

FILED SEP 13 2009



SEEC FORM 2008 **HAND DELIVERY**
Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION
Rev. 1/08

090253
Do Not Mark In This Space
for Official Use only

SUMMARY PAGE

| | | | | |
|---|--|--|---|--|
| 1. NAME OF COMMITTEE Connecticut Republican SCC | | | | |
| 2. TREASURER NAME | | | | |
| Title | First | MI | Last | Suffix |
| | Jerry | | Labriola, Jr. | |
| 3. TREASURER ADDRESS | | | | |
| Street Address | | City | State | Zip Code |
| 8 Autumn Leaves Road | | Wallingford | CT | 06492 |
| 4. ELECTION/REFERENDUM DATE | | 5. OFFICE SOUGHT (Complete only if Candidate Committee) | | 6. DISTRICT NUMBER (if applicable) |
| (mm/dd/yyyy) 11/04/2008 | | | | |
| 7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | | |
| Title | First | MI | Last | Suffix |
| | | | | |
| 8. TYPE OF REPORT (Check One Box) | | | | |
| <input checked="" type="checkbox"/> January 12 filing | <input type="checkbox"/> 7th day preceding primary | <input type="checkbox"/> 7th day preceding referendum | <input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY) | |
| <input type="checkbox"/> April 10 filing | <input type="checkbox"/> 30 days following primary | <input type="checkbox"/> 45 days following referendum | <input type="checkbox"/> Amendment to | |
| <input type="checkbox"/> July 10 filing | <input type="checkbox"/> 7th day preceding election | <input type="checkbox"/> Deficit | <input type="checkbox"/> Type of Report: | |
| <input type="checkbox"/> October 10 filing | <input type="checkbox"/> 12th day preceding election (State Central Committees Only) | <input type="checkbox"/> Termination | | |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> 45 days following election not held in November | | | |
| <input type="checkbox"/> Primary | <input type="checkbox"/> Election | | | |
| 9. PERIOD COVERED | | | | |
| Beginning Date | | Ending Date | | |
| 10/17/2008 | | 12/31/2008 | | |
| 10. CERTIFICATION | | | | |
| 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. | | | | |
| TREASURER OR DEPUTY TREASURER (SIGNATURE) | | Jerry Labriola, Jr. PRINT NAME OF SIGNER | | 1-8-09 DATE (mm/dd/yyyy) |

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

| NAME OF COMMITTEE | FILING DUE DATE | |
|---|-------------------------|-----------------------|
| Connecticut Republican SCC | 01/12/2009 <i>MM</i> | |
| | COLUMN A This Period | COLUMN B Aggregate |
| 11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other committees | | 18965.20 |
| 12. Balance on hand at the beginning of Reporting Period | 12253.98 | |
| 13. Contributions received from Individuals (Sections A and B) | 1490.00 | 45497.00 |
| 14. Receipts from Other Committees (Sections C1 and C2) | 2000.00 | 5230.80 |
| 15. Other Monetary Receipts (Sections D-K) | 2555.00 | 13562.37 |
| 16a. Total Small Food and Beverage Receipts at Fair (Section L1) <i>Town Committees ONLY</i> | 0.00 | 0.00 |
| 16b. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section L2) | 0.00 | 0.00 |
| 16c. Total Purchases of Advertising in a Program Book (Section L3) <i>Municipal and Town Committees ONLY</i> | 0.00 | 0.00 |
| 17. Total Monetary Receipts (add totals for lines 13-16c) | 6045.00 | 64290.17 |
| 18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B) | 18298.98 | 83255.37 |
| 19. Expenses Paid by Committee (Section P) | 5229.80 | 70186.19 |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns) | 13069.18 | 13069.18 |
| 21. In-Kind Donations not Considered Contributions Received (Section L4) | 0.00 | 0.00 |
| 22. In-Kind Contributions Received (Section M) | 0.00 | 0.00 |
| 23. Refundable Deposit to Telephone Company (Section N) | 0.00 | 0.00 |
| 24. Receipts of Organization Expenditures (Section O) | 0.00 | 0.00 |
| 25. Beginning Loan Balance | 0.00 | 0.00 |
| 25a. + Loans Received (Section D) | 0.00 | 0.00 |
| 25b. + Interest and Penalties on Loan | 0.00 | 0.00 |
| 25c. - Payments on Loan | 0.00 | 0.00 |
| 25d. Total Outstanding Loan Amount | 0.00 | 0.00 |
| 26. Campaign Expenses Paid by Candidate (Section Q) | 0.00 | 0.00 |
| 27. Expenses Incurred on Committee Credit Card (Section R) | 0.00 | 0.00 |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S) | 0.00 | |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S) | 0.00 | |

I. MONETARY RECEIPTS (Sections A-K)

| | |
|---|---------------------------------------|
| NAME OF COMMITTEE: Connecticut Republican SCC | FILING DUE DATE: 01/10/2009 |
|---|---------------------------------------|

| | |
|---|-------------------------------------|
| A. Total contributions from small contributors - Received this Period ONLY (See instructions for definition of Small Contributor) | Subtotal Section A \$ 120.00 |
|---|-------------------------------------|

