

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
Candidates for Statewide Offices and General Assembly
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 5/08



POSTMARKED APR 12 10

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 Do Not Mark in This Space For
 Official Use Only

SUMMARY PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE (Check Box)			
Dean 2010				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
Title	First	MI	Last			Suffix	
Mr	Nathaniel	S	Schindler				
4. TREASURER ADDRESS							
Street Address				City	State	Zip Code	
15 Ensign Drive				Avon	CT	06001	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)			7. DISTRICT NUMBER (if applicable)		
(mm/dd/yyyy) 11/02/2010		Attorney General					
8. CANDIDATE NAME							
Title	First	MI	Last			Suffix	
Ms	Martha	A	Dean				
9. TYPE OF REPORT (Check One Box)							
<input type="checkbox"/> January 10 filing		<input type="checkbox"/> 7th day preceding primary		<input type="checkbox"/> Initial Itemized Statement accompanying application for Public Grant		<input type="checkbox"/> Initial Supplemental Statement <input type="checkbox"/> Primary <input type="checkbox"/> Election	
<input checked="" type="checkbox"/> April 10 filing		<input type="checkbox"/> 30 days following primary		<input type="checkbox"/> Additional Itemized Statement in further support of application for Public Grant		<input type="checkbox"/> Supplemental Statement <input type="checkbox"/> Primary <input type="checkbox"/> Election	
<input type="checkbox"/> July 10 filing		<input type="checkbox"/> 7th day preceding election		<input type="checkbox"/> Post Primary Itemized Statement accompanying request for General Election Grant		<input type="checkbox"/> Declaration of Excess Receipts or Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> Election	
<input type="checkbox"/> October 10 filing		<input type="checkbox"/> 45 days following special election				<input type="checkbox"/> Deficit <input type="checkbox"/> Termination <input type="checkbox"/> Amendment to Type of Report: _____	
10. PERIOD COVERED							
Beginning Date				Ending Date			
03/02/2010				thru 04/01/2010			
11. 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)				Nathaniel S. Schindler PRINT NAME OF SIGNER		4/12/2010 DATE (mm/dd/yyyy)	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.							

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
 Candidates for Statewide Offices and General Assembly
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 5/08

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
Dean 2010	04/10/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$0.00	
14. Contributions received from Individuals (Sections A and B)	\$4,000.00	\$4,000.00
15. Receipts from Other Committees (Sections C1 +C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Sections D-I)	\$500.00	\$500.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$4,500.00	\$4,500.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$4,500.00	\$4,500.00
20. Expenses Paid by Committee (Section N)	\$264.65	\$264.65
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both Columns)	\$4,235.35	\$4,235.35
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid by Candidate (Section O)	\$1,819.00	\$1,819.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$1,005.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$1,005.00	

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE						FILING DUE DATE		
Dean 2010						04/10/2010		
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>						Subtotal Section A \$ 150.00		
B. Itemized Contributions from Individuals								
Last Name Bernier		First Justin		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address 20 Northampton Lane		City Plainville		State CT	Zip Code 06062	Date Received 03/04/2010		
Principal Occupation Candidate		Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$100.00		
Last Name Light		First Andrea		MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address 7 Greenwood Place		City Norwalk		State CT	Zip Code 06854	Date Received 03/30/2010		
Principal Occupation Sales		Name of Employer Teed & Company		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$100.00		
Last Name Hendel		First Douglas		MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address 10 Woody Lane		City Westport		State CT	Zip Code 06880	Date Received 03/29/2010		
Principal Occupation Business Management		Name of Employer Hendel's Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$500.00		
Last Name Hendel		First Myron		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address 16 Strand Road		City Waterford		State CT	Zip Code 06385	Date Received 03/29/2010		
Principal Occupation Business Management		Name of Employer Hendel's Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$1,000.00		
Last Name Platt		First Fay		MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address 96 Allerton Road		City Naugatuck		State CT	Zip Code 06798	Date Received 03/31/2010		
Principal Occupation Corporate Secretary		Name of Employer Scott Swimming Pools, Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$1,000.00		
SUBTOTAL Section B-This Page								\$2,700.00
TOTAL of all Section B Pages								\$1,150.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)								\$4,000.00

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE Dean 2010	FILING DUE DATE 04/10/2010
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B. Itemized Contributions from Individuals

