

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 58

SUMMARY PAGE

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
Friends Of Susan 2010, Inc.					<input type="checkbox"/> Candidate Committee <input checked="" type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First	MI	Last	Suffix		
	Ted		Doolittle			
4. TREASURER ADDRESS						
Street Address		City		State	Zip Code	
84 Walden St		West Hartford		CT	06107	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)			7. DISTRICT CODE (if applicable)	
11/02/2010						
8. CANDIDATE NAME						
Title	First	MI	Last	Suffix		
	Susan		Bysiewicz			
9. TYPE OF REPORT						
Termination Report for Candidate and Exploratory Committees (Non Standard) - Original						
10. PERIOD COVERED						
Beginning Date		Ending Date				
01/01/2010		thru		02/05/2010		
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		Ted Doolittle		02/06/2010		
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 Susan 2010, Inc.		
	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	\$239,509.14	
14. Contributions received from Individuals (Section A and B)	\$4,930.00	\$464,125.00
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$6,975.00
16. Other Monetary Receipts (Section D-I)	\$0.00	\$1,497.50
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)	\$4,930.00	\$472,597.50
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$244,439.14	\$472,597.50
20. Expenses Paid by Committee (Section N)	\$244,745.10	\$472,903.46
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$-305.96	\$-305.96
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$3,200.00
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)	\$0.00	\$2,340.20
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)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	Subtotal Section A \$0.00

B. Itemized Contributions from Individuals

Last Name stec	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 2745	Amount of Contribution
Residential Street Address 10 Tina Ln	City Westfield	State MA	Zip Code 01085	Date Received 01/01/2010		
Principal Occupation firefighter	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Flynn	First Name Kevin	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 2712	Amount of Contribution
Residential Street Address 67 Sachem Rd	City Fairfield	State CT	Zip Code 06825	Date Received 01/02/2010		
Principal Occupation CSR	Name of Employer State Dept. of Labor	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00		
Last Name Clayton	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2701	Amount of Contribution
Residential Street Address 186 Knollwood Rd	City Manchester	State CT	Zip Code 06040	Date Received 01/04/2010		
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Elliott	First Name Genevieve	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2709	Amount of Contribution
Residential Street Address 59 Buckland Rd	City Wethersfield	State CT	Zip Code 06109	Date Received 01/04/2010		
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

B. Itemized Contributions from Individuals

Last Name Chamberlain	First Name Scott	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2700	Amount of Contribution
Residential Street Address 8 Elena Dr	City New Milford	State CT	Zip Code 06776	Date Received 01/05/2010		
Principal Occupation Attorney	Name of Employer Scott Chamberlain, PC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		
\$125.00						
Last Name Stith-Cabranes	First Name Kate	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2746	Amount of Contribution
Residential Street Address 65 Sperry Rd	City Bethany	State CT	Zip Code 06524	Date Received 01/05/2010		
Principal Occupation Professor	Name of Employer Yale Law School		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		
\$125.00						
Last Name Lana	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2722	Amount of Contribution
Residential Street Address 430 Mountain Rd	City Cheshire	State CT	Zip Code 06410	Date Received 01/05/2010		
Principal Occupation Insurance Agent	Name of Employer Self-employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						
Last Name Baio-Downes	First Name Claudia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2694	Amount of Contribution
Residential Street Address 10 Ten Rod Hwy	City Rocky Hill	State CT	Zip Code 06067	Date Received 01/05/2010		
Principal Occupation Attorney	Name of Employer Baio & Associates		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

B. Itemized Contributions from Individuals

Last Name Trakas	First Name Louisa	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2748	Amount of Contribution \$25.00
Residential Street Address 254 Kate Downing Rd	City Plainfield	State CT	Zip Code 06374	Date Received 01/05/2010		
Principal Occupation Town Clerk	Name of Employer Town of Plainfield		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Robinson	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2738	Amount of Contribution \$100.00
Residential Street Address 31 Tonica Spring Trl	City Manchester	State CT	Zip Code 06040	Date Received 01/05/2010		
Principal Occupation Attorney	Name of Employer Penny, Botticello, O'Brien, PC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		
Last Name Sotil	First Name Ricardo	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2743	Amount of Contribution \$100.00
Residential Street Address PO Box 425	City East Granby	State CT	Zip Code 06026	Date Received 01/05/2010		
Principal Occupation Owner	Name of Employer Sotil Tree Service LLC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Formus	First Name Adam	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2713	Amount of Contribution \$100.00
Residential Street Address 34 Rock Spring Rd	City Stamford	State CT	Zip Code 06906	Date Received 01/05/2010		
Principal Occupation Accountant	Name of Employer DHL & S		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