B. Itemized Contributions from Individuals

| | | | | |
|---------------------|-----------------|----|----------------------|------------------------|
| Last Name Chelso | First George | MI | Principal Occupation | Amount of Contribution |
|---------------------|-----------------|----|----------------------|------------------------|

| | | | | | |
|--|--------------------|-------------|--------------------|------------------|-------|
| Residential Street Address 127 Tower Road | City Brookfield | State CT | Zip Code 06804- | Name of Employer | 10.00 |
|--|--------------------|-------------|--------------------|------------------|-------|

| | |
|--|--|
| Is the Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|--|

| | |
|--|--|
| Is this contribution associated with a fundraising event listed in Section L1? 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No |
|--|--|

| | | |
|---|-----------------------------|----------------------------------|
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | Date Received 11/07/2008 | Aggregate Contributions 90.00 |
|---|-----------------------------|----------------------------------|

| | | | | |
|----------------------|---------------------|----|-------------------------------|------------------------|
| Last Name Hageman | First Douglas C. | MI | Principal Occupation Sales | Amount of Contribution |
|----------------------|---------------------|----|-------------------------------|------------------------|

| | | | | | |
|---|---------------------|-------------|-----------------------|--|--------|
| Residential Street Address 17386 Marion Avenue | City Southington | State CT | Zip Code 06489-055 | Name of Employer Commonwealth Brands Inc. | 190.00 |
|---|---------------------|-------------|-----------------------|--|--------|

| | |
|--|--|
| Is the Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|--|

| | |
|--|--|
| Is this contribution associated with a fundraising event listed in Section L1? 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No |
|--|--|

| | | |
|---|-----------------------------|-----------------------------------|
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | Date Received 10/30/2008 | Aggregate Contributions 440.00 |
|---|-----------------------------|-----------------------------------|

| | | | | |
|-------------------|-----------------|----|----------------------|------------------------|
| Last Name Kahn | First Steven | MI | Principal Occupation | Amount of Contribution |
|-------------------|-----------------|----|----------------------|------------------------|

| | | | | | |
|---|--------------------|-------------|--------------------|------------------|-------|
| Residential Street Address 18 Hathaway Drive | City W Hartford | State CT | Zip Code 06107- | Name of Employer | 20.00 |
|---|--------------------|-------------|--------------------|------------------|-------|

| | |
|--|--|
| Is the Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|--|

| | |
|--|--|
| Is this contribution associated with a fundraising event listed in Section L1? 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No |
|--|--|

| | | |
|---|-----------------------------|----------------------------------|
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | Date Received 11/07/2008 | Aggregate Contributions 80.00 |
|---|-----------------------------|----------------------------------|

| | |
|---------------------------------------|---------------|
| SUBTOTAL Section B - This Page | 220.00 |
|---------------------------------------|---------------|

| | |
|--|----------------|
| TOTAL of additional Section B Pages | 1150.00 |
|--|----------------|

| | |
|---|----------------|
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section A & B) (Enter total on Line 13 of Summary Page) | 1490.00 |
|---|----------------|

I. MONETARY RECEIPTS (Sections A-K)

| | |
|----------------------------|------------------|
| NAME OF COMMITTEE: | FILING DUE DATE: |
| Connecticut Republican SCC | 01/13/2009 |

| | |
|--|--|
| A. Total contributions from small contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i> | Subtotal Section A \$ 120.00 |
|--|--|

B. Itemized Contributions from Individuals

| | | | | |
|---|-------------------|-------------|---|---------------------------------------|
| Last Name Lash | First James A. | MI | Principal Occupation First Selectman | Amount of Contribution 1000.00 |
| Residential Street Address 4 Sound Shore Dr. | City Greenwich | State CT | Zip Code 06830- Name of Employer Town of Greenwich | |

| | |
|--|--|
| Is the Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|--|

| | |
|--|--|
| Is this contribution associated with a fundraising event listed in Section L1? 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No |
|--|--|

| | | |
|---|-----------------------------|------------------------------------|
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | Date Received 11/13/2008 | Aggregate Contributions 1000.00 |
|---|-----------------------------|------------------------------------|

| | | | | |
|--|---------------------|-------------|--|-------------------------------------|
| Last Name Rowley | First Clayton W. | MI | Principal Occupation | Amount of Contribution 50.00 |
| Residential Street Address 532 Rowland Road | City Fairfield | State CT | Zip Code 06824- Name of Employer | |

| | |
|--|--|
| Is the Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|--|

| | |
|--|--|
| Is this contribution associated with a fundraising event listed in Section L1? 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No |
|--|--|

| | | |
|---|-----------------------------|-----------------------------------|
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | Date Received 11/07/2008 | Aggregate Contributions 100.00 |
|---|-----------------------------|-----------------------------------|

| | | | | |
|---|--------------------|-------------|--|--------------------------------------|
| Last Name Ryan | First Edmund J. | MI | Principal Occupation Software Developer | Amount of Contribution 100.00 |
| Residential Street Address 115 Fillow Street #49 | City Norwalk | State CT | Zip Code 06850- Name of Employer EDGAR Online | |

| | |
|--|--|
| Is the Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|--|

| | |
|--|--|
| Is this contribution associated with a fundraising event listed in Section L1? 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No |
|--|--|

| | | |
|---|-----------------------------|-----------------------------------|
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | Date Received 11/07/2008 | Aggregate Contributions 230.00 |
|---|-----------------------------|-----------------------------------|

| | |
|---|----------------|
| SUBTOTAL Section B - This Page | 1150.00 |
| TOTAL of additional Section B Pages | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section A & B) (Enter total on Line 13 of Summary Page) | |

I. MONETARY RECEIPTS (Sections A-K)

| | |
|----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Connecticut Republican SCC | 01/13/2009 |

