

**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 23

**SUMMARY PAGE**

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE				
<b>Wyman 2010*</b>					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee				
3. TREASURER NAME									
Title	First	MI	Last	Suffix					
	<b>Pasquale</b>	<b>J.</b>	<b>Salemi</b>	<b>Jr</b>					
4. TREASURER ADDRESS									
Street Address				City	State	Zip Code			
<b>17 Pheasant Ln</b>				<b>East Hartford</b>	<b>CT</b>	<b>06108</b>			
5. ELECTION DATE			6. OFFICE SOUGHT (if applicable)				7. DISTRICT CODE (if applicable)		
<b>11/02/2010</b>			<b>Lieutenant Governor</b>						
8. CANDIDATE NAME									
Title	First	MI	Last	Suffix					
	<b>NANCY</b>		<b>WYMAN</b>						
9. TYPE OF REPORT									
<b>July 10 Filing - Original</b>									
10. PERIOD COVERED									
Beginning Date					Ending Date				
<b>06/22/2010</b>					thru <b>06/30/2010</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>Pasquale Salemi</b>			<b>07/09/2010</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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**SUMMARY PAGE  
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
<b>Wyman 2010*</b>	Original 07/12/2010	
	<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>\$18,753.86</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$87,136.00</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>\$0.00</b>	<b>\$100.00</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>\$87,236.00</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$18,753.86</b>	<b>\$87,236.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$1,120.00</b>	<b>\$69,602.14</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 )	<b>\$17,633.86</b>	<b>\$17,633.86</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$479.37</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>\$9,484.00</b>	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING DUE DATE	
Wyman 2010*								Original 07/12/2010	
<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. Itemized Contributions from Individuals									
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	
Wyman 2010*						Original 07/12/2010	
<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 #	Amount of Contribution
						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		
Wyman 2010*	Original 07/12/2010		
<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
Wyman 2010*	Original 07/12/2010

**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
Wyman 2010*	Original 07/12/2010

**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
Wyman 2010*					Original 07/12/2010
<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			
Wyman 2010*	Original 07/12/2010			
<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	
Wyman 2010*			Original 07/12/2010	
<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		

<b>I. MONETARY RECEIPTS (Section A-K)</b>		
NAME OF COMMITTEE	FILING DUE DATE	
Wyman 2010*	Original 07/12/2010	
<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 Wyman 2010*	FILING DUE DATE Original 07/12/2010
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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
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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
Wyman 2010*	Original 07/12/2010

**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
Wyman 2010*	Original 07/12/2010

**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
Wyman 2010*	Original 07/12/2010

**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	

**Total of Section K**

**III. Non Monetary Receipts**

NAME OF COMMITTEE	FILING DUE DATE
Wyman 2010*	Original 07/12/2010

**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
Wyman 2010*	Original 07/12/2010

**M. 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 M**

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Wyman 2010*	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
New Alliance Bank	06/23/2010	<input type="checkbox"/> Check #	
Street Address 215 Merrow Rd	City Tolland	State CT	Zip Code 06084
Purpose of Expenditure OVHD		<input checked="" type="checkbox"/> Debit Card	
Description refund of contribution		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
			\$100.00
Nathan M. Wilson	06/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address 399 Route 165	City Preston	State CT	Zip Code 06365
Purpose of Expenditure OVHD		<u>1034</u> <input type="checkbox"/> Debit Card	
Description wages		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
US Postmaster	06/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address Washington Street Station	City Hartford	State CT	Zip Code 06106
Purpose of Expenditure OVHD		<u>1035</u> <input type="checkbox"/> Debit Card	
Description stamps		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
			\$220.00
<b>Total of Section N</b>			<b>\$1,120.00</b>

<b>IV. EXPENDITURES</b>			
NAME OF COMMITTEE	FILING DUE DATE		
Wyman 2010*	Original 07/12/2010		
<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>			

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Wyman 2010*					Original 07/12/2010	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card:			
			<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> 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
Wyman 2010*	Original 07/12/2010

**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
Wvman 2010*					Original 07/12/2010
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
Wyman 2010*				Original 07/12/2010
<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>				