

SEEC FORM 20

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



Do Not Mark In This Space
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110299

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) 11/02/2010

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

9. PERIOD COVERED

Beginning Date Ending Date
10/20/2010 thru 12/31/2010

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) PRINT NAME OF SIGNER DATE (mm/dd/yyyy)

Jerry Labriola, Jr 1-6-11

PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.

SEEC FORM 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	01/10/2011	
	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		1222.87
12. Balance on hand at the beginning of Reporting Period	20151.21	
13. Contributions received from Individuals (Sections A and B)	3660.00	102274.98
14. Receipts from Other Committees (Sections C1 and C2)	12800.00	33231.00
15. Other Monetary Receipts (Sections D-K)	61.41	61.41
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)	16521.41	135567.39
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	36672.62	136790.26
19. Expenses Paid by Committee (Section P)	19738.52	119856.16
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	16934.10	16934.10
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	0.00
22. In-Kind Contributions Received (Section M)	6.25	6.25
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)	5862.99	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	84938.08	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE: Connecticut Republican SCC	FILING DUE DATE: 01/10/2011
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A. Total contributions from small contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$ 10.00
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B. Itemized Contributions from Individuals

Last Name Greenberg	First Mark	MI	Principal Occupation Real Estate	Amount of Contribution 1000.00
Residential Street Address 184 Fern Avenue	City Litchfield	State CT	Zip Code 06759- Name of Employer MGRE Company LLC	

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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 10/29/2010	Aggregate Contributions 1000.00
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Last Name McNally	First Tina M.	MI	Principal Occupation Retired	Amount of Contribution 150.00
Residential Street Address c/o Arden Courts	City Farmington	State CT	Zip Code 06032- 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
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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 12/01/2010	Aggregate Contributions 150.00
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Last Name Sardilli	First Don	MI	Principal Occupation President	Amount of Contribution 2500.00
Residential Street Address 71 Peria Drive	City Rocky Hill	State CT	Zip Code 06067- Name of Employer Sardilli Produce & Dairy Co IN	

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 10/25/2010	Aggregate Contributions 2500.00
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SUBTOTAL Section B - This Page	3650.00
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section A & B) (Enter total on Line 13 of Summary Page)	3660.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Republican SCC	01/10/2011

C1. Contributions from Other Committees

Name of Committee CT Association of Optometrists PAC				Name of Treasurer Paul Werdell		Amount of Contribution 1000.00
Street Address 553 Farmington Avenue		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 Hartford	State CT	Zip Code 06105-	Date Received 11/02/2010	Aggregate Contributions 1000.00		

Name of Committee Connecticut Dental PAC				Name of Treasurer Stephen Moran		Amount of Contribution 2500.00
Street Address 835 West Queen Street		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 Southington	State CT	Zip Code 06489-	Date Received 11/01/2010	Aggregate Contributions 7500.00		

Name of Committee Diageo North America Emp. CPPC				Name of Treasurer Bill Mines		Amount of Contribution 6500.00
Street Address 801 Main Avenue		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 Norwalk	State CT	Zip Code 06851-384	Date Received 11/02/2010	Aggregate Contributions 6500.00		

Name of Committee Fairfield RTC				Name of Treasurer Richard Popilowski		Amount of Contribution 2500.00
Street Address P.O. Box		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 Fairfield	State CT	Zip Code 06824-	Date Received 10/27/2010	Aggregate Contributions 2500.00		

Name of Committee Wilton RTC				Name of Treasurer Libby V. Bufano		Amount of Contribution 300.00
Street Address P.O. Box 301		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 Wilton	State CT	Zip Code 06897-140	Date Received 12/06/2010	Aggregate Contributions 300.00		

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		

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Republican SCC	01/10/2011

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		
SUBTOTAL Section C-This Page					
TOTAL of additional Section C Pages					12800.00
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 14 of Summary Page)					12800.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Republican SCC	01/10/2011

K. Miscellaneous Monetary Receipts not Considered Contributions

Name				Date of Receipt	Amount Received
Interactive Telesis				11/22/2010	61.41
Street Address P.O. Box 721062	City San Diego	State CA	Zip Code 92172-	Description Refund From Vendor	
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	
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	
Name				Date of Receipt	Amount Received
Street Address	City	State	Zip Code	Description	
Total Section K					\$ 61.41

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE		FILING DUE DATE
Connecticut Republican SCC		01/10/2011
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)	+	61.41
Total of Other Monetary Receipts (Add Sections D-K) <i>(Enter total on Line 15 of Summary Page)</i>		61.41

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Republican SCC	01/10/2011

M. In-Kind Contributions

Name Michael Argento				Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other <small>(applicable only to Referendum Committees)</small>		Fair Market Value of this Contribution
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				6.25
Date Received 12/31/2010	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 16.25	
Name .F.				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other <small>(applicable only to Referendum Committees)</small>		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 .F.				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other <small>(applicable only to Referendum Committees)</small>		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 .F.				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other <small>(applicable only to Referendum Committees)</small>		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						6.25
TOTAL of additional Section M Pages						
TOTAL OF ALL IN-KIND CONTRIBUTIONS <small>(Enter total on Line 22 of Summary Pages)</small>						6.25