C1. Contributions from Other Committees

| | | | | | |
|---|-------------|--|---|---|--|
| Name of Committee Senate Republican Campaign Committee | | | Name of Treasurer Senate Republican Ca | | Amount of Contribution 2000.00 |
| Street Address Jack W. Shannon, Treasurer | | Is this contribution associated with a fundraising event listed in Section L1? | | <input type="checkbox"/> Yes If yes, list _____ <input checked="" type="checkbox"/> No Event # _____ | |
| City Trumbull | State CT | Zip Code 06611- | Date Received 11/26/2008 | Aggregate Contributions 2000.00 | |

| | | | | | |
|-------------------|-------|--|-------------------|--|-------------------------------|
| Name of Committee | | | Name of Treasurer | | Amount of Contribution |
| Street Address | | Is this contribution associated with a fundraising event listed in Section L1? | | <input type="checkbox"/> Yes If yes, list _____ <input type="checkbox"/> No Event # _____ | |
| City | State | Zip Code | Date Received | Aggregate Contributions | |

| | | | | | |
|-------------------|-------|--|-------------------|--|-------------------------------|
| Name of Committee | | | Name of Treasurer | | Amount of Contribution |
| Street Address | | Is this contribution associated with a fundraising event listed in Section L1? | | <input type="checkbox"/> Yes If yes, list _____ <input type="checkbox"/> No Event # _____ | |
| City | State | Zip Code | Date Received | Aggregate Contributions | |

| | | | | | |
|-------------------|-------|--|-------------------|--|-------------------------------|
| Name of Committee | | | Name of Treasurer | | Amount of Contribution |
| Street Address | | Is this contribution associated with a fundraising event listed in Section L1? | | <input type="checkbox"/> Yes If yes, list _____ <input type="checkbox"/> No Event # _____ | |
| City | State | Zip Code | Date Received | Aggregate Contributions | |

| | | | | | |
|-------------------|-------|--|-------------------|--|-------------------------------|
| Name of Committee | | | Name of Treasurer | | Amount of Contribution |
| Street Address | | Is this contribution associated with a fundraising event listed in Section L1? | | <input type="checkbox"/> Yes If yes, list _____ <input type="checkbox"/> No Event # _____ | |
| City | State | Zip Code | Date Received | Aggregate Contributions | |

| | | | | | |
|-------------------|-------|--|-------------------|--|-------------------------------|
| Name of Committee | | | Name of Treasurer | | Amount of Contribution |
| Street Address | | Is this contribution associated with a fundraising event listed in Section L1? | | <input type="checkbox"/> Yes If yes, list _____ <input type="checkbox"/> No Event # _____ | |
| City | State | Zip Code | Date Received | Aggregate Contributions | |

I. MONETARY RECEIPTS (Sections A-K)

| | |
|----------------------------|------------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Connecticut Republican SCC | 01/13/2009 <i>W</i> |

C2. Reimbursements, Payments, or Surplus Distributions from other Committees

| Name of Committee | | | Name of Treasurer | | Amount of Receipt |
|---|-------|----------|---|---|-------------------|
| Street Address | | | Date Received | | |
| City | State | Zip Code | <input type="checkbox"/> Reimbursement for shared expense | <input type="checkbox"/> Surplus Distribution | |
| | | | <input type="checkbox"/> Payment for goods and services | | |
| Name of Committee | | | Name of Treasurer | | Amount of Receipt |
| Street Address | | | Date Received | | |
| City | State | Zip Code | <input type="checkbox"/> Reimbursement for shared expense | <input type="checkbox"/> Surplus Distribution | |
| | | | <input type="checkbox"/> Payment for goods and services | | |
| Name of Committee | | | Name of Treasurer | | Amount of Receipt |
| Street Address | | | Date Received | | |
| City | State | Zip Code | <input type="checkbox"/> Reimbursement for shared expense | <input type="checkbox"/> Surplus Distribution | |
| | | | <input type="checkbox"/> Payment for goods and services | | |
| Name of Committee | | | Name of Treasurer | | Amount of Receipt |
| Street Address | | | Date Received | | |
| City | State | Zip Code | <input type="checkbox"/> Reimbursement for shared expense | <input type="checkbox"/> Surplus Distribution | |
| | | | <input type="checkbox"/> Payment for goods and services | | |
| Name of Committee | | | Name of Treasurer | | Amount of Receipt |
| Street Address | | | Date Received | | |
| City | State | Zip Code | <input type="checkbox"/> Reimbursement for shared expense | <input type="checkbox"/> Surplus Distribution | |
| | | | <input type="checkbox"/> Payment for goods and services | | |
| Name of Committee | | | Name of Treasurer | | Amount of Receipt |
| Street Address | | | Date Received | | |
| City | State | Zip Code | <input type="checkbox"/> Reimbursement for shared expense | <input type="checkbox"/> Surplus Distribution | |
| | | | <input type="checkbox"/> Payment for goods and services | | |
| Name of Committee | | | Name of Treasurer | | Amount of Receipt |
| Street Address | | | Date Received | | |
| City | State | Zip Code | <input type="checkbox"/> Reimbursement for shared expense | <input type="checkbox"/> Surplus Distribution | |
| | | | <input type="checkbox"/> Payment for goods and services | | |
| SUBTOTAL Section C-This Page | | | | | |
| TOTAL of additional Section C Pages | | | | | 2000.00 |
| TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 14 of Summary Page) | | | | | 2000.00 |

I. MONETARY RECEIPTS (Sections A-K)

| | |
|----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Connecticut Republican SCC | 01/13/2009 |