Last Name Knox		First Kim		MI H.	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address 74 Meadow Lane		City West Hartford		State CT	Zip Code 06107	Date Received 03/27/2010		
Principal Occupation Attorney		Name of Employer Horton, Shields, Knox PC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$500.00		\$500.00
Last Name Dean		First Mark		MI H.	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address 177 Highcrest Road		City Wethersfield		State CT	Zip Code 06109	Date Received 03/24/2010		
Principal Occupation Lawyer		Name of Employer Mark H. Dean PC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$250.00		\$250.00
Last Name Dean		First Robert		MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address 5 Penny Lane		City Norwich		State VT	Zip Code 05055	Date Received 03/31/2010		
Principal Occupation Engineer		Name of Employer Synergy Innovations, Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$100.00		\$100.00
Last Name Cordeira		First Anabela		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address 50 Wolf Pit Road		City Farmington		State CT	Zip Code 06032	Date Received 03/31/2010		
Principal Occupation CPA		Name of Employer Cigna		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$150.00		\$150.00
Last Name O'Malley		First Margaret		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address 20 Michelle Lane		City Mystic		State CT	Zip Code 06355	Date Received 03/31/2010		
Principal Occupation Fundraiser		Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$150.00		\$150.00
SUBTOTAL Section B-This Page								\$1,150.00

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE Dean 2010	FILING DUE DATE 04/10/2010
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C1. Contributions from Other Committees

Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input checked="" type="checkbox"/> No			Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input checked="" type="checkbox"/> No			Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input checked="" type="checkbox"/> No			Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input checked="" type="checkbox"/> No			Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input checked="" type="checkbox"/> No			Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input checked="" type="checkbox"/> No			Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		

C2. Reimbursements or Payments from other Committees

Name of Committee			Name of Treasurer			
Address			Date Received			Amount of Receipt \$0.00
City	State CT	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input checked="" type="checkbox"/> Payment for goods and services			
Name of Committee			Name of Treasurer			
Street Address			Date Received			Amount of Receipt \$0.00
City	State CT	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input checked="" type="checkbox"/> Payment for goods and services			

SUBTOTAL Section C-This Page					\$0.00
TOTAL of additional Section C Pages					\$0.00
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 15 of Summary Page)					\$0.00

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	04/10/2010

D. Loans Received this Period

Name of Lender				Source of Loan:		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input type="checkbox"/> No	Amount Received
Street Address		City	State CT	Zip Code	<input type="checkbox"/> Bank <input type="checkbox"/> Candidate		
Name of Cosigner/Guarantor				Source of Loan:			
Street Address		City	State CT	Zip Code	<input type="checkbox"/> Individual <input type="checkbox"/> Other		
Date of Receipt							\$ \$0.00
Name of Lender				Source of Loan:		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input type="checkbox"/> No	Amount Received
Street Address		City	State CT	Zip Code	<input type="checkbox"/> Bank <input type="checkbox"/> Candidate		
Name of Cosigner/Guarantor				Source of Loan:			
Street Address		City	State CT	Zip Code	<input type="checkbox"/> Individual <input type="checkbox"/> Other		
Date of Receipt							\$ \$0.00
Total Section D (Enter Total on Line 26a on Summary Page)							\$ \$0.00

E. Personal Funds of the Candidate Received this Period (Candidate Committees Only)

Date of Receipt <u>3/3/2010</u>	Method of payment: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date of Receipt _____	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Total Amount Received
Amount <u>\$500.00</u>		Amount <u>\$0.00</u>		\$ \$500.00

F. Anonymous Contributions (Specify dollar amount of the bills received)

Date Received	Amount \$0.00	Date Received	Amount \$0.00	Total Amount Received
\$1 bills <u>\$0.00</u>	\$5 bills <u>\$0.00</u>	\$1 bills <u>\$0.00</u>	\$5 bills <u>\$0.00</u>	
coins <u>\$0.00</u>	\$10 bill <u>\$0.00</u>	coins <u>\$0.00</u>	\$10 bill <u>\$0.00</u>	
				\$ \$0.00

G. Interest from Deposits in Authorized Accounts

Date Received	Amount \$0.00	Date Received	Amount \$0.00	Total Amount Received	
Name of Institution		Name of Institution			
Street Address		Street Address			
City	State CT	Zip Code	City		State CT
				\$ \$0.00	

