code 11747
Purpose of Expenditure FNDR		<input checked="" type="checkbox"/> Debit Card	
Description Credit card fees		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
			\$2.30

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
One Pay				09/16/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2 Huntington Quadrangle	Melville	NY	11747	FNDR		
Description					Event #	
Credit card fees						
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						\$1.18
Name of Payee				Date of Payment	Method of Payment	Amount
National Research Inc.				09/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>152</u>	
146 State Highway 34	Holmdel	NJ	07733	POLLS	<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						\$7,500.00
Name of Payee				Date of Payment	Method of Payment	Amount
John Fluharty				09/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>153</u>	
2125 14th St NW	Washington	DC	20009	CNSLT	<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						\$2,000.00

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
John Fluharty	09/21/2010	<input checked="" type="checkbox"/> Check #	\$40.27	
Street Address 2125 14th St NW	City Washington	State DC		Zip Code 20009
Purpose of Expenditure RCW				<input checked="" type="checkbox"/> 154 <input type="checkbox"/> Debit Card
Description				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		
Jeffrey Wright	09/28/2010	<input checked="" type="checkbox"/> Check #	\$733.75	
Street Address 108 Halleran Dr	City Newington	State CT		Zip Code 06111
Purpose of Expenditure RCW				<input checked="" type="checkbox"/> 155 <input type="checkbox"/> Debit Card
Description				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		
Michael Casasanta	09/28/2010	<input checked="" type="checkbox"/> Check #	\$2,563.60	
Street Address 110 Steeplechase Dr	City Newington	State CT		Zip Code 06111
Purpose of Expenditure RCW				<input checked="" type="checkbox"/> 156 <input type="checkbox"/> Debit Card
Description				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		

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Back Creek International	09/29/2010	<input checked="" type="checkbox"/> Check #	\$8,000.00	
Street Address 2125 14th St NW	City Washington	State DC		Zip Code 20009
Purpose of Expenditure CNSLT				<input checked="" type="checkbox"/> 158 <input type="checkbox"/> Debit Card
Description				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 _____				
Spalding Group	09/29/2010	<input checked="" type="checkbox"/> Check #	\$3,575.00	
Street Address 2106 Frankfort Ave	City Louisville	State KY		Zip Code 40206
Purpose of Expenditure A-SIGN				<input checked="" type="checkbox"/> 157 <input type="checkbox"/> Debit Card
Description				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 _____				
Spalding Group	09/30/2010	<input checked="" type="checkbox"/> Check #	\$394.00	
Street Address 2106 Frankfort Ave	City Louisville	State KY		Zip Code 40206
Purpose of Expenditure A-SIGN				<input checked="" type="checkbox"/> 159 <input type="checkbox"/> Debit Card
Description				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 _____				

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Wright For Treasurer						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Webster Bank					09/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
1120 Main St		Newington	CT	06111	BNK		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$30.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Webster Bank					09/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
1120 Main St		Newington	CT	06111	BNK		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$3.80
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Cashman-Katz					09/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
76 Eastern Blvd		Glastonbury	CT	06033	A-TV		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$440,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Total of Section N</b>							<b>\$464,849.23</b>



<b>IV. EXPENDITURES</b>						
NAME OF COMMITTEE					FILING DUE DATE	
Wright For Treasurer					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		
Wright For Treasurer						Original 10/12/2010		
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>								
Name of Creditor CompuMail Corp of CT				Date Incurred 09/16/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 298 Captain Lewis Dr			City Southington			State CT	Zip Code 06489	
Purpose of Expenditure FNRD Description								
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		\$871.22
Name of Creditor The Hidden Vine				Date Incurred 09/16/2010		Event # 09142010A		Amount Incurred (Estimate or Actual)
Street Address 1052 Main St			City Newington			State CT	Zip Code 06111	
Purpose of Expenditure FNRD Description								
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		\$651.90

### IV. EXPENDITURES

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

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

Name of Creditor St. Lawrence Society	Date Incurred 09/16/2010	Event # 09132010C	Amount Incurred (Estimate or Actual)
Street Address 86 Valley Rd	City Cos Cob	State CT      Zip Code 06807	
Purpose of Expenditure FNDR	Description		
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	
			\$1,250.00
Name of Creditor CompuMail Corp of CT	Date Incurred 09/16/2010	Event #	Amount Incurred (Estimate or Actual)
Street Address 298 Captain Lewis Dr	City Southington	State CT      Zip Code 06489	
Purpose of Expenditure FNDR	Description Fundraising letters and envelopes		
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	
			\$105.00

### IV. EXPENDITURES

<b>IV. EXPENDITURES</b>							
NAME OF COMMITTEE						FILING DUE DATE	
Wright For Treasurer						Original 10/12/2010	
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>							
Name of Creditor Jeffrey Wright				Date Incurred 09/16/2010	Event # 09132010B		Amount Incurred (Estimate or Actual)
Street Address 108 Halleran Dr			City Newington		State CT	Zip Code 06111	
Purpose of Expenditure RCW	Description						
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		\$640.59
Name of Creditor Recognition, Inc.				Date Incurred 09/17/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 77 Kreiger Ln			City Glastonbury		State CT	Zip Code 06033	
Purpose of Expenditure Misc *	Description Charge for Logo tape						
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		\$83.74

### IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE		
Wright For Treasurer							Original 10/12/2010		
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>									
Name of Creditor Jennifer Harvey					Date Incurred 09/20/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 157 South Rd				City Bolton			State CT	Zip Code 06043	
Purpose of Expenditure CNSLT	Description								
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			\$1,013.50
Name of Creditor The Jackson-Alvarez Group					Date Incurred 09/23/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 7777 Leesburg Pike				City Falls Church			State VA	Zip Code 22043	
Purpose of Expenditure Misc *	Description Research/Communications								
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			\$8,000.00

### IV. EXPENDITURES

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

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

Name of Creditor Tusk Productions	Date Incurred 09/26/2010	Event #	Amount Incurred (Estimate or Actual)	
Street Address 38 Lakewood Dr	City Denville	State NJ      Zip Code 07834		
Purpose of Expenditure CNSLT	Description			
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	\$6,000.00
Name of Creditor Cashman-Katz	Date Incurred 09/27/2010	Event #	Amount Incurred (Estimate or Actual)	
Street Address 76 Eastern Blvd	City Glastonbury	State CT      Zip Code 06033		
Purpose of Expenditure A-TV	Description			
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	\$30,500.00

### IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE		
Wright For Treasurer							Original 10/12/2010		
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>									
Name of Creditor Cashman-Katz					Date Incurred 09/27/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 76 Eastern Blvd				City Glastonbury			State CT	Zip Code 06033	
Purpose of Expenditure CNSLT	Description								
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						
									<b>\$11,500.00</b>
Name of Creditor National Research Inc.					Date Incurred 09/28/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 146 State Highway 34				City Galloway			State NJ	Zip Code 07733	
Purpose of Expenditure POLLS	Description								
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						
									<b>\$8,675.00</b>

### IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE		
Wright For Treasurer							Original 10/12/2010		
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>									
Name of Creditor MTCO, LLC					Date Incurred 09/28/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 112 Market Sq				City Newington			State CT	Zip Code 06111	
Purpose of Expenditure WEB	Description								
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			\$2,813.00
Name of Creditor Swiftcurrent Strategies					Date Incurred 09/30/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 67 Foster St				City Peabody			State MA	Zip Code 01960	
Purpose of Expenditure CNSLT	Description								
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			\$4,275.00
<b>Total of Section Q</b>							<b>\$76,378.95</b>		

### IV. EXPENDITURES

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

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
John Fluharty	09/21/2010	<input checked="" type="checkbox"/> Check # 154	
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address Berlin Turnpike	City Newington	State CT	
Zip Code 06111		Event #	
Description			
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
			\$40.27
Michael Casasanta	09/28/2010	<input checked="" type="checkbox"/> Check # 156	
Secondary Payee FedEx Office	Purpose of Expenditure POST	<input type="checkbox"/> Debit Card	
Street Address 3105 Berlin Tpke	City Newington	State CT	
Zip Code 06111		Event #	
Description			
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
			\$19.31

### IV. EXPENDITURES

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

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Michael Casasanta	Date of Payment 09/28/2010	Method of Payment <input checked="" type="checkbox"/> Check # 156	Amount
Secondary Payee The Hidden Vine	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 1052 Main St	City Newington	State CT	Zip Code 06111
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$86.02
Other Candidate(s) Name			Office Sought

Name of Worker/Consultant Michael Casasanta	Date of Payment 09/28/2010	Method of Payment <input checked="" type="checkbox"/> Check # 156	Amount
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 3174 Berlin Tpke	City Newington	State CT	Zip Code 06111
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$58.27
Other Candidate(s) Name			Office Sought

### IV. EXPENDITURES

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

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Michael Casasanta	09/28/2010	<input checked="" type="checkbox"/> Check # 156		
Secondary Payee Google Ads	Purpose of Expenditure A-WEB	<input type="checkbox"/> Debit Card		
Street Address 1600 Amphitheatre Pkwy	City Mountain View	State CA		Zip Code 94043
Description Google ads		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	
Michael Casasanta	09/28/2010	<input checked="" type="checkbox"/> Check # 156		
Secondary Payee Facebook Ads	Purpose of Expenditure A-WEB	<input type="checkbox"/> Debit Card		
Street Address 1601 S California Ave	City Palo Alto	State CA		Zip Code 94304
Description Facebook ads		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	
			\$400.00	
<b>Total of Section R</b>			<b>\$2,603.87</b>	

<b>IV. EXPENDITURES</b>				
NAME OF COMMITTEE				FILING DUE DATE
Wright For Treasurer				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>				