B. Itemized Contributions from Individuals

Last Name Parese	First Name John Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 2734	Amount of Contribution \$100.00
Residential Street Address 14 Taylor Dr	City Portland	State CT	Zip Code 06480	Date Received 01/06/2010		
Principal Occupation Attorney	Name of Employer Buckley & Wynne		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Campion	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2697	Amount of Contribution \$25.00
Residential Street Address 82 Morris Cove Rd	City New Haven	State CT	Zip Code 06512	Date Received 01/06/2010		
Principal Occupation Behavioral Health Consultant	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name preleski	First Name brian	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 2736	Amount of Contribution \$100.00
Residential Street Address 11 Buttonwood Hill Rd	City Avon	State CT	Zip Code 06001	Date Received 01/07/2010		
Principal Occupation civil servant	Name of Employer state of connecticut		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Shapere	First Name Alfreda	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2741	Amount of Contribution \$25.00
Residential Street Address 170 Darling Rd	City Salem	State CT	Zip Code 06420	Date Received 01/07/2010		
Principal Occupation Social Worker	Name of Employer Norwich Psychiatric Center		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

B. Itemized Contributions from Individuals

Last Name Dembo	First Name Steven	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2704	Amount of Contribution \$125.00	
Residential Street Address 66 Hartwell Rd	City West Hartford	State CT	Zip Code 06117	Date Received 01/07/2010			
Principal Occupation Attorney	Name of Employer Berman, Bourns, Aaron and Dembo		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$375.00
Last Name DePaolo	First Name Valerie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2705	Amount of Contribution \$100.00	
Residential Street Address 184 Beechwood Dr	City Southington	State CT	Zip Code 06489	Date Received 01/07/2010			
Principal Occupation Attorney	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00
Last Name Balikci	First Name Rebecca	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2695	Amount of Contribution \$100.00	
Residential Street Address 18 Carissa Ln	City Greenwich	State CT	Zip Code 06830	Date Received 01/07/2010			
Principal Occupation Homemaker	Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00
Last Name Balikci	First Name Turgut	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2696	Amount of Contribution \$100.00	
Residential Street Address 18 Carissa Ln	City Greenwich	State CT	Zip Code 06830	Date Received 01/07/2010			
Principal Occupation Owner	Name of Employer Bella Luna		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

B. Itemized Contributions from Individuals

Last Name Fanfarelli	First Name Gerald	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2711	Amount of Contribution \$100.00
Residential Street Address 8 Macdonough Pl	City Middletown	State CT	Zip Code 06457	Date Received 01/07/2010		
Principal Occupation Professional Firefighter	Name of Employer New Haven Fire Department	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Matos	First Name Angelica	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 2727	Amount of Contribution \$250.00
Residential Street Address 89 E Pearl St	City New Haven	State CT	Zip Code 06513	Date Received 01/08/2010		
Principal Occupation Program Executive	Name of Employer Atlantic Philanthropies	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Wolak	First Name Joel	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 2750	Amount of Contribution \$100.00
Residential Street Address 1158 Saybrook Rd	City Haddam	State CT	Zip Code 06438	Date Received 01/09/2010		
Principal Occupation IT Banking	Name of Employer Webster Bank	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Dambier	First Name Laura	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2703	Amount of Contribution \$100.00
Residential Street Address 35 Old Avon Vlg # 124	City Avon	State CT	Zip Code 06001	Date Received 01/11/2010		
Principal Occupation Insurance Operations Manager	Name of Employer Lincoln Financial Group	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

