

HAND DELIVERED

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION
Rev. 1/08



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2010 JAN 8 P 2-02 100184

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)
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(mm/dd/yyyy) 11/03/2009		
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7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

Title	First	MI	Last	Suffix

8. TYPE OF REPORT (Check One Box)

- January 10 filing
- April 10 filing
- July 10 filing
- October 10 filing
- Independent Expenditure
 - Primary
 - Election
- 7th day preceding primary
- 30 days following primary
- 7th day preceding election
- 12th day preceding election (State Central Committees Only)
- 45 days following election not held in November
- 7th day preceding referendum
- 45 days following referendum
- Deficit
- Termination
- Initial Contribution or Disbursement (PACs ONLY)
- Amendment to Type of Report: _____

9. PERIOD COVERED

Beginning Date	Ending Date
10/16/2009	12/31/2009

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.

	Jerry Labriola, Jr.	1-8-10
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	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	01/11/2010	
	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		13069.18
12. Balance on hand at the beginning of Reporting Period	14359.14	
13. Contributions received from Individuals (Sections A and B)	9300.00	40280.00
14. Receipts from Other Committees (Sections C1 and C2)	275.00	2275.00
15. Other Monetary Receipts (Sections D-K)	0.00	4057.83
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)	9575.00	46612.83
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	23934.14	59682.01
19. Expenses Paid by Committee (Section P)	22711.27	58459.14
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	1222.87	1222.87
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	0.00
22. In-Kind Contributions Received (Section M)	1.15	1.15
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)	12741.39	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE:	FILING DUE DATE:
Connecticut Republican SCC	01/11/2010

A. Total contributions from small contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$ 0.00
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B. Itemized Contributions from Individuals

Last Name Adams	First Rebecca E.	MI	Principal Occupation Attorney	Amount of Contribution 500.00
Residential Street Address 54 Kings Road	City Middlefield	State CT	Zip Code 06455-111 Name of Employer State of Connecticut	

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
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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
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 12/04/2009	Aggregate Contributions 500.00
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Last Name Cowin	First Andrew J.	MI	Principal Occupation Private Investigator	Amount of Contribution 1000.00
Residential Street Address 43 Sawmill Lane	City Greenwich	State CT	Zip Code 06830- Name of Employer Stable Partners	

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
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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
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 10/16/2009	Aggregate Contributions 1000.00
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Last Name Gressel	First Daniel L.	MI	Principal Occupation Investment Manager	Amount of Contribution 5000.00
Residential Street Address 55 Cedar Cliff Road	City Riverside	State CT	Zip Code 06878-260 Name of Employer Teleos Asset Management	

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
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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
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 10/16/2009	Aggregate Contributions 5000.00
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SUBTOTAL Section B - This Page	6500.00
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TOTAL of additional Section B Pages	2800.00
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section A & B) (Enter total on Line 13 of Summary Page)	9300.00
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I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE:						FILING DUE DATE:	
Connecticut Republican SCC						01/11/2010	
A. Total contributions from small contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>						Subtotal Section A	
						\$	0.00
B. Itemized Contributions from Individuals							
Last Name Healy		First Lila		MI	Principal Occupation Retired		Amount of Contribution 2500.00
Residential Street Address 139 Cedar Street		City East Hampton	State NY	Zip Code 11937-	Name of Employer None		
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 10/16/2009	Aggregate Contributions 5000.00		
Last Name Schoonmaker		First Carolyn P.		MI	Principal Occupation Housewife		Amount of Contribution 300.00
Residential Street Address 231 Old Kings Hwy S.		City Darien	State CT	Zip Code 06820-593	Name of Employer Housewife		
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 10/23/2009	Aggregate Contributions 300.00		
Last Name		First		MI	Principal Occupation		Amount of Contribution
Residential Street Address		City	State	Zip Code	Name of Employer		
Is the Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input 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 type="checkbox"/> No					
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received	Aggregate Contributions		
SUBTOTAL Section B - This Page						2800.00	
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	01/11/2010

C1. Contributions from Other Committees

Name of Committee Bristol RTC			Name of Treasurer Bristol RTC		Amount of Contribution 150.00
Street Address P.O. Box 1893		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 Bristol	State CT	Zip Code 06011-189	Date Received 10/30/2009	Aggregate Contributions 150.00	

Name of Committee The Comm. to Elect Fillmore McPherson			Name of Treasurer Louisa Iacurci		Amount of Contribution 125.00
Street Address 62 Bartlett Drive		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 Madison	State CT	Zip Code 06443-	Date Received 12/01/2009	Aggregate Contributions 125.00	

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	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Republican SCC	01/11/2010

