

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 30

SUMMARY PAGE

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE				
Friends Of Roland Lemar					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee				
3. TREASURER NAME									
Title	First	MI	Last	Suffix					
	Erin		Sturgis Pascale						
4. TREASURER ADDRESS									
Street Address			City		State		Zip Code		
332 Front St			New Haven		CT		06513		
5. ELECTION DATE			6. OFFICE SOUGHT (if applicable)				7. DISTRICT CODE (if applicable)		
11/02/2010			State Representative				R096		
8. CANDIDATE NAME									
Title	First	MI	Last	Suffix					
	Roland	J	Lemar						
9. TYPE OF REPORT									
July 10 Filing - Original									
10. PERIOD COVERED									
Beginning Date					Ending Date				
05/26/2010					thru 06/30/2010				
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 Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.									
Electronic Filing			Erin Sturgis Pascale			07/12/2010			
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	
Friends Of Roland Lemar	Original 07/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$4,178.66	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$5,980.00
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-1)	\$25,900.00	\$25,900.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$25,900.00	\$31,880.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$30,078.66	\$31,880.00
20. Expenses Paid by Committee (Section N)	\$5,999.56	\$7,800.90
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$24,079.10	\$24,079.10
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$725.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$186.00	\$186.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$716.33	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$716.33	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Roland Lemar	Original 07/12/2010

A. Total Contributions from Small Contributors-Received this Period ONLY*(See instructions for definition of Small Contributor)***Subtotal Section A****B. Itemized Contributions from Individuals**

Last Name	First Name	MI	Method of contribution:		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
Total of Section B						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS						(Sections A & B) <i>(Total on Line 14 of Summary Page)</i>

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Roland Lemar	Original 07/12/2010

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

Total of Section C1

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Roland Lemar	Original 07/12/2010

C2. Reimbursements or Payments 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	
Total of Section C2				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Roland Lemar	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
Friends Of Roland Lemar	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

I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE
Friends Of Roland Lemar					Original 07/12/2010
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					

I. Monetary Receipts (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Friends Of Roland Lemar				Original 07/12/2010
G. Interest from Deposits in Authorized Accounts				
Name of Institution		Date Received		Total Amount Received
Street Address	City	State	Zip Code	
Total of Section G				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Roland Lemar	Original 07/12/2010

H. Public Grant Funds Received from the Citizen's Election Fund

Purpose of Grant:		Date Received	Amount
<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	06/09/2010	\$25,900.00
<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		
Total of Section H			\$25,900.00

I. MONETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE				FILING DUE DATE	
Friends Of Roland Lemar				Original 07/12/2010	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Total of Section I					

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Friends Of Roland Lemar	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
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
Friends Of Roland Lemar	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
Friends Of Roland Lemar	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 #		

Total of Section J3	
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III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Roland Lemar	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? If yes, indicate which branch or branches of government the contract is with:		Yes No Executive Legislative	
Is this contribution associated with a fundraising event listed in Section 11? 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
Friends Of Roland Lemar	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	
Total of Section L				

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Friends Of Roland Lemar				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
Friends Of Roland Lemar	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Citizens Elections Program	05/28/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Trinity St	City Hartford	State CT		Zip Code
Purpose of Expenditure CEF		<u>1002</u>		<input type="checkbox"/> Debit Card
Description Buffer Check Amount		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				
			\$980.00	
Phoenix Press	06/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address 15 James St	City New Haven	State CT		Zip Code 06513
Purpose of Expenditure PRNT		<u>1003</u>		<input type="checkbox"/> Debit Card
Description Thank you cards/literature		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				
			\$99.64	
Mike Allman	06/11/2010	<input type="checkbox"/> Check #		
Street Address UNKNOWN	City Unknown	State CT		Zip Code
Purpose of Expenditure OFFICE		<input checked="" type="checkbox"/> Debit Card		
Description eBay purchase for a scanner made through PayPal		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				
			\$118.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Roland Lemar	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee Michael Jones				Date of Payment 06/15/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount	
Street Address 242 Elm St		City New Haven	State CT	Zip Code	Purpose of Expenditure WAGE		<input type="checkbox"/> Debit Card
Description Payment for services					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	\$1,500.00
Name of Payee Matthew Smith				Date of Payment 06/15/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount	
Street Address 563 Orange St		City New Haven	State CT	Zip Code	Purpose of Expenditure WAGE		<input type="checkbox"/> Debit Card
Description Payment for services					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	\$500.00
Name of Payee Michael Jones				Date of Payment 06/24/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount	
Street Address 242 Elm St		City New Haven	State CT	Zip Code	Purpose of Expenditure RCW		<input type="checkbox"/> Debit Card
Description Office 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	\$280.93