K. Miscellaneous Monetary Receipts not Considered Contributions

| Name | Date of Receipt | Amount Received | | | | | |
|--|--|----------------------|-----------------------|--------------------------------|--------------------------------|--|--|
| Alexander Karsanidi Sr. | 12/02/2008 | 35.00 | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address 167 N. Salem Road</td> <td style="width:15%;">City Ridgefield</td> <td style="width:10%;">State CT</td> <td style="width:10%;">Zip Code 06877-</td> <td style="width:35%;">Description Meeting Expense</td> </tr> </table> | Street Address 167 N. Salem Road | City Ridgefield | State CT | Zip Code 06877- | Description Meeting Expense | | |
| Street Address 167 N. Salem Road | City Ridgefield | State CT | Zip Code 06877- | Description Meeting Expense | | | |
| Alfred C. Adinolfi | 12/02/2008 | 35.00 | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address 235 Sorghum Mill Drive</td> <td style="width:15%;">City Cheshire</td> <td style="width:10%;">State CT</td> <td style="width:10%;">Zip Code 06410-</td> <td style="width:35%;">Description Meeting Expense</td> </tr> </table> | Street Address 235 Sorghum Mill Drive | City Cheshire | State CT | Zip Code 06410- | Description Meeting Expense | | |
| Street Address 235 Sorghum Mill Drive | City Cheshire | State CT | Zip Code 06410- | Description Meeting Expense | | | |
| Arthur F. McNally | 12/02/2008 | 35.00 | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address 56 Orchard Avenue</td> <td style="width:15%;">City Woodbury</td> <td style="width:10%;">State CT</td> <td style="width:10%;">Zip Code 06798-172</td> <td style="width:35%;">Description Meeting Expense</td> </tr> </table> | Street Address 56 Orchard Avenue | City Woodbury | State CT | Zip Code 06798-172 | Description Meeting Expense | | |
| Street Address 56 Orchard Avenue | City Woodbury | State CT | Zip Code 06798-172 | Description Meeting Expense | | | |
| Arthur J. Mannion, Jr. | 12/02/2008 | 70.00 | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address 7134 Avalon Valley Drive Apt. 3C</td> <td style="width:15%;">City Danbury</td> <td style="width:10%;">State CT</td> <td style="width:10%;">Zip Code 06810-406</td> <td style="width:35%;">Description Meeting Expense</td> </tr> </table> | Street Address 7134 Avalon Valley Drive Apt. 3C | City Danbury | State CT | Zip Code 06810-406 | Description Meeting Expense | | |
| Street Address 7134 Avalon Valley Drive Apt. 3C | City Danbury | State CT | Zip Code 06810-406 | Description Meeting Expense | | | |
| Arthur J. Scialabba | 12/02/2008 | 35.00 | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address 2 Acacia Street</td> <td style="width:15%;">City Norwalk</td> <td style="width:10%;">State CT</td> <td style="width:10%;">Zip Code 06854-162</td> <td style="width:35%;">Description Meeting Expense</td> </tr> </table> | Street Address 2 Acacia Street | City Norwalk | State CT | Zip Code 06854-162 | Description Meeting Expense | | |
| Street Address 2 Acacia Street | City Norwalk | State CT | Zip Code 06854-162 | Description Meeting Expense | | | |
| Arthur W. Mocabee Jr. | 12/02/2008 | 35.00 | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address 70 Wolcott Road</td> <td style="width:15%;">City Bristol</td> <td style="width:10%;">State CT</td> <td style="width:10%;">Zip Code 06011-194</td> <td style="width:35%;">Description Meeting Expense</td> </tr> </table> | Street Address 70 Wolcott Road | City Bristol | State CT | Zip Code 06011-194 | Description Meeting Expense | | |
| Street Address 70 Wolcott Road | City Bristol | State CT | Zip Code 06011-194 | Description Meeting Expense | | | |
| Barbara J. Ruhe | 12/02/2008 | 35.00 | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address 79 Main Street</td> <td style="width:15%;">City Wethersfield</td> <td style="width:10%;">State CT</td> <td style="width:10%;">Zip Code 06109-</td> <td style="width:35%;">Description Meeting Expense</td> </tr> </table> | Street Address 79 Main Street | City Wethersfield | State CT | Zip Code 06109- | Description Meeting Expense | | |
| Street Address 79 Main Street | City Wethersfield | State CT | Zip Code 06109- | Description Meeting Expense | | | |
| Barbara Krajewski | 12/02/2008 | 35.00 | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address 249 Washington Street</td> <td style="width:15%;">City New Britain</td> <td style="width:10%;">State CT</td> <td style="width:10%;">Zip Code 06051-510</td> <td style="width:35%;">Description Meeting Expense</td> </tr> </table> | Street Address 249 Washington Street | City New Britain | State CT | Zip Code 06051-510 | Description Meeting Expense | | |
| Street Address 249 Washington Street | City New Britain | State CT | Zip Code 06051-510 | Description Meeting Expense | | | |
| Benjamin S. Proto Jr. | 12/02/2008 | 35.00 | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address 2090 Cutspring Road</td> <td style="width:15%;">City Stratford</td> <td style="width:10%;">State CT</td> <td style="width:10%;">Zip Code 06614-893</td> <td style="width:35%;">Description Meeting Expense</td> </tr> </table> | Street Address 2090 Cutspring Road | City Stratford | State CT | Zip Code 06614-893 | Description Meeting Expense | | |
| Street Address 2090 Cutspring Road | City Stratford | State CT | Zip Code 06614-893 | Description Meeting Expense | | | |
| Total Section K | | \$ 2555.00 | | | | | |

I. MONETARY RECEIPTS (Sections A-K)

| | |
|----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Connecticut Republican SCC | 01/13/2009 |

K. Miscellaneous Monetary Receipts not Considered Contributions

| Name | City | | | State | Zip Code | Date of Receipt | Amount Received | |
|---------------------------------------|--------------|--|--|-------|-----------|--------------------------------|------------------------|-----------|
| Boaz Itshaky | Bethany | | | CT | 06524- | 12/02/2008 | 35.00 | |
| Street Address 286 Beacon Road | | | | | | Description Meeting Expense | | |
| Brian C. Ploss | Beacon Falls | | | CT | 06403- | 12/02/2008 | 35.00 | |
| Street Address 655 Skokorat Road | | | | | | Description Meeting Expense | | |
| Carl A. Massaro Jr. | Trumbull | | | CT | 06611- | 12/02/2008 | 30.00 | |
| Street Address 61 Wedgewood Road | | | | | | Description Meeting Expense | | |
| Chris A. Ford | Woodbury | | | CT | 06798-161 | 12/02/2008 | 70.00 | |
| Street Address 51 Carmel Hill Road | | | | | | Description Meeting Expense | | |
| Christopher D. Coutu | Norwich | | | CT | 06360- | 12/02/2008 | 35.00 | |
| Street Address 16 Yantic St | | | | | | Description Meeting Expense | | |
| Christopher F. Diorio | Wallingford | | | CT | 06492- | 12/02/2008 | 35.00 | |
| Street Address 20 Brookvale Dr | | | | | | Description Meeting Expense | | |
| Constance S. Jones | Woodbury | | | CT | 06798- | 12/02/2008 | 35.00 | |
| Street Address 48 Cam Avenue | | | | | | Description Meeting Expense | | |
| Cynthia R Varricchio | Portland | | | CT | 06480- | 12/02/2008 | 35.00 | |
| Street Address 25 Riverside Street | | | | | | Description Meeting Expense | | |
| Daniel Banici | Southington | | | CT | 06489- | 12/02/2008 | 35.00 | |
| Street Address 111 Old Farms Road | | | | | | Description Meeting Expense | | |
| | | | | | | | Total Section K | \$ |