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	04/10/2010

H. Public Grant Funds Received from the Citizens' Election Fund

Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Post Election Deficit	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date of Receipt _____	Amount _____ \$0.00
Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Post Election Deficit	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date of Receipt _____	Amount _____ \$0.00
Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Post Election Deficit	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date of Receipt _____	Amount _____ \$0.00
Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Post Election Deficit	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date of Receipt _____	Amount _____ \$0.00

Total Section H \$ \$0.00

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Street Address	City	\$ \$0.00
	State CT	
	Zip Code	
Description		
Name	Date of Transaction	Amount Received
Street Address	City	\$ \$0.00
	State CT	
	Zip Code	
Description		
Name	Date of Transaction	Amount Received
Street Address	City	\$ \$0.00
	State CT	
	Zip Code	
Description		
Total Section I		\$ \$0.00

Summary of Other Monetary Receipts (Sections D-I)

Total Loans Received this Period (Section D)	+	0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section E)	+	500.00
Total Amount of Anonymous Contributions (Section F)	+	0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section G)	+	0.00
Total Public Grant Funds Received from the Citizens' Election Fund (Section H)	+	0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section I)	+	0.00
Total of Other Monetary Receipts not Considered Contributions <i>(Enter total on Line 16 of Summary Page)</i>		500.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	04/10/2010

J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
					CT	

Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information.) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) No

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
					CT	

Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information.) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) No

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
					CT	

Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information.) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) No

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
					CT	

Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information.) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) No

II. FUNDRAISING ACTIVITY

NAME OF COMMITTEE						FILING DUE DATE	
Dean 2010						04/10/2010	
J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items							
Name of Purchaser Last Name <i>(Individuals ONLY)</i>			First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State CT	Zip Code	Date Received	Event #	
Items Purchased							
							\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>			First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State CT	Zip Code	Date Received	Event #	
Items Purchased							
							\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>			First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State CT	Zip Code	Date Received	Event #	
Items Purchased							
							\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>			First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State CT	Zip Code	Date Received	Event #	
Items Purchased							
							\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>			First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State CT	Zip Code	Date Received	Event #	
Items Purchased							
							\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>			First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State CT	Zip Code	Date Received	Event #	
Items Purchased							
							\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>			First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State CT	Zip Code	Date Received	Event #	
Items Purchased							
							\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>			First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State CT	Zip Code	Date Received	Event #	
Items Purchased							
							\$0.00
SUBTOTAL Section J2-This Page							\$0.00
TOTAL of additional Section J2 Pages							\$0.00
TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS <i>(Enter total on Line 17 of Summary Page)</i>							\$0.00

II. FUNDRAISING ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	04/10/2010

J3. In-Kind Donations Not Considered Contributions

Name of Donor	Donation given by:	Fair Market Value of Donation								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address</td> <td style="width:20%;">City</td> <td style="width:10%;">State</td> <td style="width:20%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT		<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity Aggregate value for this event \$0.00	\$0.00
Street Address	City	State	Zip Code							
		CT								
Description of donation	Date Received	Event #								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address</td> <td style="width:20%;">City</td> <td style="width:10%;">State</td> <td style="width:20%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT		<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity Aggregate value for this event \$0.00	\$0.00
Street Address	City	State	Zip Code							
		CT								
Description of donation	Date Received	Event #								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address</td> <td style="width:20%;">City</td> <td style="width:10%;">State</td> <td style="width:20%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT		<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity Aggregate value for this event \$0.00	\$0.00
Street Address	City	State	Zip Code							
		CT								
Description of donation	Date Received	Event #								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address</td> <td style="width:20%;">City</td> <td style="width:10%;">State</td> <td style="width:20%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT		<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity Aggregate value for this event \$0.00	\$0.00
Street Address	City	State	Zip Code							
		CT								
Description of donation	Date Received	Event #								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address</td> <td style="width:20%;">City</td> <td style="width:10%;">State</td> <td style="width:20%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT		<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity Aggregate value for this event \$0.00	\$0.00
Street Address	City	State	Zip Code							
		CT								
Description of donation	Date Received	Event #								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address</td> <td style="width:20%;">City</td> <td style="width:10%;">State</td> <td style="width:20%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT		<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity Aggregate value for this event \$0.00	\$0.00
Street Address	City	State	Zip Code							
		CT								
Description of donation	Date Received	Event #								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address</td> <td style="width:20%;">City</td> <td style="width:10%;">State</td> <td style="width:20%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT		<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity Aggregate value for this event \$0.00	\$0.00
Street Address	City	State	Zip Code							
		CT								
Description of donation	Date Received	Event #								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address</td> <td style="width:20%;">City</td> <td style="width:10%;">State</td> <td style="width:20%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT		<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity Aggregate value for this event \$0.00	\$0.00
Street Address	City	State	Zip Code							
		CT								
Description of donation	Date Received	Event #								
SUBTOTAL Section J3-This Page		\$0.00								
TOTAL of additional Section J3 Pages		\$0.00								
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 22 of Summary Page)		\$0.00								