B. Itemized Contributions from Individuals

Last Name Moriarty	First Name Ann	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2731	Amount of Contribution \$25.00
Residential Street Address 253 Elmwood Cir	City Cheshire	State CT	Zip Code 06410	Date Received 01/11/2010		
Principal Occupation Archivist	Name of Employer Cheshire Academy		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Murdy	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2732	Amount of Contribution \$100.00
Residential Street Address 24B Nutmeg Dr	City Meriden	State CT	Zip Code 06451	Date Received 01/11/2010		
Principal Occupation Owner	Name of Employer Murdy & Sons Q.H.B., Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Sereslis	First Name Anthony	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2740	Amount of Contribution \$100.00
Residential Street Address 757 Ridge Rd	City Wethersfield	State CT	Zip Code 06109	Date Received 01/11/2010		
Principal Occupation Realtor	Name of Employer Tony Sereslis Realty		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Kinsella	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2720	Amount of Contribution \$125.00
Residential Street Address 70 Elizabeth St	City Hartford	State CT	Zip Code 06105	Date Received 01/11/2010		
Principal Occupation Attorney	Name of Employer Self-employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

B. Itemized Contributions from Individuals

Last Name McQueen	First Name Lorraine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2729	Amount of Contribution \$50.00	
Residential Street Address 183 Munson Rd	City Wolcott	State CT	Zip Code 06716	Date Received 01/11/2010			
Principal Occupation Tax Collector	Name of Employer Town of Wolcott		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$150.00
Last Name Dicara	First Name Vince	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2707	Amount of Contribution \$250.00	
Residential Street Address 515 Heritage Vlg	City Southbury	State CT	Zip Code 06488	Date Received 01/11/2010			
Principal Occupation Retired	Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00
Last Name Esposito	First Name Judith	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2710	Amount of Contribution \$100.00	
Residential Street Address 61 Gail Ct	City Northford	State CT	Zip Code 06472	Date Received 01/11/2010			
Principal Occupation Registrar of Voters	Name of Employer Town of North Branford		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00
Last Name Milone	First Name Gilbert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2730	Amount of Contribution \$100.00	
Residential Street Address 73 Bundy Hill Rd	City Lisbon	State CT	Zip Code 06351	Date Received 01/11/2010			
Principal Occupation Accountant	Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

B. Itemized Contributions from Individuals

Last Name Caputo	First Name Marc	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 2699	Amount of Contribution \$100.00
Residential Street Address 1008 Quinnipiac Ave	City New Haven	State CT	Zip Code 06513	Date Received 01/21/2010		
Principal Occupation Consultant	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Last Name Marsden	First Name Karen Lee	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 2726	Amount of Contribution \$50.00
Residential Street Address 6 Princess Pine Ln	City Clinton	State CT	Zip Code 06413	Date Received 01/21/2010		
Principal Occupation Town Clerk	Name of Employer Town of Clinton		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Last Name Langer	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 2723	Amount of Contribution \$100.00
Residential Street Address 56 Brewster Rd	City West Hartford	State CT	Zip Code 06117	Date Received 01/21/2010		
Principal Occupation Attorney	Name of Employer Wiggin & Dana		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Last Name McLaughlin	First Name Ian	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 2728	Amount of Contribution \$25.00
Residential Street Address 31 Whittlesey Rd	City Woodbury	State CT	Zip Code 06798	Date Received 01/21/2010		
Principal Occupation Insurance Agency Owner	Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

B. Itemized Contributions from Individuals

Last Name Tobias	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 2747	Amount of Contribution \$100.00
Residential Street Address 22 Gowin Rd	City Middletown	State CT	Zip Code 06457	Date Received 01/21/2010		
Principal Occupation Electrician	Name of Employer Day and Zimmermann NPS		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Marcus	First Name Walter	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 2725	Amount of Contribution \$25.00
Residential Street Address 6241 N Cadena De Montanas	City Tucson	State AZ	Zip Code 85718	Date Received 01/22/2010		
Principal Occupation Mediator	Name of Employer Center for Divorce Mediation & Alternative Dispute		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Total of Section B						\$4,930.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 14 of Summary Page)						\$4,930.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE					FILING DUE DATE	
Friends Of Susan 2010, Inc.						
C1. Contributions from Other Committees						
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section J1?		Yes If yes, list Event # No	Amount of Contribution
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 Susan 2010, Inc.				
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 Susan 2010, Inc.	

D. Loans Received this Period

Name of Lender				Source of Loan: Bank Candidate Individual Other Committee	Is there a cosigner or Guarantor of this loan? Yes No	Amount Received
Street Address	City	State	Zip Code			
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code			
				Date Received		

Total of Section D

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE

FILING DUE DATE

Friends Of Susan 2010, Inc.