I. MONETARY RECEIPTS (Sections A-K)

| | |
|----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Connecticut Republican SCC | 01/13/2009 |

K. Miscellaneous Monetary Receipts not Considered Contributions

| Name | | | | Date of Receipt | Amount Received |
|---------------------------------------|---------------------|-------------|-----------------------|--------------------------------|-----------------|
| David Bauer | | | | 12/02/2008 | 35.00 |
| Street Address 55 Dobson Circle | City Middletown | State CT | Zip Code 06457- | Description Meeting Expense | |
| David F. Egan | | | | 12/02/2008 | 35.00 |
| Street Address 273 Weatherly Trail | City Guilford | State CT | Zip Code 06437-126 | Description Meeting Expense | |
| Dennis Baptiste | | | | 12/02/2008 | 35.00 |
| Street Address 25B Street | City Taftville | State CT | Zip Code 06380- | Description Meeting Expense | |
| Doris F. Knight | | | | 12/02/2008 | 35.00 |
| Street Address 414 Old Tavern Road | City Orange | State CT | Zip Code 06477-331 | Description Meeting Expense | |
| Douglas C. Hageman | | | | 12/02/2008 | 35.00 |
| Street Address 17386 Marion Avenue | City Southington | State CT | Zip Code 06489-055 | Description Meeting Expense | |
| Efstati S. Papadakos | | | | 12/02/2008 | 35.00 |
| Street Address 25 Fullin Court | City Norwalk | State CT | Zip Code 06851- | Description Meeting Expense | |
| Eleanore K. Klapatch | | | | 12/02/2008 | 35.00 |
| Street Address 44 Arbor Court | City Bristol | State CT | Zip Code 06010- | Description Meeting Expense | |
| Ellen G. Wink | | | | 12/02/2008 | 35.00 |
| Street Address 16 Nelson Avenue | City Norwalk | State CT | Zip Code 06851- | Description Meeting Expense | |
| Floresia Allen | | | | 12/02/2008 | 35.00 |
| Street Address 47 Liberty Street | City Meriden | State CT | Zip Code 06450- | Description Meeting Expense | |
| Total Section K | | | | | \$ |

I. MONETARY RECEIPTS (Sections A-K)

| | |
|----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Connecticut Republican SCC | 01/13/2009 |

K. Miscellaneous Monetary Receipts not Considered Contributions *W*

| Name | | | | Date of Receipt | Amount Received |
|--|--------------------|-------------|-----------------------|--------------------------------|-----------------|
| George Brian Vachris | | | | 12/02/2008 | 35.00 |
| Street Address 27 Soljer Drive | City Waterford | State CT | Zip Code 06385-431 | Description Meeting Expense | |
| George D. Gallo | | | | 12/02/2008 | 35.00 |
| Street Address 116 Eagle Hollow Drive | City Middletown | State CT | Zip Code 06457-874 | Description Meeting Expense | |
| Heath Fahle | | | | 12/02/2008 | 35.00 |
| Street Address 185 Pine St | City Manchester | State CT | Zip Code 06040- | Description Meeting Expense | |
| Robert R. Simmons | | | | 12/02/2008 | 40.00 |
| Street Address 268 North Main Street | City Stonington | State CT | Zip Code 06378-291 | Description Meeting Expense | |
| Sam SF Caligiuri | | | | 12/02/2008 | 35.00 |
| Street Address 25 Hartley Drive | City Waterbury | State CT | Zip Code 06705-373 | Description Meeting Expense | |
| Howard A Schachter | | | | 12/02/2008 | 35.00 |
| Street Address 615 Arrowhead Dr | City Orange | State CT | Zip Code 06477- | Description Meeting Expense | |
| James B. Brislin | | | | 12/02/2008 | 35.00 |
| Street Address 43 Oakwood St | City Enfield | State CT | Zip Code 06082- | Description Meeting Expense | |
| Jean V. Carnese | | | | 12/02/2008 | 70.00 |
| Street Address 405 Middle Road Turnpike | City Woodbury | State CT | Zip Code 06798- | Description Meeting Expense | |
| Jennifer Buchana O'Neill | | | | 12/02/2008 | 35.00 |
| Street Address 284 Laurel Wood Lane | City Southbury | State CT | Zip Code 06488- | Description Meeting Expense | |
| Total Section K | | | | | \$ |

I. MONETARY RECEIPTS (Sections A-K)

| | |
|----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Connecticut Republican SCC | 01/12/2009 |

