

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

John Decker for Congress

ADDRESS (number and street)

254 South Main Street

Check if different than previously reported. (ACC)

West Hartford

CT

06107

2. FEC IDENTIFICATION NUMBER ▼

C C00518449

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

CT

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 2012

through

M M /

D D /

Y Y Y Y 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kelley Galica Peck

Signature of Treasurer Kelley Galica Peck

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**John Decker for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	34875.00	53225.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	34875.00	53225.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	23931.85	30785.25
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	23931.85	30785.25
8. Cash on Hand at Close of Reporting Period (from Line 27).....	22439.75	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**John Decker for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	22250.00	36750.00
(ii) Unitemized.....	8225.00	9075.00
(iii) TOTAL of contributions from individuals ▶	30475.00	45825.00
(b) Political Party Committees.....	300.00	300.00
(c) Other Political Committees (such as PACs).....	2100.00	3100.00
(d) The Candidate.....	2000.00	4000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	34875.00	53225.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	34875.00	53225.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23931.85	30785.25
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	23931.85	30785.25

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	11496.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	34875.00
25. SUBTOTAL (add Line 23 and Line 24).....	46371.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	23931.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	22439.75

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**John Decker for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Alan Bain**

Mailing Address 621 West 78th Place

City State Zip Code  
Tulsa OK 74132

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None none

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SA11AI.4250**

Amount of Each Receipt this Period  
500.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
**Brett Cavaleri**

Mailing Address 122 Chapman Rd

City State Zip Code  
Marlborough CT 06447

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Morgan Stanley Financial Advisor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 10 / 2012

**Transaction ID : SA11AI.4234**

Amount of Each Receipt this Period  
500.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
**Matthew Connelly**

Mailing Address 64 Outlook Ave

City State Zip Code  
W. Hartford CT 06119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Brothers Oil Co Vice President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 01 / 2012

**Transaction ID : SA11AI.4202**

Amount of Each Receipt this Period  
250.00

Check

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**John Decker for Congress**

Full Name (Last, First, Middle Initial) <b>A. Alison Coolbreath</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 05 / 2012
Mailing Address 19 Schuyler Lane		<b>Transaction ID : SA11AI.4226</b>
City Bloomfield	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation retired	Check
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Anne Decker</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 24 / 2012
Mailing Address 271 Harbor Road		<b>Transaction ID : SA11AI.4247</b>
City Rye	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Self	Occupation Author	Check
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas Decker</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 30 / 2012
Mailing Address 271 Harbor Rd		<b>Transaction ID : SA11AI.4225</b>
City Rye	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Morgan Stanley Smith Barney	Occupation Financial Advisor	Check
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**John Decker for Congress**

Full Name (Last, First, Middle Initial) <b>Seth Diamond</b>		Date of Receipt MM / DD / YYYY 09 / 24 / 2012
Mailing Address 53 Dogwood Lane		<b>Transaction ID : SA11AI.4248</b>
City Glostonbury	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MorganStanley	Occupation Financial Advisor	Check
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Bruce Dworak</b>		Date of Receipt MM / DD / YYYY 09 / 19 / 2012
Mailing Address 72 Willowbrook Rd		<b>Transaction ID : SA11AI.4243</b>
City Cromwell	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hobson & Motzer	Occupation Manufacturing	Credit Card
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>Robert Farr</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2012
Mailing Address 90 Whiting Lane		<b>Transaction ID : SA11AI.4200</b>
City W. Hartford	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation retired	Check
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**John Decker for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mario Gabelli</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2012	
Mailing Address 45 Field Point Circle		<b>Transaction ID : SA11AI.4215</b>	
City Greenwich	State CT	Zip Code 06860	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1800.00	
Name of Employer Gamco Inc	Occupation Money mangaar		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1800.00		

Full Name (Last, First, Middle Initial) <b>B. Ethan Goldman</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2012	
Mailing Address 9 Vardon Road		<b>Transaction ID : SA11AI.4265</b>	
City West Hartfordc	State CT	Zip Code 06117	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer Flexon Inc	Occupation Manufacturing		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>C. William Gorra</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2012	
Mailing Address 80 Soby Dr		<b>Transaction ID : SA11AI.4198</b>	
City W. Hartford	State CT	Zip Code 06107	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Simoniz USA	Occupation Business Executive		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**John Decker for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**W. Patrick Gregory**

