

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED 2011 FEB -4 AM 11:59 FEC MAIL CENTER Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Giannaris For Congress

ADDRESS (number and street) 56 Basswood Road Check if different than previously reported. (ACC) Farmington CT 06032-

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE STATE DISTRICT C 00329433 3. IS THIS REPORT NEW (N) OR AMENDED (A) CT 05

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) [X] 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 MM/DD/YYYY in the State of

(c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 10/01/2010 through 12/31/2010

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 Andrew G. Andrews

Signature of Treasurer [Signature] Date MM/DD/YYYY 01/28/2011

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

11030564480



**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name

*Giannaros For Congress*

Report Covering the Period: From:

M	M		D	D		Y	Y	Y	Y
1	0		0	1		2	0	1	0

To:

M	M		D	D		Y	Y	Y	Y
1	2		3	1		2	0	1	0

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than Political Committees
  - (i) Itemized (use Schedule A) .....
  - (ii) Unitemized .....
  - (iii) TOTAL of contributions from individuals .....
- (b) Political Party Committees .....
- (c) Other Political Committees (such as PACs) .....
- (d) The Candidate .....
- (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..



12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

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13. LOANS:

- (a) Made or Guaranteed by the Candidate .....
- (b) All Other Loans .....
- (c) TOTAL LOANS (add Lines 13(a) and (b)) .....



14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....

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15. OTHER RECEIPTS (Dividends, Interest, etc.) *Interest* .....

1.20
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7.8
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16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) .....

1.20
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7.8
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**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES .....

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed  
by the Candidate.....

(b) Of All Other Loans .....

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b)).....

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees .....

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACs) .....

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c)).....

21. OTHER DISBURSEMENTS .....

22. TOTAL DISBURSEMENTS  
(add Lines 17, 18, 19(c), 20(d), and 21) ▶

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560000
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560000
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**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

25. SUBTOTAL (add Line 23 and Line 24).....

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25) .....

5220617
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120
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5220737
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560000
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4660737
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**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 / OF 2	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21		

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)  
*Giannaros For Congress*

Full Name (Last, First, Middle Initial) <i>Dina Titus For Congress</i>		Date of Disbursement MM ' DD ' YYYY <i>10 ' 08 ' 2010</i>	
Mailing Address <i>P.O. Box 50614</i>			
City <i>Henderson</i>	State <i>NV</i>	Zip Code <i>89016</i>	Amount of Each Disbursement this Period <i>2000.00</i>
Purpose of Disbursement <i>Political Contribution</i>		Category/Type <i>0.1.1</i>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name <i>Dina Titus</i>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <i>NV</i>	District: <i>3</i>		

Full Name (Last, First, Middle Initial) <i>Alexi For Illinois</i>		Date of Disbursement MM ' DD ' YYYY <i>10 ' 15 ' 2010</i>	
Mailing Address <i>P.O. Box 494</i>			
City <i>Chicago</i>	State <i>IL</i>	Zip Code <i>60690</i>	Amount of Each Disbursement this Period <i>1000.00</i>
Purpose of Disbursement <i>Political Contribution</i>		Category/Type <i>0.1.1</i>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name <i>Alexi Giannoulis</i>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <i>IL</i>	District:		

Full Name (Last, First, Middle Initial) <i>CT Senate Victory Fund</i>		Date of Disbursement MM ' DD ' YYYY <i>10 ' 15 ' 2010</i>	
Mailing Address <i>777 Summer St.</i>			
City <i>Stamford</i>	State <i>CT</i>	Zip Code <i>06901</i>	Amount of Each Disbursement this Period <i>2000.00</i>
Purpose of Disbursement <i>Political Contribution</i>		Category/Type <i>0.1.1</i>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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:		

SUBTOTAL of Disbursements This Page (optional).....	<i>5000.00</i>
TOTAL This Period (last page this line number only).....	

1103056448A

**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 2 OF 2

17  
20a     18  
20b     19a  
20c     19b  
21

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NAME OF COMMITTEE (In Full)

*Giannaros For Congress*

Full Name (Last, First, Middle Initial)

A. *Zack Space For Congress*

Mailing Address

*P.O. Box 266*

City *Dover*

State

*OH*

Zip Code

*44622*

Purpose of Disbursement

*Political Contribution*

Candidate Name

*Zack Space*

*011*  
Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary     General  
 Other (specify) ▼

State: *OH*

District: *18*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*10 / 20 / 2010*

Amount of Each Disbursement this Period

*600.00*

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary     General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary     General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional).....▶

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

*600.00*  
*5600.00*

1103056485

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)  
1/31/11

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*EA* 2/4/11  
 PREPARER DATE PREPARED

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