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 Susan 2010, Inc.					
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 Susan 2010, Inc.	

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 Susan 2010, Inc.			
H. Public Grant Funds Received from the Citizen's Election Fund			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial			
Primary General or Special Election	Primary General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary General or Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE				FILING DUE DATE	
Friends Of Susan 2010, Inc.					
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 Susan 2010, Inc.					FILING DUE DATE
J1. Fundraising Event Information					
Fundraising Event # Date of Fundraiser Letter	Description	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 Susan 2010, Inc.	

J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of the Purchaser Last Name <i>(Individuals ONLY)</i>	First Name	MI	Method of payment: <div style="display: flex; justify-content: space-around; font-size: small;"> Cash Personal Check Credit/Debit Card </div>				Aggregate Amount of Purchases
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 Susan 2010, Inc.	

J3. In-Kind Donations Not Considered Contributions

Name of the Donor				Donation Given by: <div style="display: flex; justify-content: space-between; font-size: small;"> Individual Business Entity </div>		Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event		
Description of Donation		Date Received	Event #			
Total of Section J3						

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

K. In-Kind Contributions

Name				Date Received		Fair Market Value of this Contribution	
Street Address		City	State				Zip Code
Type of Contributor:	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	Is contributor a principal of a state contractor or prospective state contractor?				Yes
Individual		No	If yes, indicate which branch or branches of government the contract is with:				No
Committee			Executive			Legislative	
Is this contribution associated with a fundraising event listed in Section II?		Yes	Description of In-Kind Contribution			Aggregate contributions	
If yes, list Event#		No					

Total of Section K

III. Non Monetary Receipts

NAME OF COMMITTEE

FILING DUE DATE

Friends Of Susan 2010, Inc.

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 Susan 2010, Inc.					
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 Susan 2010, Inc.								
N. Expenses Paid By Committee								
Name of Payee					Date of Payment	Method of Payment		Amount
2264 SDH,LLC					01/01/2010	<input checked="" type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	1162		
2264 Silas Deane Hwy		Rocky Hill	CT	06067	OVHD	<input type="checkbox"/> Debit Card		
Description						Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name		
<input type="checkbox"/> Yes						Office Sought		
<input checked="" type="checkbox"/> No								
Name of Payee					Date of Payment	Method of Payment		Amount
First Data Merchant Services					01/04/2010	<input type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	1162		
PO Box 6600		Hagerstown	MD	21740	WEB	<input checked="" type="checkbox"/> Debit Card		
Description						Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name		
<input type="checkbox"/> Yes						Office Sought		
<input checked="" type="checkbox"/> No								
Name of Payee					Date of Payment	Method of Payment		Amount
First Data Merchant Services					01/04/2010	<input type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	1162		
PO Box 6600		Hagerstown	MD	21740	WEB	<input checked="" type="checkbox"/> Debit Card		
Description						Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name		
<input type="checkbox"/> Yes						Office Sought		
<input checked="" type="checkbox"/> No								

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
First Data Merchant Services				01/04/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 6600	Hagerstown	MD	21740	WEB		
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$4.30

Name of Payee					Date of Payment	Method of Payment	Amount
Webster Bank					01/04/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
PO Box 6600	Hagerstown	MD	21740	BNK			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>							\$10.00
Other Candidate(s) Name				Office Sought			

Name of Payee					Date of Payment	Method of Payment	Amount						
First Data Merchant Services					01/05/2010	<input type="checkbox"/> Check #							
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card								
PO Box 6600	Hagerstown	MD	21740	WEB									
Description						Event #							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Yes</td> <td style="width: 33%;">Other Candidate(s) Name</td> <td style="width: 33%;">Office Sought</td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td></td> <td></td> </tr> </table>								<input type="checkbox"/> Yes	Other Candidate(s) Name	Office Sought	<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes	Other Candidate(s) Name	Office Sought											
<input checked="" type="checkbox"/> No													
							\$19.81						

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
First Data Merchant Services				01/05/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 6600	Hagerstown	MD	21740	WEB		
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$10.13

Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					01/05/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
PO Box 6600	Hagerstown	MD	21740	WEB			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$20.80