Mailing Address 16 John's Path

City Madison State CT Zip Code 06443

FEC ID number of contributing federal political committee. **C**

Name of Employer Highway Safety Corp Occupation CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2012

**Transaction ID : SA11AI.4217**

Amount of Each Receipt this Period  
500.00

Check

**B.** Full Name (Last, First, Middle Initial)  
**R. Nelson Griebel**

Mailing Address 7 Carin Lane

City Weatogue State CT Zip Code 06089

FEC ID number of contributing federal political committee. **C**

Name of Employer Metro Alliance Of Hartford Occupation CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2012

**Transaction ID : SA11AI.4245**

Amount of Each Receipt this Period  
250.00

Check

**C.** Full Name (Last, First, Middle Initial)  
**Denise Hall**

Mailing Address 21 Cedar Ledge Rd

City W Hartford State CT Zip Code 06107

FEC ID number of contributing federal political committee. **C**

Name of Employer Webster Bank Occupation Banker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2012

**Transaction ID : SA11AI.4219**

Amount of Each Receipt this Period  
250.00

Check

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**John Decker for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Walter Hushak**

Mailing Address 29 Todd Rd

City Milldale State CT Zip Code 06467

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2012

**Transaction ID : SA11AI.4194**

Amount of Each Receipt this Period  
250.00

Check

**B.** Full Name (Last, First, Middle Initial)  
**Barry Lastra**

Mailing Address 19 Schuyler Lane

City Bloomfield State CT Zip Code 06002

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2012

**Transaction ID : SA11AI.4228**

Amount of Each Receipt this Period  
1000.00

Check

**C.** Full Name (Last, First, Middle Initial)  
**Anthony Lazzaro**

Mailing Address 168 Old Farms Rd

City South Glastonbury State CT Zip Code 06073

FEC ID number of contributing federal political committee. **C**

Name of Employer Capital Region Development Aut Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2012

**Transaction ID : SA11AI.4237**

Amount of Each Receipt this Period  
250.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**John Decker for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Leon Leal**

Mailing Address 3012 Red Bird Lane

City State Zip Code  
Grapevine TX 76051

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Abba Small Business Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 21 / 2012

**Transaction ID : SA11AI.4213**

Amount of Each Receipt this Period  
500.00

Credit card

**B.** Full Name (Last, First, Middle Initial)  
**Bryan Lentini**

Mailing Address 571 Cook Hill Rd

City State Zip Code  
Cheshire CT 06410

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hope St Pharmacy Pharmacist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 09 / 2012

**Transaction ID : SA11AI.4192**

Amount of Each Receipt this Period  
500.00

check

**C.** Full Name (Last, First, Middle Initial)  
**Peter Lumaj**

Mailing Address 745 Mill Plain Road

City State Zip Code  
Fairfield CT 06824

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 17 / 2012

**Transaction ID : SA11AI.4241**

Amount of Each Receipt this Period  
500.00

Check

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**John Decker for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael McDonald**

Mailing Address 15 Michael Lane

City Windsor State CT Zip Code 06095

FEC ID number of contributing federal political committee. **C**

Name of Employer SOS Security Occupation Executive Management

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 06 / 2012

**Transaction ID : SA11AI.4230**

Amount of Each Receipt this Period  
250.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
**Michael McWherter**

Mailing Address 60 Yellow Brick Dr

City Stillwater State OK Zip Code 74074

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 30 / 2012

**Transaction ID : SA11AI.4223**

Amount of Each Receipt this Period  
1000.00

Check

**C.** Full Name (Last, First, Middle Initial)  
**Adam Miller**

Mailing Address 1937 Norwood Ave

City Boulder State CA Zip Code 80304

FEC ID number of contributing federal political committee. **C**

Name of Employer Patton Boggs LLP Occupation Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 07 / 2012

**Transaction ID : SA11AI.4232**

Amount of Each Receipt this Period  
250.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**John Decker for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael O'Toole**

Mailing Address 18 Autumn Circle

City Rocky Hill State CT Zip Code 06067

FEC ID number of contributing federal political committee. **C**

Name of Employer Q-S Technologies Inc Occupation Marketing

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 23 / 2012

**Transaction ID : SA11AI.4221**

Amount of Each Receipt this Period  
250.00

Check

**B.** Full Name (Last, First, Middle Initial)  
**Harry Pefanis**

Mailing Address 4103 University Blvd

City Houston State TX Zip Code 77005

FEC ID number of contributing federal political committee. **C**

Name of Employer Plains All American PipelineLP Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2012