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Roland Lemar						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Victory Store.com					06/26/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
5200 SW 30th St .		Davenport	IA		A-SIGN		
Description						Event #	
Lawn signs, t-shirts, and other related materials							
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							
						\$2,353.69	
Name of Payee					Date of Payment	Method of Payment	Amount
Michael Jones					06/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1007</u> <input type="checkbox"/> Debit Card	
242 Elm St		New Haven	CT	06511	RCW		
Description						Event #	
Envelopes, Stamps, Labels							
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							
						\$167.30	
Total of Section N						\$5,999.56	

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
Friends Of Roland Lemar						Original 07/12/2010		
O. Campaign Expenses Paid By Candidate								
Name of Payee					Date of Payment		Is Reimbursement Claimed?	Amount
The Playwright					06/30/2010		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			City		State	Zip Code		\$186.00
1232 Whitney Ave			Hamden		CT			
Purpose of Expenditure	Description					Event #		
FOOD	Food for endorsement event							
Total of Section O							\$186.00	

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Friends Of Roland Lemar						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 #	
Total of Section P						

IV. EXPENDITURES

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Friends Of Roland Lemar						Original 07/12/2010
Q. Expenses Incurred By Committee but Not Paid During this Period						
Name of Creditor AT&T				Date Incurred 06/21/2010	Event #	
Street Address PO Box 8110			City Aurora		State IL	Zip Code
Purpose of Expenditure OFFICE	Description Telephone Service					
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
						\$305.33
Name of Creditor Roland Lemar				Date Incurred 06/30/2010	Event #	
Street Address 6 Eld St			City New Haven		State CT	Zip Code
Purpose of Expenditure FOOD	Description Food for endorsement 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
						\$186.00

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Roland Lemar						Original 07/12/2010	
Q. Expenses Incurred By Committee but Not Paid During this Period							
Name of Creditor LLC: 990 State Street Ass				Date Incurred 06/30/2010		Event #	
Street Address 40 Foxon Hill Rd Unit 54			City New Haven			State CT	Zip Code
Purpose of Expenditure OFFICE	Description Rent to 990 State Street Associates, LLC.						
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							
							\$225.00
Total of Section Q							\$716.33

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Roland Lemar	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Michael Jones	Date of Payment 06/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1006	Amount
Secondary Payee Wal-Mart	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 315 Foxon Blvd	City New Haven	State CT	Zip Code
Description Office Supplies from Wal-Mart			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$66.72
Other Candidate(s) Name			Office Sought

Name of Worker/Consultant Michael Jones	Date of Payment 06/15/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1006	Amount
Secondary Payee Wal-Mart	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 315 Foxon Blvd	City New Haven	State CT	Zip Code
Description Office Supplies			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$114.33
Other Candidate(s) Name			Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Roland Lemar	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Michael Jones	06/17/2010	<input checked="" type="checkbox"/> Check # 1006	
Secondary Payee Best Buy	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 53 Boston Post Rd	City Orange	State CT	
Description Office Supplies		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$39.20
Other Candidate(s) Name Office Sought			
Michael Jones	06/17/2010	<input checked="" type="checkbox"/> Check # 1006	
Secondary Payee Party City	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 292 Boston Post Rd	City Orange	State CT	
Description Tablecloth		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$3.58
Other Candidate(s) Name Office Sought			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Roland Lemar	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Michael Jones	06/17/2010	<input checked="" type="checkbox"/> Check # 1006	
Secondary Payee Lowe's	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 50 Boston Post Rd	City Orange	State CT	
Description Ethernet Cord		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$27.10
Michael Jones	06/17/2010	<input checked="" type="checkbox"/> Check # 1006	
Secondary Payee Constant Contact	Purpose of Expenditure WEB	<input type="checkbox"/> Debit Card	
Street Address 1601 Trapelo Rd	City Waltham	State MA	
Description Newsletter Service		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$30.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Roland Lemar	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Michael Jones	06/29/2010	<input checked="" type="checkbox"/> Check # 1007	
Secondary Payee Staples	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card	
Street Address 430 Universal Dr N	City North Haven	State CT	
Description Envelopes and Labels		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
			\$63.54
Michael Jones	06/29/2010	<input checked="" type="checkbox"/> Check # 1007	
Secondary Payee Walmart	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card	
Street Address 315 Foxon Blvd	City New Haven	State CT	
Description Labels and Paper		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
			\$15.76

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Roland Lemar	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Michael Jones	06/30/2010	<input checked="" type="checkbox"/> Check # 1007	
Secondary Payee Yale Station	Purpose of Expenditure POST	<input type="checkbox"/> Debit Card	
Street Address 206 Elm St	City New Haven	State CT	Zip Code
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	\$88.00
Total of Section R			\$448.23

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Friends Of Roland Lemar				Original 07/12/2010
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
Total of Section S				