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	04/10/2010

K. In-Kind Contributions

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution			Aggregate contributions \$0.00	\$0.00
Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution			Aggregate contributions \$0.00	\$0.00
Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution			Aggregate contributions \$0.00	\$0.00
Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution			Aggregate contributions \$0.00	\$0.00
Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution			Aggregate contributions \$0.00	\$0.00
Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution			Aggregate contributions \$0.00	\$0.00
SUBTOTAL Section K-This Page						\$0.00
TOTAL of additional Section K Pages						\$0.00
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23 of Summary Page)						\$0.00

L. Refundable Deposit to Telephone Company

(NOTE: This section refers only to advances of deposits by individuals from personal funds to benefit the committee, not deposits made by the committee.)

Last Name of Individual		First Name		MI	Date Deposit Made		Amount of Deposit
Residential Street Address		City	State CT	Zip Code			
Name of telephone company							
Street Address		City	State CT	Zip Code			\$0.00
Total Section L (Enter total on Line 24 of Summary Page)							\$0.00

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE Dean 2010				FILING DUE DATE 04/10/2010	
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee					
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Total Section M (Enter total on Line 25 of Summary Page)					\$0.00

IV. EXPENDITURES

NAME OF COMMITTEE Dean 2010					FILING DUE DATE 04/10/2010	
N. Expenses Paid by Committee						
Name of Payee Martha Dean				Date of Payment 03/03/2010	Method of Payment <input checked="" type="checkbox"/> Check # 0991 <input type="checkbox"/> Debit Card	
Street Address 15 Ensign Drive	City Avon	State CT	Zip Code 06001	Purpose of Expenditure (by code) WEB	Event #	
Description Annual Web Service Contract					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="checkbox"/> No						
Other Candidate(s) Name					Office Sought	
						\$ 42.00
Name of Payee Canton Sign Shop				Date of Payment 03/15/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1001 <input type="checkbox"/> Debit Card	
Street Address 5 Albany Tpke	City Canton	State CT	Zip Code 06019	Purpose of Expenditure (by code) A-SIGN	Event #	
Description Adjust campaign banners and signs					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="checkbox"/> No						
Other Candidate(s) Name					Office Sought	
						\$ 75.00
Name of Payee Malcolm McGough				Date of Payment 03/15/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1002 <input type="checkbox"/> Debit Card	
Street Address 144 Reverolls	City Avon	State CT	Zip Code 06001	Purpose of Expenditure (by code) RCW	Event #	
Description Reimbursement of office supply costs					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="checkbox"/> No						
Other Candidate(s) Name					Office Sought	
						\$ 47.45
Name of Payee Law Offices of Martha A. Dean				Date of Payment 03/31/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1003 <input type="checkbox"/> Debit Card	
Street Address 15 Ensign Drive	City Avon	State CT	Zip Code 06001	Purpose of Expenditure (by code) POST	Event #	
Description Postage purchased through postage meter					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="checkbox"/> No						
Other Candidate(s) Name					Office Sought	
						\$ 75.20
Name of Payee Bank of America				Date of Payment 03/11/2010	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address 240 West Main Street	City Avon	State CT	Zip Code 06001	Purpose of Expenditure (by code) BNK	Event #	
Description Checks					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="checkbox"/> No						
Other Candidate(s) Name					Office Sought	
						\$ 25.00
SUBTOTAL Section N-This Page						\$264.65
TOTAL of additional Section N Pages						\$0.00
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page)						\$264.65

IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE		
Dean 2010				04/10/2010		
O. Campaign Expenses Paid by Candidate						
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
iPage				03/03/2010	<input checked="" type="radio"/> Yes <input type="radio"/> No	42.00
Street Address	City	State	Zip Code			
70 Blanchard Road	Burlington	MA	01803			
Purpose of Expenditure (by code)	Description			Event #		
WEB	Annual Web Host Service					
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Law Offices of Martha A. Dean				03/31/2010	<input type="radio"/> Yes <input checked="" type="radio"/> No	1,000.00
Street Address	City	State	Zip Code			
15 Ensign Drive	Avon	CT	06001			
Purpose of Expenditure (by code)	Description			Event #		
OVHD	Office Space and Shared Services					
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Martha A. Dean					<input type="radio"/> Yes <input checked="" type="radio"/> No	677.00
Street Address	City	State	Zip Code			
15 Ensign Drive	Avon	CT	06001			
Purpose of Expenditure (by code)	Description			Event #		
TRVL	1353 Miles Travelled					
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Waterbury RTC				03/31/2010	<input type="radio"/> Yes <input checked="" type="radio"/> No	100.00
Street Address	City	State	Zip Code			
Grand Oak Villa, 550 Sylvan Lake	Oakville	CT				
Purpose of Expenditure (by code)	Description			Event #		
ATT	Nathan Schindler/Martha Dean Lincoln Day Dinner					
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
					<input type="radio"/> Yes <input checked="" type="radio"/> No	0.00
Street Address	City	State	Zip Code			
		CT				
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
					<input type="radio"/> Yes <input checked="" type="radio"/> No	0.00
Street Address	City	State	Zip Code			
		CT				
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
					<input type="radio"/> Yes <input checked="" type="radio"/> No	0.00
Street Address	City	State	Zip Code			
		CT				
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
					<input type="radio"/> Yes <input checked="" type="radio"/> No	0.00
Street Address	City	State	Zip Code			
		CT				
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
					<input type="radio"/> Yes <input checked="" type="radio"/> No	\$0.00
Street Address	City	State	Zip Code			
		CT				
Purpose of Expenditure (by code)	Description			Event #		
SUBTOTAL Section O-This Page						\$1,819.00
TOTAL of additional Section O Pages						\$0.00
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 27 of Summary Page)						\$1,819.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	04/10/2010

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other _____
------------------------------------	---

Name of Vendor				Date of Transaction	Amount \$0.00
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)			Description	Event #	

Name of Vendor				Date of Transaction	Amount \$0.00
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)			Description		

Name of Vendor				Date of Transaction	Amount \$0.00
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)			Description	Event #	

Name of Vendor				Date of Transaction	Amount \$0.00
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)			Description	Event #	

Name of Vendor				Date of Transaction	Amount \$0.00
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)			Description	Event #	

Name of Vendor				Date of Transaction	Amount \$0.00
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)			Description		

Name of Vendor				Date of Transaction	Amount \$0.00
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)			Description	Event #	

Name of Vendor				Date of Transaction	Amount \$0.00
Street Address	City	State CT	Zip Code		
Purpose of Expenditure (by code)			Description	Event #	

SUBTOTAL Section P-This Page					\$0.00
TOTAL of additional Section P Pages					\$0.00
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 28 of Summary Page)					\$0.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	04/10/2010