**Transaction ID : SA11AI.4208**

Amount of Each Receipt this Period  
2500.00

Check

**C.** Full Name (Last, First, Middle Initial)  
**Herbert Shepardson**

Mailing Address 49 Westmont St

City West Hartford State CT Zip Code 06117

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2012

**Transaction ID : SA11AI.4236**

Amount of Each Receipt this Period  
250.00

Check

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**John Decker for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mark Sinatro**

Mailing Address 7 Stoner Dr

City West Hartford State CT Zip Code 06107

FEC ID number of contributing federal political committee. **C**

Name of Employer Sinatro Agency Occupation Insurance Agent

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2012

**Transaction ID : SA11AI.4196**

Amount of Each Receipt this Period  
500.00

Check

**B.** Full Name (Last, First, Middle Initial)  
**Reed Steinmann**

Mailing Address 2621 Pondview Dr

City Algonquin State IL Zip Code 60102

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation none

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2012

**Transaction ID : SA11AI.4206**

Amount of Each Receipt this Period  
250.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
**Leo Stemp**

Mailing Address 157 Newgate Rd

City East Granby State CT Zip Code 06026

FEC ID number of contributing federal political committee. **C**

Name of Employer Western Mass Critical Care PC Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2012

**Transaction ID : SA11AI.4210**

Amount of Each Receipt this Period  
750.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**John Decker for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Leo Stemp**

Mailing Address 157 Newgate Rd

City East Granby State CT Zip Code 06026

FEC ID number of contributing federal political committee. **C**

Name of Employer Western Mass Critical Care PC Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2012

**Transaction ID : SA11AI.4212**

Amount of Each Receipt this Period  
500.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Trumble**

Mailing Address 15 Sunny Reach Rd

City W. Hartford State CT Zip Code 06117

FEC ID number of contributing federal political committee. **C**

Name of Employer Private Capital Group LLC Occupation Financial Planner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2012

**Transaction ID : SA11AI.4204**

Amount of Each Receipt this Period  
250.00

Check

**C.** Full Name (Last, First, Middle Initial)  
**Mark Tweedy**

Mailing Address 107 Steep Hollow Lane

City Manchester State CT Zip Code 06040

FEC ID number of contributing federal political committee. **C**

Name of Employer Twerdy Dental Arts Occupation Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2012

**Transaction ID : SA11AI.4239**

Amount of Each Receipt this Period  
250.00

Check

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

22250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 24
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**John Decker for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**East Hartford Republican Town Committee**

Mailing Address 97 Langford Lane

City State Zip Code  
E. Hartford CT 06118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 29 2012

**Transaction ID : SA11B.4255**

Amount of Each Receipt this Period  
300.00

Check

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

300.00

300.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 24
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**John Decker for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**GRASSROOTS EAST - FEDERAL**

Mailing Address 51 TROUT LAKE DRIVE  
PO BOX 979

City WESTBROOK State CT Zip Code 06498

FEC ID number of contributing federal political committee. **C** C00492280

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2012

**Transaction ID : SA11C.4257**

Amount of Each Receipt this Period  
 100.00

Check

**B.** Full Name (Last, First, Middle Initial)  
**SHAYS FOR SENATE**

Mailing Address 2103 MAIN STREET

City STRATFORD State CT Zip Code 06615

FEC ID number of contributing federal political committee. **C** C00503615

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2012

**Transaction ID : SA11C.4259**

Amount of Each Receipt this Period  
 2000.00

Check

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2100.00

2100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 24
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**John Decker for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. John Henry Decker**

Mailing Address 254 South Main Street

City West Hartford State CT Zip Code 06107

FEC ID number of contributing federal political committee. **C H2CT01163**

Name of Employer Morgan Stanley Smith Barney Occupation Financial Advisor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11D.4252**

Amount of Each Receipt this Period  
2000.00

Check

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

2000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**John Decker for Congress**