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Republican SCC	01/10/2011

P. Expenses Paid by Committee

Name of Payee Jacqueline M. Barrieau				Date of Payment 11/22/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1104 <input type="checkbox"/> Debit Card	Amount
Street Address 47 Soby Drive		City W Hartford	State CT	Zip Code 06107-		
Purpose of Expenditure (by code) RCW		Description Expense 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	\$ 53.58
Name of Payee Bushnell Center For The Arts				Date of Payment 10/29/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1099 <input type="checkbox"/> Debit Card	Amount
Street Address 166 Capitol Ave		City Hartford	State CT	Zip Code 06106-		
Purpose of Expenditure (by code) MISC		Description Room Rental				
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	\$ 1050.62
Name of Payee Campaign Solutions				Date of Payment 11/12/2010	Method of Payment <input checked="" type="checkbox"/> Check # EFT <input type="checkbox"/> Debit Card	Amount
Street Address 117 N. Saint Asaph Street		City Alexandria	State VA	Zip Code 22314-		
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	\$ 75.35
Name of Payee Sarah J. Richards Clark				Date of Payment 11/03/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1102 <input type="checkbox"/> Debit Card	Amount
Street Address 54 Wright Road		City Wethersfield	State CT	Zip Code 06109-		
Purpose of Expenditure (by code) TRVL		Description Mileage				
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	\$ 312.38

SUBTOTAL Section P-This Page	1491.93
TOTAL of additional Section P Pages	17988.15
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)	19738.52

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Republican SCC	01/10/2011

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Sarah J. Richards Clark Street Address: 54 Wright Road City: Wethersfield State: CT Zip Code: 06109-	11/22/2010	<input checked="" type="checkbox"/> Check # 1105 <input type="checkbox"/> Debit Card	\$ 258.44
Purpose of Expenditure (by code) TRVL Description: Mileage			
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 Street Address: 7300 Chapman Highway City: Knoxville State: TN Zip Code: 37920-	11/02/2010	<input checked="" type="checkbox"/> Check # EFT <input type="checkbox"/> Debit Card	\$ 60.00
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 Street Address: 7300 Chapman Highway City: Knoxville State: TN Zip Code: 37920-	12/02/2010	<input checked="" type="checkbox"/> Check # EFT <input type="checkbox"/> Debit Card	\$ 60.00
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: FLS Connect LLC Street Address: 7300 Hudson Blvd. Suite 270 City: Saint Paul State: MN Zip Code: 55128-	11/01/2010	<input checked="" type="checkbox"/> Check # 1100 <input type="checkbox"/> Debit Card	\$ 423.59
Purpose of Expenditure (by code) A-ATM Description: GOTV Calls			
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see Instructions) <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	Candidate(s) Name (if applicable) Lisa A. Davenport Office Sought: State Senate	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	

SUBTOTAL Section P-This Page	802.03
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	01/10/2011

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment	Amount
FLS Connect LLC Street Address: 7300 Hudson Blvd. Suite 270 City: Saint Paul, State: MN, Zip Code: 55128-	11/01/2010	<input checked="" type="checkbox"/> Check # 1100 <input type="checkbox"/> Debit Card	\$ 1135.47
Purpose of Expenditure (by code) A-ATM Description: GOTV Calls			
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see Instructions) <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	Candidate(s) Name (if applicable): Neil C. Nichols Office Sought: State Senate	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Interactive Telesis Street Address: P.O. Box 721062 City: San Diego, State: CA, Zip Code: 92172-	11/01/2010	<input checked="" type="checkbox"/> Check # 1101 <input type="checkbox"/> Debit Card	\$ 489.06
Purpose of Expenditure (by code) A-ATM Description: GOTV Calls			
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see Instructions) <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	Candidate(s) Name (if applicable): Jason C. Welch Office Sought: State Senate	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Arthur W. Mocabee Jr. Street Address: 70 Wolcott Road City: Bristol, State: CT, Zip Code: 06011-194	12/15/2010	<input checked="" type="checkbox"/> Check # 1108 <input type="checkbox"/> Debit Card	\$ 15.34
Purpose of Expenditure (by code) RCW Description: Expense 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	
McElroy,Deutsch,Mulvaney,Carpenter LLP Street Address: (formerly Pepe & Hazard) 225 Asylum St. Hartford City: St. Hartford, State: CT, Zip Code: 06103-430	10/21/2010	<input checked="" type="checkbox"/> Check # 1097 <input type="checkbox"/> Debit Card	\$ 3935.74
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	

SUBTOTAL Section P-This Page	5575.61
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	01/10/2011