Name of Payee						Date of Payment	Method of Payment	Amount
First Data Merchant Services						01/05/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure			
PO Box 6600		Hagerstown	MD	21740	WEB	<input checked="" type="checkbox"/> Debit Card		
Description							Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div style="float: right;">Other Candidate(s) Name Office Sought</div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>								

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Webster Bank				01/05/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 6600	Hagerstown	MD	21740	BNK		
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$10.00

Name of Payee					Date of Payment	Method of Payment	Amount						
USPS					01/05/2010	<input type="checkbox"/> Check #							
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card								
32 Church St	Rocky Hill	CT	06067	POST									
Description						Event #							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Yes</td> <td style="width: 33%;">Other Candidate(s) Name</td> <td style="width: 33%;">Office Sought</td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td></td> <td></td> </tr> </table>								<input type="checkbox"/> Yes	Other Candidate(s) Name	Office Sought	<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes	Other Candidate(s) Name	Office Sought											
<input checked="" type="checkbox"/> No													
							\$132.00						

Name of Payee					Date of Payment	Method of Payment	Amount						
Glastonbury Mobil					01/05/2010	<input type="checkbox"/> Check #							
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card								
2493 Min St	Glastonbury	CT	06033	TRVL									
Description						Event #							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Yes</td> <td style="width: 33%;">Other Candidate(s) Name</td> <td style="width: 33%;">Office Sought</td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td></td> <td></td> </tr> </table>								<input type="checkbox"/> Yes	Other Candidate(s) Name	Office Sought	<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes	Other Candidate(s) Name	Office Sought											
<input checked="" type="checkbox"/> No													
							\$44.67						

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
PC Accounting Solutions, LLC					01/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1166</u>		
191 Old Farms E	Middletown	CT	06457	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$650.00							
Name of Payee					Date of Payment	Method of Payment	Amount
PC Accounting Solutions, LLC					01/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1166</u>		
191 Old Farms E	Middletown	CT	06457	POST	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$8.12							
Name of Payee					Date of Payment	Method of Payment	Amount
Athan Mihalakos					01/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1164</u>		
261 Pierpont Rd	Waterbury	CT	06705	REF	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$25.00							

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE
Friends Of Susan 2010, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
AT&T					01/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1163</u>	
PO Box 8110		Aurora	IL	60507-8110	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		
<input checked="" type="checkbox"/> No							
							\$417.21
Name of Payee					Date of Payment	Method of Payment	Amount
Office Depot					01/07/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
1295 Silas Deane Hwy		Wethersfield	CT	06109	OFFICE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		
<input checked="" type="checkbox"/> No							
							\$14.83
Name of Payee					Date of Payment	Method of Payment	Amount
Daniel Tully					01/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1165</u>	
20 Cedar Spring Rd		Burlington	CT	06013	REF	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		
<input checked="" type="checkbox"/> No							
							\$100.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

N. Expenses Paid By Committee

Name of Payee Andis Corp				Date of Payment 01/08/2010	Method of Payment <input type="checkbox"/> Check #	Amount \$40.92
Street Address 1340 Silas Deane Hwy	City Wethersfield	State CT	Zip Code 06109	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Description					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 	
Name of Payee BuzzMaker, LLC				Date of Payment 01/08/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$99.00
Street Address 322 Shepherd St	City Washington	State DC	Zip Code 20011	Purpose of Expenditure WEB	<u>1169</u> <input type="checkbox"/> Debit Card	
Description					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 	
Name of Payee Robert Wimberley				Date of Payment 01/08/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$1,000.00
Street Address 355 Interstate Street SW # S622	City Washington	State DC	Zip Code 20024	Purpose of Expenditure CNSLT	<u>1167</u> <input type="checkbox"/> Debit Card	
Description					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 	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