K. Miscellaneous Monetary Receipts not Considered Contributions

| Name | City | | | State | Zip Code | Date of Receipt | Amount Received |
|----------------------------|-------------|--|--|-------|-----------|-----------------|-----------------|
| Jill T. Fitzgerald | Bristol | | | CT | 06010-258 | 12/02/2008 | 35.00 |
| Street Address | City | | | State | Zip Code | Description | |
| 515 Stevens Street | Bristol | | | CT | 06010-258 | Meeting Expense | |
| John J. Healey | Rocky Hill | | | CT | 06067- | 12/02/2008 | 35.00 |
| Street Address | City | | | State | Zip Code | Description | |
| 39 G Brookwood Drive | Rocky Hill | | | CT | 06067- | Meeting Expense | |
| John M. Morris | Norfolk | | | CT | 06058-137 | 12/09/2008 | 35.00 |
| Street Address | City | | | State | Zip Code | Description | |
| 3533 Hall Meadow Rd Goshen | Norfolk | | | CT | 06058-137 | Meeting Expense | |
| Kie N. Westby | Thomaston | | | CT | 06787- | 12/02/2008 | 35.00 |
| Street Address | City | | | State | Zip Code | Description | |
| 45 Woodbridge Lane | Thomaston | | | CT | 06787- | Meeting Expense | |
| Kurt P. Cavanaugh | Glastonbury | | | CT | 06033- | 12/02/2008 | 35.00 |
| Street Address | City | | | State | Zip Code | Description | |
| 45 Johnny Cake Lane | Glastonbury | | | CT | 06033- | Meeting Expense | |
| Laurie E. Williamson | Darien | | | CT | 06820-242 | 12/02/2008 | 35.00 |
| Street Address | City | | | State | Zip Code | Description | |
| 2 Tinywood Road | Darien | | | CT | 06820-242 | Meeting Expense | |
| Linda A. Grace | Bridgeport | | | CT | 06610- | 12/02/2008 | 35.00 |
| Street Address | City | | | State | Zip Code | Description | |
| 793 Broadbridge Road | Bridgeport | | | CT | 06610- | Meeting Expense | |
| Lisa R. Carver | New Britain | | | CT | 06052- | 12/02/2008 | 35.00 |
| Street Address | City | | | State | Zip Code | Description | |
| 286 Garry Dr. | New Britain | | | CT | 06052- | Meeting Expense | |
| Mark Pappa | Newington | | | CT | 06111-421 | 12/02/2008 | 35.00 |
| Street Address | City | | | State | Zip Code | Description | |
| 105 Bach Lane | Newington | | | CT | 06111-421 | Meeting Expense | |

Total Section K \$

I. MONETARY RECEIPTS (Sections A-K)

| | |
|----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Connecticut Republican SCC | 01/13/2009 |

K. Miscellaneous Monetary Receipts not Considered Contributions ⁷⁰⁰

| Name | | | | Date of Receipt | Amount Received |
|--------------------------------------|---------------------|-------------|-----------------------|--------------------------------|-----------------|
| Mary Ann R. Turner | | | | 12/02/2008 | 35.00 |
| Street Address 7 Meadow Road | City Enfield | State CT | Zip Code 06082-600 | Description Meeting Expense | |
| Name Matthew C. McGrath | | | | 12/02/2008 | 35.00 |
| Street Address 4 Richmond Road | City W Hartford | State CT | Zip Code 06117- | Description Meeting Expense | |
| Name Mayan M. Antonucci | | | | 12/02/2008 | 35.00 |
| Street Address 121 East Hill Road | City Canton | State CT | Zip Code 06019- | Description Meeting Expense | |
| Name Michael E. Hahn | | | | 12/02/2008 | 35.00 |
| Street Address 63 Dawn Street | City Fairfield | State CT | Zip Code 06824- | Description Meeting Expense | |
| Name Michael M. Garrett | | | | 12/02/2008 | 35.00 |
| Street Address 49 Weber Avenue | City Bridgeport | State CT | Zip Code 06610-306 | Description Meeting Expense | |
| Name Michael Marucci | | | | 12/02/2008 | 35.00 |
| Street Address 14 Ornage Street | City Norwalk | State CT | Zip Code 06850- | Description Meeting Expense | |
| Name Michael T. McGarry | | | | 11/10/2008 | 35.00 |
| Street Address 176 Whitney Street | City Hartford | State CT | Zip Code 06105- | Description | |
| Name Michael T. McGarry | | | | 12/02/2008 | 35.00 |
| Street Address 176 Whitney Street | City Hartford | State CT | Zip Code 06105- | Description Meeting Expense | |
| Name Michael T. Vitali | | | | 12/02/2008 | 35.00 |
| Street Address 653 N. Elm Street | City Wallingford | State CT | Zip Code 06492-323 | Description Meeting Expense | |
| Total Section K | | | | | \$ |

I. MONETARY RECEIPTS (Sections A-K)

| | |
|----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Connecticut Republican SCC | 01/13/2009 |

K. Miscellaneous Monetary Receipts not Considered Contributions ^W

| Name | | | | Date of Receipt | Amount Received |
|--|---------------------|-------------|-----------------------|--------------------------------|-----------------|
| Michael A. McLachlan | | | | 12/09/2008 | 35.00 |
| Street Address 47 West Wooster Street | City Danbury | State CT | Zip Code 06813- | Description Meeting Expense | |
| Nancy Ann Mackey | | | | 12/02/2008 | 35.00 |
| Street Address 55 Woodbury Hill | City Woodbury | State CT | Zip Code 06798- | Description Meeting Expense | |
| Neil C. Nichols | | | | 12/02/2008 | 70.00 |
| Street Address 37 Main Street | City Essex | State CT | Zip Code 06426- | Description Meeting Expense | |
| Nitzy Cohen Fitzgerald | | | | 12/02/2008 | 35.00 |
| Street Address 28 High Point Road | City Westport | State CT | Zip Code 06880- | Description Meeting Expense | |
| Patricia J. Fers | | | | 12/02/2008 | 70.00 |
| Street Address 28 West Brookside Avenue | City Ansonia | State CT | Zip Code 06401-132 | Description Meeting Expense | |
| Ralph Capenera | | | | 12/02/2008 | 35.00 |
| Street Address 56 Peria Drive | City Rocky Hill | State CT | Zip Code 06067- | Description Meeting Expense | |
| Richard E. Dowin | | | | 12/02/2008 | 35.00 |
| Street Address 554 Merwin Avenue | City Milford | State CT | Zip Code 06460-711 | Description Meeting Expense | |
| Richard S. Tutunjan | | | | 12/02/2008 | 35.00 |
| Street Address 77 Rattlum Mountain Road | City Barkhamsted | State CT | Zip Code 06063-181 | Description Meeting Expense | |
| Robert H. Hall | | | | 12/02/2008 | 35.00 |
| Street Address 5 Nettletown Avenue | City Newtown | State CT | Zip Code 06470- | Description Meeting Expense | |
| Total Section K | | | | | \$ |