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Erika L. Pocock Street Address: 1252 East Street City: Southington State: CT Zip Code: 06489-	12/08/2010	<input checked="" type="checkbox"/> Check # 1107 <input type="checkbox"/> Debit Card	\$ 105.00
Purpose of Expenditure (by code) TRVL Description: Mileage			
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 Clifford Katz & Koerner LLP Street Address: (formerly Gersten...)214 Main Street City: Hartford State: CT Zip Code: 06106-188	10/21/2010	<input checked="" type="checkbox"/> Check # 1098 <input type="checkbox"/> Debit Card	\$ 10000.00
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: Shipman & Goodwin LLP Street Address: One Constitution Plaza City: Hartford State: CT Zip Code: 06103-191	12/31/2010	<input checked="" type="checkbox"/> Check # 1109 <input type="checkbox"/> Debit Card	\$ 1575.00
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: Mary Ann R. Turner Street Address: 7 Meadow Road City: Enfield State: CT Zip Code: 06082-600	11/05/2010	<input checked="" type="checkbox"/> Check # 1103 <input type="checkbox"/> Debit Card	\$ 32.50
Purpose of Expenditure (by code) RCW Description: Expense 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	

SUBTOTAL Section P-This Page	11712.50
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	01/10/2011

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Joseph M. Walsh	12/08/2010	<input checked="" type="checkbox"/> Check # 1106 <input type="checkbox"/> Debit Card	\$ 156.45	
Street Address 174 Lowell Street	City Peabody	State MA		Zip Code 01960-
Purpose of Expenditure (by code) TRVL	Description Mileage			
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	Candidate(s) Name <i>(if applicable)</i>	Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Payee	Date of Payment	Method of Payment	\$	
Street Address	City	State		Zip Code
Purpose of Expenditure (by code)	Description			
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	Candidate(s) Name <i>(if applicable)</i>	Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Payee	Date of Payment	Method of Payment	\$	
Street Address	City	State		Zip Code
Purpose of Expenditure (by code)	Description			
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	Candidate(s) Name <i>(if applicable)</i>	Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Payee	Date of Payment	Method of Payment	\$	
Street Address	City	State		Zip Code
Purpose of Expenditure (by code)	Description			
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	Candidate(s) Name <i>(if applicable)</i>	Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed

SUBTOTAL Section P-This Page	156.45
TOTAL of additional Section P Pages	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19 of Summary Page)</i>	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Republican SCC	01/10/2011

S. Expenses Incurred by Committee but Not Paid During This Period

Name of Creditor Rome Clifford Katz & Koerner LLP			Date Incurred 10/29/2010	Amount Incurred <i>(Estimate or Actual)</i> 3284.57
Street Address (formerly Gersten...)214 Main Street			Event #	
City Hartford	State CT	Zip Code 06106-188	Candidate(s) Name <i>(if applicable)</i> Office Sought	
Purpose of Expenditure (by code) CNSLT	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 (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	
Description Legal Fees				
Name of Creditor Rome Clifford Katz & Koerner LLP			Date Incurred 11/30/2010	Amount Incurred <i>(Estimate or Actual)</i> 1299.47
Street Address (formerly Gersten...)214 Main Street			Event #	
City Hartford	State CT	Zip Code 06106-188	Candidate(s) Name <i>(if applicable)</i> Office Sought	
Purpose of Expenditure (by code) CNSLT	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 (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	
Description Legal Fees				
Name of Creditor Rome Clifford Katz & Koerner LLP			Date Incurred 12/31/2010	Amount Incurred <i>(Estimate or Actual)</i> 1278.95
Street Address (formerly Gersten...)214 Main Street			Event #	
City Hartford	State CT	Zip Code 06106-188	Candidate(s) Name <i>(if applicable)</i> Office Sought	
Purpose of Expenditure (by code) CNSLT	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 (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	
Description Legal Fees				
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 (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	
Description				

SUBTOTAL Section S-This Page	5862.99
TOTAL of additional Section S Pages	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28 on Summary Page)</i>	5862.99
Previously reported Expenses Unpaid and still Outstanding	+ 79075.09
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28A on Summary Page)</i>	84938.08

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Republican SCC	01/10/2011

T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant Barrieau	First Jacqueline M.	MI	Date of Payment 11/22/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1104 <input type="checkbox"/> Debit Card	Amount
Secondary Payee Wood'N tap			Purpose of Expenditure (by code) FOOD		
Street Address, City State Zip Code 12 Town Line Road, Rocky Hill CT 06067					
Description Food For Workers					
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	\$ 53.58
Last Name of Worker/Consultant Mocabee Jr.	First Arthur W.	MI	Date of Payment 12/15/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1108 <input type="checkbox"/> Debit Card	Amount
Secondary Payee Whistle Stop Cafe			Purpose of Expenditure (by code) FOOD		
Street Address, City State Zip Code 199 Broad Street, Windsor, CT 06095					
Description Dinner Meeting					
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	\$ 15.34
Last Name of Worker/Consultant Turner	First Mary Ann R.	MI	Date of Payment 11/05/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1103 <input type="checkbox"/> Debit Card	Amount
Secondary Payee Town of East Windsor Town Clerk			Purpose of Expenditure (by code) MISC		
Street Address, City State Zip Code P.O. Box 213, Broad Brook, CT 06016					
Description Photocopies					
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	\$ 32.50
Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount
Secondary Payee			Purpose of Expenditure (by code)		
Street Address, City State Zip 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 T-This Page	101.42
TOTAL of additional Section T Pages	
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS	101.42