N. Expenses Paid By Committee

Name of Payee MB Associates, LLC					Date of Payment 01/08/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1168</u>	Amount \$7,420.00
Street Address 83 Foxcroft Rd	City Hartford	State CT	Zip Code 06119	Purpose of Expenditure CNSLT	<input type="checkbox"/> Debit Card		
Description					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 		
Name of Payee Jim Cunningham & Assocs., LLC					Date of Payment 01/08/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1170</u>	Amount \$7,000.00
Street Address 201 Grand Central Ave ,	City Ripley	State WV	Zip Code 24271	Purpose of Expenditure CNSLT	<input type="checkbox"/> Debit Card		
Description					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 		
Name of Payee Thames Printing Company, Inc.					Date of Payment 01/11/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1174</u>	Amount \$3,887.56
Street Address 1 Wisconsin Avenue Norwich Industrial Pa	City Norwich	State CT	Zip Code 06360	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card		
Description					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 		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
United States Treasury					01/11/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
Department of the Treasury, Internal Revenue Service	Cincinnati	OH	45999-0005	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought		\$1,028.33	
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
United States Treasury					01/11/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
Department of the Treasury, Internal Revenue Service	Cincinnati	OH	45999-0005	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought		\$131.54	
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Administrator Unemployment Compensation					01/11/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
Department of Labor, Employment Security Administration	Hartford	CT	06104	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought		\$133.27	
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Susan 2010, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
USPS					01/12/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
32 Church St	Rocky Hill	CT	06067	POST			
Description					Event #		
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							\$88.00
Name of Payee					Date of Payment	Method of Payment	Amount
Anthem Health Plan					01/13/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
370 Bassett St	North Haven	CT	06473	WAGE			
Description					Event #		
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							\$251.98
Name of Payee					Date of Payment	Method of Payment	Amount
Office Depot					01/15/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
1295 Silas Deane Hwy	Wethersfield	CT	06109	OFFICE			
Description					Event #		
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							\$14.83

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Susan 2010, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
David Donaldson					01/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1179</u>	<input type="checkbox"/> Debit Card	
125 Clover St	Middletown	CT	06457	RCW			
Description					Event #		
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							\$190.00
Name of Payee					Date of Payment	Method of Payment	Amount
Ellen M. Graham					01/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1171</u>	<input type="checkbox"/> Debit Card	
156 Pierremount Ave	New Britain	CT	06053	WAGE			
Description					Event #		
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							\$1,500.00
Name of Payee					Date of Payment	Method of Payment	Amount
Gray Brand					01/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1176</u>	<input type="checkbox"/> Debit Card	
37 Thompson Hill Rd	Canton	CT	06019	A-OTH			
Description					Event #		
letterhead design							
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							\$200.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

N. Expenses Paid By Committee

Name of Payee David W. Mason					Date of Payment 01/15/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$3,750.00
Street Address 67 Burr St	City West Hartford	State CT	Zip Code 06107	Purpose of Expenditure WAGE	<u>5054</u> <input type="checkbox"/> Debit Card		
Description					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 		
Name of Payee NGP Software, Inc.					Date of Payment 01/15/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$55.00
Street Address 1225 Eye St NW Ste 1225	City Washington	State DC	Zip Code 20005	Purpose of Expenditure WEB	<u>1178</u> <input type="checkbox"/> Debit Card		
Description					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 		
Name of Payee Mobil on the Go					Date of Payment 01/15/2010	Method of Payment <input type="checkbox"/> Check #	Amount \$48.23
Street Address 427 S Main St	City Middletown	State CT	Zip Code 06457	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Description					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 		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Updike, Kelly & Spellacy, PC				01/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1177</u>	
1 State St , P.O. Box 231277	Hartford	CT	06123-1277	CNSLT	<input type="checkbox"/> Debit Card	
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$116.48

Name of Payee					Date of Payment	Method of Payment	Amount
Carol Tudisco					01/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1180</u>		
288 Sargeant St	Hartford	CT	06105	WEB	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>							\$100.00
Other Candidate(s) Name				Office Sought			

Name of Payee					Date of Payment	Method of Payment	Amount						
Mobil on the Go					01/19/2010	<input type="checkbox"/> Check #							
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card								
427 S Main St	Middletown	CT	06457	TRVL									
Description						Event #							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Yes</td> <td style="width: 33%;">Other Candidate(s) Name</td> <td style="width: 33%;">Office Sought</td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td></td> <td></td> </tr> </table>								<input type="checkbox"/> Yes	Other Candidate(s) Name	Office Sought	<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes	Other Candidate(s) Name	Office Sought											
<input checked="" type="checkbox"/> No													
							\$46.90						