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"/> Payment for goods and services	<input type="checkbox"/> Surplus Distribution	
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"/> Payment for goods and services	<input type="checkbox"/> Surplus Distribution	
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"/> Payment for goods and services	<input type="checkbox"/> Surplus Distribution	
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"/> Payment for goods and services	<input type="checkbox"/> Surplus Distribution	
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"/> Payment for goods and services	<input type="checkbox"/> Surplus Distribution	
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"/> Payment for goods and services	<input type="checkbox"/> Surplus Distribution	
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"/> Payment for goods and services	<input type="checkbox"/> Surplus Distribution	
SUBTOTAL Section C-This Page					
TOTAL of additional Section C Pages					275.00
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 14 of Summary Page)					275.00

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE Connecticut Republican SCC	FILING DUE DATE 01/11/2010
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M. In-Kind Contributions

Name Michael Argento				Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other <i>(applicable only to Referendum Committees)</i>		Fair Market Value of this Contribution 1.15
Street Address 726 Woodward Avenue		City New Haven	State CT	Zip Code 06512-194		
Is 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 a associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Date Received 10/22/2009	Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	Description of In-Kind Contribution Postage		Aggregate contributions 71.15		

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other <i>(applicable only to Referendum Committees)</i>		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 a associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____	Description of In-Kind Contribution		Aggregate contributions		

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other <i>(applicable only to Referendum Committees)</i>		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 a associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____	Description of In-Kind Contribution		Aggregate contributions		

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other <i>(applicable only to Referendum Committees)</i>		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 a associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____	Description of In-Kind Contribution		Aggregate contributions		

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other <i>(applicable only to Referendum Committees)</i>		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 a associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____	Description of In-Kind Contribution		Aggregate contributions		

SUBTOTAL Section M-This Page	1.15
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TOTAL of additional Section M Pages	
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TOTAL OF ALL IN-KIND CONTRIBUTIONS	<i>(Enter total on Line 22 of Summary Pages)</i>	1.15
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IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE		
Connecticut Republican SCC					01/11/2010		
P. Expenses Paid by Committee							
Name of Payee Herbst For Trumbull				Date of Payment 10/26/2009	Method of Payment		Amount
Street Address 25 Dalecot Drive		City Trumbull	State CT	Zip Code 06611-	<input checked="" type="checkbox"/> Check # 1026 <input type="checkbox"/> Debit Card		
Purpose of Expenditure (by code) CNTRB		Description Contribution					
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		\$ 2000.00
					<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Name of Payee Stafford RTC				Date of Payment 10/22/2009	Method of Payment		Amount
Street Address 116 W. Stafford Rd		City Stafford Springs	State CT	Zip Code 06076-	<input checked="" type="checkbox"/> Check # 1021 <input type="checkbox"/> Debit Card		
Purpose of Expenditure (by code) CNTRB		Description Contribution					
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		\$ 1000.00
					<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Name of Payee Marlborough RTC				Date of Payment 10/26/2009	Method of Payment		Amount
Street Address P.O. Box 94		City Marlborough	State CT	Zip Code 06447-	<input checked="" type="checkbox"/> Check # 1033 <input type="checkbox"/> Debit Card		
Purpose of Expenditure (by code) CNTRB		Description Contribution					
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		\$ 500.00
					<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Name of Payee Bingham For Mayor				Date of Payment 10/26/2009	Method of Payment		Amount
Street Address 204 Essex Court		City Torrington	State CT	Zip Code 06790-	<input checked="" type="checkbox"/> Check # 1037 <input type="checkbox"/> Debit Card		
Purpose of Expenditure (by code) CNTRB		Description Contribution					
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		\$ 1000.00
					<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		

SUBTOTAL Section P-This Page	4500.00
TOTAL of additional Section P Pages	17711.27
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)	22711.27

IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE			
Connecticut Republican SCC					01/11/2010			
P. Expenses Paid by Committee								
Name of Payee Darien RTC				Date of Payment 10/22/2009		Method of Payment		Amount
Street Address P.O. Box 937		City Darien	State CT	Zip Code 06820-	<input checked="" type="checkbox"/> Check # 1025		<input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) CNTRB		Description Contribution						\$ 500.00
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 11/03/2009		Method of Payment		Amount
Street Address 7300 Chapman Highway		City Knoxville	State TN	Zip Code 37920-	<input checked="" type="checkbox"/> Check # EFT		<input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) MISC		Description Service Fee						\$ 35.00
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 12/02/2009		Method of Payment		Amount
Street Address 7300 Chapman Highway		City Knoxville	State TN	Zip Code 37920-	<input checked="" type="checkbox"/> Check # EFT		<input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) MISC		Description Service Fee						\$ 55.00
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 Haddam RTC				Date of Payment 10/26/2009		Method of Payment		Amount
Street Address P.O. Box 458		City Higganum	State CT	Zip Code 06441-045	<input checked="" type="checkbox"/> Check # 1038		<input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) CNTRB		Description Contribution						\$ 500.00
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	1090.00
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						01/11/2010	
P. Expenses Paid by Committee							
Name of Payee Fedex				Date of Payment 11/16/2009		Method of Payment	Amount
Street Address P. O. Box 1140		City Memphis	State TN	Zip Code 38101-	<input checked="" type="checkbox"/> Check # 1042	<input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) POST		Description Courier Service					
Type of Expenditure (if applicable)			Candidate(s) Name (if applicable)			Office Sought	Amount
<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						<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 45.90
Name of Payee Gambardella For Mayor				Date of Payment 10/26/2009		Method of Payment	Amount
Street Address 136 High Top Circle East		City Hamden	State CT	Zip Code 06514-	<input checked="" type="checkbox"/> Check # 1028	<input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) CNTRB		Description Contribution					
Type of Expenditure (if applicable)			Candidate(s) Name (if applicable)			Office Sought	Amount
<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						<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 1250.00
Name of Payee Harkins For Mayor				Date of Payment 10/26/2009		Method of Payment	Amount
Street Address 1036 Whippoorwill Lane		City Stratford	State CT	Zip Code 06614-	<input checked="" type="checkbox"/> Check # 1030	<input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) CNTRB		Description Contribution					
Type of Expenditure (if applicable)			Candidate(s) Name (if applicable)			Office Sought	Amount
<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						<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 500.00
Name of Payee Haversat-Yish '09				Date of Payment 10/26/2009		Method of Payment	Amount
Street Address 89 Still Road		City Oxford	State CT	Zip Code 06478-	<input checked="" type="checkbox"/> Check # 1040	<input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) CNTRB		Description Contribution					
Type of Expenditure (if applicable)			Candidate(s) Name (if applicable)			Office Sought	Amount
<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						<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 500.00

SUBTOTAL Section P-This Page	2295.90
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						01/11/2010	
P. Expenses Paid by Committee							
Name of Payee Christopher C. Healy				Date of Payment 11/20/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1046 <input type="checkbox"/> Debit Card		Amount
Street Address 27 Dorchester Road		City Wethersfield	State CT	Zip Code 06109-			
Purpose of Expenditure (by code) TRVL		Description Mileage Reimbursement					
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		\$ 44.00
Name of Payee The Comm. to Elect Fillmore McPherson				Date of Payment 10/29/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1041 <input type="checkbox"/> Debit Card		
Street Address 62 Bartlett Drive		City Madison	State CT	Zip Code 06443-			
Purpose of Expenditure (by code) CNTRB		Description Contribution					
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		\$ 1000.00
Name of Payee Essex RTC				Date of Payment 10/26/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1035 <input type="checkbox"/> Debit Card		
Street Address 269 Box		City Essex	State CT	Zip Code 06426-			
Purpose of Expenditure (by code) CNTRB		Description Contribution					
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		\$ 250.00
Name of Payee Mayor Mark '09				Date of Payment 10/22/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1023 <input type="checkbox"/> Debit Card		
Street Address P.O. Box 2202		City Danbury	State CT	Zip Code 06813-220			
Purpose of Expenditure (by code) CNTRB		Description Contribution					
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		\$ 500.00

SUBTOTAL Section P-This Page						1794.00	
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						01/11/2010		
P. Expenses Paid by Committee								
Name of Payee McCoy For Mayor					Date of Payment 10/26/2009	Method of Payment		Amount
Street Address 216 Skiner Road		City Vernon	State CT	Zip Code 06066-	<input checked="" type="checkbox"/> Check # 1029 <input type="checkbox"/> Debit Card			
Purpose of Expenditure (by code) CNTRB		Description Contribution						
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	\$ 500.00
Name of Payee Manchester RTC					Date of Payment 10/26/2009	Method of Payment		
Street Address P.O. Box 3998		City Manchester	State CT	Zip Code 06045-399	<input checked="" type="checkbox"/> Check # 1032 <input type="checkbox"/> Debit Card			
Purpose of Expenditure (by code) CNTRB		Description Contribution						
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	\$ 1000.00
Name of Payee Meriden RTC					Date of Payment 10/26/2009	Method of Payment		
Street Address 114 Midland Dr		City Meriden	State CT	Zip Code 06450-	<input checked="" type="checkbox"/> Check # 1039 <input type="checkbox"/> Debit Card			
Purpose of Expenditure (by code) CNTRB		Description Contribution						
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	\$ 250.00
Name of Payee Pavia 2009					Date of Payment 10/26/2009	Method of Payment		
Street Address 1200 Summer Street		City Stamford	State CT	Zip Code 06905-	<input checked="" type="checkbox"/> Check # 1027 <input type="checkbox"/> Debit Card			
Purpose of Expenditure (by code) CNTRB		Description Contribution						
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	\$ 5000.00