Q. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor Campaign Solutions		Date Incurred 03/30/2010		Amount Incurred <i>(Estimate or Actual)</i>
Street Address 117 N. St. Asaph St.		City Arlington	Zip Code 23314	
Purpose of Expenditure (by code) WEB	Description Online Merchant Account		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes (<i>If yes, complete candidate name and office sought</i>) <input checked="" type="radio"/> No				
		Office Sought		\$ \$425.00
Name of Creditor Khristina M. Surgeon		Date Incurred 03/24/2010		Amount Incurred <i>(Estimate or Actual)</i>
Street Address 160 Adams St		City Hartford	Zip Code 06112	
Purpose of Expenditure (by code) WAGE	Description Office Staff		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes (<i>If yes, complete candidate name and office sought</i>) <input checked="" type="radio"/> No				
		Office Sought		\$ \$300.00
Name of Creditor Malcolm McGough		Date Incurred 03/24/2010		Amount Incurred <i>(Estimate or Actual)</i>
Street Address 144 Revernolls		City Avon	Zip Code 06001	
Purpose of Expenditure (by code) PRNT	Description Printing costs for literature		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes (<i>If yes, complete candidate name and office sought</i>) <input checked="" type="radio"/> No				
		Office Sought		\$ \$280.00
Name of Creditor		Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address		City	Zip Code	
Purpose of Expenditure (by code)	Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes (<i>If yes, complete candidate name and office sought</i>) <input checked="" type="radio"/> No				
		Office Sought		\$ \$0.00
SUBTOTAL Section Q-This Page				\$1,005.00
TOTAL of additional Section Q Pages				\$0.00
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 29 of Summary Page)</i>				\$1,005.00
Previously reported Expenses Unpaid and still Outstanding				+ \$0.00
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 29a of Summary Page)</i>				\$1,005.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	04/10/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Malcolm McGough	03/15/2010		
Secondary Payee Staples	Purpose of Expenditure (by code) OFFICE	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 15 Albany Tpke	City Simsbury	State CT	Zip Code 06092
Description Office Supplies			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$ 47.45
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Secondary Payee	Purpose of Expenditure (by code)	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address	City	State CT	Zip Code
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$ 0.00
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Secondary Payee	Purpose of Expenditure (by code)	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address	City	State CT	Zip Code
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$ 0.00
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Secondary Payee	Purpose of Expenditure (by code)	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address	City	State CT	Zip Code
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$ 0.00
SUBTOTAL Section R-This Page			\$47.45
TOTAL of additional Section R Pages			\$0.00
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS			\$47.45

NAME OF COMMITTEE				FILING DUE DATE	
Dean 2010				04/10/2010	
S. Surplus Distribution of Equipment and Furniture					
Name of Recipient					Original Purchase Amount of Item
Street Address		City	State	Zip Code	
			CT		
Description of Item					\$0.00
Name of Recipient					Original Purchase Amount of Item
Street Address		City	State	Zip Code	
			CT		
Description of Item					\$0.00
Name of Recipient					Original Purchase Amount of Item
Street Address		City	State	Zip Code	
			CT		
Description of Item					\$0.00
Name of Recipient					Original Purchase Amount of Item
Street Address		City	State	Zip Code	
			CT		
Description of Item					\$0.00
Name of Recipient					Original Purchase Amount of Item
Street Address		City	State	Zip Code	
			CT		
Description of Item					\$0.00
Name of Recipient					Original Purchase Amount of Item
Street Address		City	State	Zip Code	
			CT		
Description of Item					\$0.00
Name of Recipient					Original Purchase Amount of Item
Street Address		City	State	Zip Code	
			CT		
Description of Item					\$0.00
Name of Recipient					Original Purchase Amount of Item
Street Address		City	State	Zip Code	
			CT		
Description of Item					\$0.00
SUBTOTAL Section S					\$0.00

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION



INSTRUCTIONS FOR SEEC FORM 1, 1A , 1B

REGISTRATION BY CANDIDATE

CANDIDATE COMMITTEE REGISTRATION STATEMENT

CERTIFICATION OF EXEMPTION FROM FORMING A

CANDIDATE COMMITTE

SEEC MAILING ADDRESS:

CONNECTICUT ELECTIONS ENFORCEMENT COMMISSION
CAMPAIGN FINANCE DISCLOSURE UNIT—3RD FLOOR
20 TRINITY STREET
HARTFORD, CONNECTICUT 06106-1628

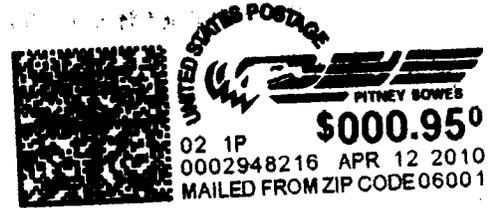
SEEC TELEPHONE NUMBER:

MAIN NUMBER: 860-256-2940
TOLL FREE WITHIN CT: 1-866-SEEC-INFO
FAX NUMBER : 860-256-2981
SEEC WEBSITE ADDRESS: www.ct.gov/seec

Martha Dean for Attorney General

- Freedom, Faith, Fortune -

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Avon, CT 06001



Connecticut Elections Enforcement Commission
Campaign Finance Disclosure Unit
3rd Floor
20 Trinity Street
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