Full Name (Last, First, Middle Initial) <b>A. Creative Content Marketing</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012	
Mailing Address 17 Spectacle Lane			Amount of Each Disbursement this Period 3750.00	
City Wilton	State CT	Zip Code 06897	Transaction ID : SB17.4480	
Purpose of Disbursement Media Consulting		Category/ Type 004		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Creative Content Marketing</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012	
Mailing Address 17 Spectacle Lane			Amount of Each Disbursement this Period 3750.00	
City Wilton	State CT	Zip Code 06897	Transaction ID : SB17.4483	
Purpose of Disbursement Media Consulting		Category/ Type 004		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Creative Content Marketing</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012	
Mailing Address 17 Spectacle Lane			Amount of Each Disbursement this Period 3750.00	
City Wilton	State CT	Zip Code 06897	Transaction ID : SB17.4487	
Purpose of Disbursement Media Consulting		Category/ Type 004		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**John Decker for Congress**

Full Name (Last, First, Middle Initial) <b>A. Steve DeMartino</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2012
Mailing Address 48 Colonial Heights Rd		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.4491</b>
City North Haven State CT Zip Code 06473	Purpose of Disbursement Campaign Consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Gateway</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address PO Box 691033		Amount of Each Disbursement this Period 96.44 <b>Transaction ID : SB17.4488</b>
City Houston State TX Zip Code 77269	Purpose of Disbursement Credit Card Proc. Fee Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Gateway</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address PO Box 691033		Amount of Each Disbursement this Period 97.54 <b>Transaction ID : SB17.4489</b>
City Houston State TX Zip Code 77269	Purpose of Disbursement Credit card Proc. Fee Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2693.98
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 24		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**John Decker for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gateway</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2012
Mailing Address PO Box 691033		Amount of Each Disbursement this Period 334.59
City Houston	State TX	
Zip Code 77269	Purpose of Disbursement Credit Card Processing Fee	<b>Transaction ID : SB17.4509</b>
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gateway</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2012
Mailing Address PO Box 691033		Amount of Each Disbursement this Period 7.95
City Houston	State TX	
Zip Code 77269	Purpose of Disbursement Credit Card Proc Fee	<b>Transaction ID : SB17.4497</b>
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2012
Mailing Address 102 Jennigns Road		Amount of Each Disbursement this Period 109.00
City Hartford	State CT	
Zip Code 06106	Purpose of Disbursement Post Box Fee	<b>Transaction ID : SB17.4490</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	451.54
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**John Decker for Congress**

Full Name (Last, First, Middle Initial) <b>A. Professional Promotions</b>		Date of Disbursement
Mailing Address 751 Goodwin St		M M / D D / Y Y Y Y 08 / 09 / 2012
City East Hartford	State CT	Zip Code 06108
Purpose of Disbursement Campaign Materials	Candidate Name	Amount of Each Disbursement this Period 861.53
Category/Type 006		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Professional Promotions</b>		Date of Disbursement
Mailing Address 751 Goodwin St		M M / D D / Y Y Y Y 08 / 19 / 2012
City East Hartford	State CT	Zip Code 06108
Purpose of Disbursement Campaign Materials	Candidate Name	Amount of Each Disbursement this Period 657.42
Category/Type 006		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Professional Promotions</b>		Date of Disbursement
Mailing Address 751 Goodwin St		M M / D D / Y Y Y Y 09 / 11 / 2012
City East Hartford	State CT	Zip Code 06108
Purpose of Disbursement Campaign materials	Candidate Name	Amount of Each Disbursement this Period 3994.72
Category/Type 006		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5513.67
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**John Decker for Congress**

Full Name (Last, First, Middle Initial) <b>A. Professional Promotions</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2012
Mailing Address 751 Goodwin St		Amount of Each Disbursement this Period 253.66 <b>Transaction ID : SB17.4496</b>
City East Hartford	State CT	
Zip Code 06108	Purpose of Disbursement Campaign Materials	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Herbert Shepardson</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address 49 Westmont St		Amount of Each Disbursement this Period 709.00 <b>Transaction ID : SB17.4484</b>
City West Hartford	State CT	
Zip Code 06117	Purpose of Disbursement Reimbursement for Event	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Marion Szarynski</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2012
Mailing Address c/o J. Labriola 1451 New Haven Rd		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4494</b>
City Naugatuck	State CT	
Zip Code 06770	Purpose of Disbursement Musician	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1462.66
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**John Decker for Congress**

Full Name (Last, First, Middle Initial) <b>A. Burt Yale</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012	
Mailing Address 17245 Orangewood Lane			Amount of Each Disbursement this Period 2500.00	
City Yoralinda	State CA	Zip Code 92886	Transaction ID : SB17.4475	
Purpose of Disbursement Consulting Fee		Category/ Type 004		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	23871.85