SUBTOTAL Section P-This Page		6750.00
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	12/31/2009

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Name of Payee Pepe & Hazard LLP Street Address Goodwin Square City Hartford State CT Zip Code 06103-430	11/16/2009	<input checked="" type="checkbox"/> Check # 1045 <input type="checkbox"/> Debit Card	
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	\$ 2746.49
Name of Payee Sarah Richards Street Address 300 Cold Spring Road A412 City Rocky Hill State CT Zip Code 06067-	11/16/2009	<input checked="" type="checkbox"/> Check # 1043 <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) TRVL		Description Mileage Reimbursement	
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	\$ 126.30
Name of Payee Sarah Richards Street Address 300 Cold Spring Road A412 City Rocky Hill State CT Zip Code 06067-	12/07/2009	<input checked="" type="checkbox"/> Check # 1047 <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) TRVL		Description Mileage Reimbursement	
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	\$ 94.91
Name of Payee SMARTech Street Address P.O. Box 11181 City Chattanooga State TN Zip Code 37401-218	11/16/2009	<input checked="" type="checkbox"/> Check # 1044 <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) OVHD		Description Telephone	
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" 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 checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed Jeff Wright Mayor/Newington \$26.78 Southington RIC 13.65 Portland RIC 22.65 Bristol RIC .60 (Note: 1¢ Error)	\$ 63.67

SUBTOTAL Section P-This Page	3031.37
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						01/11/2010	
P. Expenses Paid by Committee							
Name of Payee Stewart Is New Britain				Date of Payment 10/22/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1022 <input type="checkbox"/> Debit Card		Amount
Street Address P.O. Box 1630		City New Britain	State CT	Zip Code 06050-			
Purpose of Expenditure (by code) CNTRB		Description Contribution					
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		\$ 2500.00
Name of Payee Portland RTC				Date of Payment 10/26/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1036 <input type="checkbox"/> Debit Card		
Street Address 25 Riverside Street		City Portland	State CT	Zip Code 06480-			
Purpose of Expenditure (by code) CNTRB		Description Contribution					
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		\$ 250.00
Name of Payee Wright For Mayor				Date of Payment 10/26/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1031 <input type="checkbox"/> Debit Card		
Street Address 110 Steeplechase Drive		City Newington	State CT	Zip Code 06111-			
Purpose of Expenditure (by code) CNTRB		Description Contribution					
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		\$ 500.00
Name of Payee				Date of Payment	Method of Payment		
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		\$

SUBTOTAL Section P-This Page	3250.00
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					01/11/2010	
S. Expenses Incurred by Committee but Not Paid During this Period						
Name of Creditor Smartech				Date Incurred 11/01/09		Amount Incurred <i>(Estimate or Actual)</i>
Street Address P.O. Box 11181				Event # N/A		
City Chattanooga		State TN	Zip Code 37401	Candidate(s) Name <i>(if applicable)</i> Portland RTC		Office Sought
Purpose of Expenditure (by code) OVHD		Type of Expenditure <i>(if applicable)</i> : <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <i>(see Instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Description Telephone						48.79
Name of Creditor				Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address				Event #		
City		State	Zip Code	Candidate(s) Name <i>(if applicable)</i>		Office Sought
Purpose of Expenditure (by code)		Type of Expenditure <i>(if applicable)</i> : <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <i>(see Instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Description						
Name of Creditor				Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address				Event #		
City		State	Zip Code	Candidate(s) Name <i>(if applicable)</i>		Office Sought
Purpose of Expenditure (by code)		Type of Expenditure <i>(if applicable)</i> : <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <i>(see Instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Description						
Name of Creditor				Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address				Event #		
City		State	Zip Code	Candidate(s) Name <i>(if applicable)</i>		Office Sought
Purpose of Expenditure (by code)		Type of Expenditure <i>(if applicable)</i> : <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <i>(see Instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Description						
SUBTOTAL Section S-This Page					48.79	
TOTAL of additional Section S Pages					0.00	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28 of Summary Page)</i>					48.79	
Previously reported Expenses Unpaid and still Outstanding					+12692.60	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a of Summary Page)</i>					12741.39	