I. MONETARY RECEIPTS (Sections A-K)

| | |
|----------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Connecticut Republican SCC | 01/13/2009 |

K. Miscellaneous Monetary Receipts not Considered Contributions *W*

| Name | | | | Date of Receipt | Amount Received |
|--|--------------------|-------------|-----------------------|--------------------------------|-----------------|
| Scott Adamsons | | | | 12/02/2008 | 35.00 |
| Street Address 41 Spring Street | City Portland | State CT | Zip Code 06480- | Description Meeting Expense | |
| Name Talivaldis Maidelis | | | | 12/02/2008 | 35.00 |
| Street Address 605 Woodpond Rd. | City Cheshire | State CT | Zip Code 06410- | Description Meeting Expense | |
| Name Timothy W. Lenox | | | | 12/02/2008 | 35.00 |
| Street Address 1655 North Colony Road #6008 | City Meriden | State CT | Zip Code 06450- | Description Meeting Expense | |
| Name William J. Ballard | | | | 12/02/2008 | 35.00 |
| Street Address 321 Abbe Road | City Enfield | State CT | Zip Code 06082-574 | Description Meeting Expense | |
| Name William J. Raymond | | | | 12/02/2008 | 35.00 |
| Street Address 4 Pinnacle Ridge Road | City Farmington | State CT | Zip Code 06032-300 | Description Meeting Expense | |
| Name | | | | Date of Receipt | Amount Received |
| Street Address | City | State | Zip Code | Description | |
| Name | | | | Date of Receipt | Amount Received |
| Street Address | City | State | Zip Code | Description | |
| Name | | | | Date of Receipt | Amount Received |
| Street Address | City | State | Zip Code | Description | |
| Name | | | | Date of Receipt | Amount Received |
| Street Address | City | State | Zip Code | Description | |
| Total Section K | | | | | \$ |

| I. MONETARY RECEIPTS (Sections A-K) | |
|---|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Connecticut Republican SCC | 01/13/2009 |
| Summary of Other Monetary Receipts (Sections D-K) | |
| Total Loans Received this Period (Section D) | 0.00 |
| Total Receipts from Entities other than Individuals or Other Committees (Section E) | 0.00 |
| + | |
| Total Amount Transferred from Affiliated Business Treasury (Section F) | 0.00 |
| + | |
| Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) | 0.00 |
| + | |
| Total Amount of Personal Funds of the Candidate Received this Period (Section H) | 0.00 |
| + | |
| Total Amount of Anonymous Contributions (Section I) | 0.00 |
| + | |
| Total Amount of Interest from Deposits in Authorized Accounts (Section J) | 0.00 |
| + | |
| Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) | 2555.00 |
| + | |
| Total of Other Monetary Receipts (Add Sections D-K) <i>(Enter total on Line 15 of Summary Page)</i> | 2555.00 |

IV. EXPENDITURES

| | | | | | | | |
|--|--|-----------------------------------|-------------|--------------------|-------------------|---|--------|
| NAME OF COMMITTEE | | | | | | FILING DUE DATE | |
| Connecticut Republican SCC | | | | | | 01/13/2009 | |
| P. Expenses Paid by Committee | | | | | | <i>W</i> | |
| Name of Payee Aristotle International Inc. | | | | Date of Payment | Method of Payment | | Amount |
| Street Address 205 Pennsylvania Ave., S.E. | | City Washington | State DC | Zip Code 20003- | 10/30/2008 | <input checked="" type="checkbox"/> Check # <u>EFT</u> <input type="checkbox"/> Debit Card | |
| Purpose of Expenditure (by code) MISC | | Description Service Fee | | | | | |
| Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | | Candidate(s) Name (if applicable) | | Office Sought | | <input type="checkbox"/> Supported <input type="checkbox"/> Opposed | |
| | | | | | | \$ 19.05 | |
| Name of Payee Aristotle International Inc. | | | | Date of Payment | Method of Payment | | Amount |
| Street Address 205 Pennsylvania Ave., S.E. | | City Washington | State DC | Zip Code 20003- | 11/11/2008 | <input checked="" type="checkbox"/> Check # <u>EFT</u> <input type="checkbox"/> Debit Card | |
| Purpose of Expenditure (by code) MISC | | Description Service Fee | | | | | |
| Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | | Candidate(s) Name (if applicable) | | Office Sought | | <input type="checkbox"/> Supported <input type="checkbox"/> Opposed | |
| | | | | | | \$ 16.60 | |
| Name of Payee Aristotle International Inc. | | | | Date of Payment | Method of Payment | | Amount |
| Street Address 205 Pennsylvania Ave., S.E. | | City Washington | State DC | Zip Code 20003- | 11/13/2008 | <input checked="" type="checkbox"/> Check # <u>EFT</u> <input type="checkbox"/> Debit Card | |
| Purpose of Expenditure (by code) MISC | | Description Service Fee | | | | | |
| Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | | Candidate(s) Name (if applicable) | | Office Sought | | <input type="checkbox"/> Supported <input type="checkbox"/> Opposed | |
| | | | | | | \$ 71.00 | |
| Name of Payee Aristotle International Inc. | | | | Date of Payment | Method of Payment | | Amount |
| Street Address 205 Pennsylvania Ave., S.E. | | City Washington | State DC | Zip Code 20003- | 12/08/2008 | <input checked="" type="checkbox"/> Check # <u>EFT</u> <input type="checkbox"/> Debit Card | |
| Purpose of Expenditure (by code) MISC | | Description Service Fee | | | | | |
| Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | | Candidate(s) Name (if applicable) | | Office Sought | | <input type="checkbox"/> Supported <input type="checkbox"/> Opposed | |
| | | | | | | \$ 24.54 | |

| | |
|---|---------|
| SUBTOTAL Section P-This Page | 131.19 |
| TOTAL of additional Section P Pages | 5078.13 |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page) | 5229.80 |