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

N. Expenses Paid By Committee

Name of Payee						Date of Payment	Method of Payment	Amount
Laura E. Bartok						01/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1181</u>		
140 Carriage Rd		Bristol	CT	06010	WAGE	<input type="checkbox"/> Debit Card		
Description							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								
\$769.60								

Name of Payee						Date of Payment	Method of Payment	Amount
Laura E. Bartok						01/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1182</u>		
140 Carriage Rd		Bristol	CT	06010	TRVL	<input type="checkbox"/> Debit Card		
Description							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								
\$72.82								

Name of Payee						Date of Payment	Method of Payment	Amount
Cumberland Farms						01/21/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
204 Marlborough St		Portland	CT	06480	TRVL			
Description							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								
\$45.04								

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
USPS					01/21/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
32 Church St	Rocky Hill	CT	06067	OVHD			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>							
Other Candidate(s) Name				Office Sought		\$60.00	
Name of Payee					Date of Payment	Method of Payment	Amount
Commissioner of Revenue Services					01/22/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
25 Sigourney St , P.O. Box 5032	Hartford	CT	06102	OVHD			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>							
Other Candidate(s) Name				Office Sought		\$2,700.00	
Name of Payee					Date of Payment	Method of Payment	Amount
Theodore Doolittle					01/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>5011</u> <input type="checkbox"/> Debit Card		
84 Walden St	West Hartford	CT	06119	RCW			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>							
Other Candidate(s) Name				Office Sought		\$105.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Ethical Influence LLC					01/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1183</u>		
17 Oakledge Dr	Ivoryton	CT	06442	RCW	<input type="checkbox"/> Debit Card		
Description						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	\$123.95

Name of Payee					Date of Payment	Method of Payment	Amount
Office Depot					01/22/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1183</u>		
1295 Silas Deane Hwy	Wethersfield	CT	06109	PRNT	<input checked="" type="checkbox"/> Debit Card		
Description						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	\$14.83

Name of Payee					Date of Payment	Method of Payment	Amount
Secretary of the State					01/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>5005</u>		
PO Box 150470	Hartford	CT	06115	OVHD	<input type="checkbox"/> Debit Card		
Description						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	\$50.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

N. Expenses Paid By Committee

Name of Payee Secretary of the State					Date of Payment 01/22/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$50.00
Street Address PO Box 150470	City Hartford	State CT	Zip Code 06115	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Description					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 		
Name of Payee GoDaddy.com					Date of Payment 01/23/2010	Method of Payment <input type="checkbox"/> Check #	Amount \$73.36
Street Address 14455 N Hayden Rd Ste 219	City Scottsdale	State AZ	Zip Code 85260	Purpose of Expenditure WEB	<input checked="" type="checkbox"/> Debit Card		
Description					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 		
Name of Payee Office Depot					Date of Payment 01/23/2010	Method of Payment <input type="checkbox"/> Check #	Amount \$37.50
Street Address 1295 Silas Deane Hwy	City Wethersfield	State CT	Zip Code 06109	Purpose of Expenditure PRNT	<input checked="" type="checkbox"/> Debit Card		
Description					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 		

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Susan 2010, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
USPS					01/23/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
32 Church St	Rocky Hill	CT	06067	POST			
Description					Event #		
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							\$132.00
Name of Payee					Date of Payment	Method of Payment	Amount
Friends of Susan 2010 (Candidate)					01/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>transfer</u>		
2264 Silas Deane Hwy	Rocky Hill	CT		SRPLS	<input type="checkbox"/> Debit Card		
Description					Event #		
Transfer of surplus funds to candidate committee							
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							\$195,605.44
Name of Payee					Date of Payment	Method of Payment	Amount
Friends of Susan 2010 (Candidate)					02/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>transfer</u>		
2264 Silas Deane Hwy	Rocky Hill	CT		SRPLS	<input type="checkbox"/> Debit Card		
Description					Event #		
Transfer of surplus funds to candidate committee							
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							\$15,540.81
Total of Section N						\$244,745.10	

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
Friends Of Susan 2010, Inc.								
O. Campaign Expenses Paid By Candidate								
Name of Payee					Date of Payment	Is Reimbursement Claimed?	Amount	
Street Address			City		State	Zip Code		Yes
								No
Purpose of Expenditure	Description					Event #		
Total of Section O								

