

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. **12FE4M5NTER**
2010 FEB -2 AM 11:39
Grinnings 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 ▲
C00329433 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)
 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 / / in the State of
 (c) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
 Election on / / in the State of

5. Covering Period **10 / 01 / 2009** through **12 / 31 / 2009**

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  Date **01 / 27 / 2010**

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							
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10030241952

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Giannaros 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))

(b) Total Contribution Refunds
(from Line 20(d))

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

(b) Total Offsets to Operating
Expenditures (from Line 14)

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

8. Cash on Hand at Close of
Reporting Period (from Line 27)

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

For further information contact:

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

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

10030241953

**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	2,000.00	8,550.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2,000.00	8,550.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	58,200.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1.46
25. SUBTOTAL (add Line 23 and Line 24).....	58,201.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20,000.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	38,201.97

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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 1 OF 1

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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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)

A. *Alexi Giannoulas for Illinois*

Mailing Address

P.O. Box 494

City

Chicago

State

IL

Zip Code

60690

Purpose of Disbursement

Political Contribution

Candidate Name

Alexi Giannoulas

0
 1
 2
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: *IL*

District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 23 / 2009

Amount of Each Disbursement this Period

000000
 200000

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

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

0
 1
 2
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

000000

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

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

0
 1
 2
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

000000

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

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

000000
 200000

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

000000
 200000

10030241956

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 1/27/10
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark-Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Ed

PREPARER

2/2/10

DATE PREPARED

(3/2005)

10030241957