IV. EXPENDITURES

| | |
|--------------------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Connecticut Republican SCC | 01/13/2009 |
| P. Expenses Paid by Committee | |

| | | | | | | |
|--|------------------|-----------------------------------|--------------------|---|--|-------------------------------|
| Name of Payee Bank Of America | | | | Date of Payment 11/17/2008 | Method of Payment <input checked="" type="checkbox"/> Check # <u>EFT</u> <input type="checkbox"/> Debit Card | Amount \$ 20.48 |
| Street Address 147 Washington Street | City Hartford | State CT | Zip Code 06106- | | | |
| Purpose of Expenditure (by code) BNK | | Description Service Fee | | | | |
| Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | | Candidate(s) Name (if applicable) | | Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed | | |

| | | | | | | |
|--|------------------|-----------------------------------|--------------------|---|---|---------------------------------|
| Name of Payee D'Aprile Package Store | | | | Date of Payment 10/29/2008 | Method of Payment <input checked="" type="checkbox"/> Check # <u>5847</u> <input type="checkbox"/> Debit Card | Amount \$ 1966.88 |
| Street Address 288 Franklin Ave | City Hartford | State CT | Zip Code 06114- | | | |
| Purpose of Expenditure (by code) MISC | | Description Refreshments | | | | |
| Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | | Candidate(s) Name (if applicable) | | Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed | | |

| | | | | | | |
|--|-------------------|-----------------------------------|--------------------|---|--|--------------------------------|
| Name of Payee Elavon | | | | Date of Payment 11/04/2008 | Method of Payment <input checked="" type="checkbox"/> Check # <u>EFT</u> <input type="checkbox"/> Debit Card | Amount \$ 243.25 |
| Street Address 7300 Chapman Highway | City Knoxville | State TN | Zip Code 37920- | | | |
| Purpose of Expenditure (by code) MISC | | Description Service Fee | | | | |
| Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | | Candidate(s) Name (if applicable) | | Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed | | |

| | | | | | | |
|--|-------------------|-----------------------------------|--------------------|---|--|-------------------------------|
| Name of Payee Elavon | | | | Date of Payment 12/02/2008 | Method of Payment <input checked="" type="checkbox"/> Check # <u>EFT</u> <input type="checkbox"/> Debit Card | Amount \$ 35.00 |
| Street Address 7300 Chapman Highway | City Knoxville | State TN | Zip Code 37920- | | | |
| Purpose of Expenditure (by code) MISC | | Description Service Fee | | | | |
| Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | | Candidate(s) Name (if applicable) | | Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed | | |

| | | |
|---|--|---------|
| SUBTOTAL Section P-This Page | | 2265.61 |
| TOTAL of additional Section P Pages | | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page) | | |

IV. EXPENDITURES

| | |
|--------------------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Connecticut Republican SCC | 01/13/2009 |
| P. Expenses Paid by Committee | |

| | | | | | | |
|--|-----------------------------------|-------------|--------------------|-------------------------------|--|---------------------------------|
| Name of Payee Nuchie's Restaurant | | | | Date of Payment 12/29/2008 | Method of Payment <input checked="" type="checkbox"/> Check # 5850 <input type="checkbox"/> Debit Card | Amount \$ 2093.00 |
| Street Address 164 Central Street | City Bristol | State CT | Zip Code 06010- | | | |
| Purpose of Expenditure (by code) MISC | Description Meeting Expense | | | | | |
| Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | Candidate(s) Name (if applicable) | | Office Sought | | <input type="checkbox"/> Supported <input type="checkbox"/> Opposed | |

| | | | | | | |
|--|-----------------------------------|-------------|--------------------|-------------------------------|--|--------------------------------|
| Name of Payee Rome, McGuigan P.C. | | | | Date of Payment 10/30/2008 | Method of Payment <input checked="" type="checkbox"/> Check # 5848 <input type="checkbox"/> Debit Card | Amount \$ 740.00 |
| Street Address One State Street | City Hartford | State CT | Zip Code 06103- | | | |
| Purpose of Expenditure (by code) CNSLT | Description Legal Fees | | | | | |
| Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | Candidate(s) Name (if applicable) | | Office Sought | | <input type="checkbox"/> Supported <input type="checkbox"/> Opposed | |

| | | | | | | |
|--|-----------------------------------|-------|---------------|-----------------|--|-------------------------|
| Name of Payee | | | | Date of Payment | Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card | Amount \$ |
| Street Address | City | State | Zip Code | | | |
| Purpose of Expenditure (by code) | Description | | | | | |
| Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | Candidate(s) Name (if applicable) | | Office Sought | | <input type="checkbox"/> Supported <input type="checkbox"/> Opposed | |

| | | | | | | |
|--|-----------------------------------|-------|---------------|-----------------|--|-------------------------|
| Name of Payee | | | | Date of Payment | Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card | Amount \$ |
| Street Address | City | State | Zip Code | | | |
| Purpose of Expenditure (by code) | Description | | | | | |
| Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | Candidate(s) Name (if applicable) | | Office Sought | | <input type="checkbox"/> Supported <input type="checkbox"/> Opposed | |

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|---|--|--|--|--|---------|
| SUBTOTAL Section P-This Page | | | | | 2833.00 |
| TOTAL of additional Section P Pages | | | | | |
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