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Friends Of Susan 2010, Inc.						
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit Card: Visa Master Card Discover American 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

NAME OF COMMITTEE					FILING DUE DATE	
Friends Of Susan 2010, Inc.						
Q. Expenses Incurred By Committee but Not Paid During this Period						
Name of Creditor				Date Incurred		Event #
Street Address			City		State	Zip Code
Purpose of Expenditure	Description					Amount Incurred (Estimate or Actual)
<div> <div>Is this expenditure coordinated with another candidate for which reimbursement is sought?</div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div> </div> <div> <div>Yes</div> <div>No</div> </div>						
Total of Section Q						

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010. Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant David Donaldson		Date of Payment 01/15/2010		Method of Payment <input checked="" type="checkbox"/> Check # 1179		Amount
Secondary Payee AT&T		Purpose of Expenditure OVHD		<input type="checkbox"/> Debit Card		
Street Address 105 Main St		City Middletown		State CT		
Zip Code 06457		Description cell phone		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		
						\$190.00

Name of Worker/Consultant Ethical Influence LLC		Date of Payment 01/22/2010		Method of Payment <input checked="" type="checkbox"/> Check # 1183		Amount
Secondary Payee Scout Labs		Purpose of Expenditure WEB		<input type="checkbox"/> Debit Card		
Street Address 199 Fremont St Fl 12		City San Francisco		State CA		
Zip Code 94105		Description web		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		
						\$99.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Ethical Influence LLC		Date of Payment 01/22/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 1183	Amount
Secondary Payee Flickr		Purpose of Expenditure WEB	<input type="checkbox"/> Debit Card	
Street Address 701 First Ave	City Sunnyvale	State CA	Zip Code 94089	
Description web			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
				\$24.95

Name of Worker/Consultant Theodore Doolittle		Date of Payment 01/22/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 5011	Amount \$105.00
Secondary Payee Office of Secretary of the State		Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Street Address 30 Trinity St	City Hartford	State CT	Zip Code 06106	
Description SOTS fee			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	

Total of Section R

\$418.95

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

S. Surplus Distribution of Equipment and Furniture

Name of Recipient Fr. of Susan2010 (Cand.)				Original Purchase Amount of Item
Street Address 2264 Silas Deane Hwy	City Rocky Hill	State CT	Zip Code 06067	
Description assorted paper products				
				\$50.00

Name of Recipient Fr. of Susan2010 (Cand.)				Original Purchase Amount of Item	
Street Address 2264 Silas Deane Hwy		City Rocky Hill	State CT		Zip Code 06067
Description bottles of soda					
				\$8.00	

Name of Recipient Fr. of Susan2010 (Cand.)				Original Purchase Amount of Item	
Street Address 2264 Silas Deane Hwy		City Rocky Hill	State CT		Zip Code 06067
Description folding tables					
				\$90.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

S. Surplus Distribution of Equipment and Furniture

Name of Recipient Fr. of Susan2010 (Cand.)				Original Purchase Amount of Item
Street Address 2264 Silas Deane Hwy	City Rocky Hill	State CT	Zip Code 06067	
Description assorted office supplies				
				\$25.00

Name of Recipient Fr. of Susan2010 (Cand.)				Original Purchase Amount of Item	
Street Address 2264 Silas Deane Hwy		City Rocky Hill	State CT		Zip Code 06067
Description Logitech web camera					
				\$25.00	

Name of Recipient Fr. of Susan2010 (Cand.)				Original Purchase Amount of Item	
Street Address 2264 Silas Deane Hwy		City Rocky Hill	State CT		Zip Code 06067
Description camcorder					
				\$500.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	

S. Surplus Distribution of Equipment and Furniture

Name of Recipient Fr. of Susan2010 (Cand.)				Original Purchase Amount of Item	
Street Address 2264 Silas Deane Hwy		City Rocky Hill	State CT		Zip Code 06067
Description HP Printer					
				\$150.00	

Name of Recipient Fr. of Susan2010 (Cand.)				Original Purchase Amount of Item	
Street Address 2264 Silas Deane Hwy		City Rocky Hill	State CT		Zip Code 06067
Description Dell Laptop					
				\$100.00	

Total of Section S				\$1,333.00
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