

FILED SEEC

POSTMARKED APR 12, 10

SEEC FORM 30

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



P 2:08

101225
Do Not Mark in This Space For Official Use Only

SUMMARY PAGE

1. NAME OF COMMITTEE: Committee to Re-Elect Senator John A. Kissel
2. TYPE OF COMMITTEE (Check Box): Candidate Committee
3. TREASURER NAME: Mr. Scott R Kaupin
4. TREASURER ADDRESS: 9 Allen Street, Enfield, CT 06082
5. ELECTION DATE: 11/02/2010
6. OFFICE SOUGHT: State Senator
7. DISTRICT NUMBER: 7th
8. CANDIDATE NAME: Mr. John A. Kissel
9. TYPE OF REPORT (Check One Box): April 10 filing
10. PERIOD COVERED: 01/01/2010 thru 03/31/2010
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): [Signature]
PRINT NAME OF SIGNER: SCOTT KAUPIN
DATE (mm/dd/yyyy): 04/10/2010
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	
Committee to Re-Elect Senator John A. Kissel	04/12/2010	
	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)	3667.66	3667.66
15. Receipts from Other Committees (Sections C1 +C2)	0.00	0.00
16. Other Monetary Receipts (Sections D-I)	0.35	0.35
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)	3668.01	3668.01
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	3668.01	3668.01
20. Expenses Paid by Committee (Section N)	45.16	45.16
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both Columns)	3622.85	3622.85
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)	0.00	0.00
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)	0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	0.00	

Committee to Re-Elect Senator John A. Kissel - April 12, 2010 Filing

Last Name, First Name	Address	City	State	Zip	Method	ID #	Check Deposit		Amount	Aggregate	Occupation	Employer	Event	Event	Contractor	Lobbyist Spouse Dependent
							Section J1	#								
Lee, William F.	6 Stony Brooks Road	Enfield	CT	06082	Check	0001	3/1/10	3/13/10	\$ 10.00	\$ 10.00			No	No	No	
Gray, Caroline A.	18 Catalina Drive	Enfield	CT	06082	Check	0002	3/2/10	3/13/10	\$ 50.00	\$ 50.00			No	No	No	
Gray, Robert J.	18 Catalina Drive	Enfield	CT	06082	Check	0003	3/2/10	3/13/10	\$ 50.00	\$ 50.00			No	No	No	
Lemon, Elwyn W.	48 Betty Road	Enfield	CT	06082	Check	0004	3/2/10	3/13/10	\$ 25.00	\$ 25.00			No	No	No	
Sheridan, Marjorie B.	1529 Ratley Road	West Suffield	CT	06093	Check	0005	3/2/10	3/13/10	\$ 10.00	\$ 10.00			No	No	No	
Sheridan, Thomas J.	1529 Ratley Road	West Suffield	CT	06093	Check	0006	3/10/10	3/15/10	\$ 10.00	\$ 10.00			No	No	No	
St. John, Russell G.	13 Boxwood Court	Granby	CT	06035	Check	0007	3/2/10	3/13/10	\$ 25.00	\$ 25.00			No	No	No	
Walker, Gordon E.	12 Washington Ridge Road	East Granby	CT	06026	Check	0008	3/2/10	3/13/10	\$ 15.00	\$ 15.00			No	No	No	
Walker, Helen S.	12 Washington Ridge Road	East Granby	CT	06026	Check	0009	3/2/10	3/13/10	\$ 15.00	\$ 15.00			No	No	No	
Wilhelm, Edith D.	127 Wells Road	Granby	CT	06035	Check	0010	3/2/10	3/13/10	\$ 25.00	\$ 25.00			No	No	No	
Wilhelm, Frederick O.	127 Wells Road	Granby	CT	06035	Check	0011	3/2/10	3/13/10	\$ 25.00	\$ 25.00			No	No	No	
Zawistowski, Edward R.	11 Seymour Road	East Granby	CT	06026	Check	0012	3/3/10	3/13/10	\$ 25.00	\$ 25.00			No	No	No	
Zawistowski, Tami W.	11 Seymour Road	East Granby	CT	06026	Check	0013	3/3/10	3/13/10	\$ 25.00	\$ 25.00			No	No	No	
Amone, Michael	8 Katie Lane	Enfield	CT	06082	Check	0014	3/2/10	3/13/10	\$ 15.00	\$ 15.00			No	No	No	
Amone, Patricia	8 Katie Lane	Enfield	CT	06082	Check	0015	3/2/10	3/13/10	\$ 15.00	\$ 15.00			No	No	No	
Debottis, Anthony P.	28 Elm Meadows	Enfield	CT	06082	Check	0016	3/2/10	3/13/10	\$ 12.00	\$ 12.00			No	No	No	
Debottis, Ruth L.	28 Elm Meadows	Enfield	CT	06082	Check	0017	3/2/10	3/13/10	\$ 13.00	\$ 13.00			No	No	No	
Rome, Kelly	5 Fawn Drive	Granby	CT	06035	Check	0018	3/2/10	3/13/10	\$ 30.00	\$ 30.00			No	No	No	
Rome, Randolph K.	5 Fawn Drive	Granby	CT	06035	Check	0019	3/2/10	3/13/10	\$ 20.00	\$ 20.00			No	No	No	
Alcorn, Marcia P.	22 Deep Brook Harbor	Suffield	CT	06078	Check	0020	3/3/10	3/13/10	\$ 50.00	\$ 50.00			No	No	No	
Dietz, Peyton B.	1338 Mapleton Avenue	Suffield	CT	06078	Check	0021	3/3/10	3/13/10	\$ 20.00	\$ 20.00			No	No	No	
Howard, Marlin G.	38 Post Road	Enfield	CT	06082	Check	0022	3/3/10	3/13/10	\$ 100.00	\$ 100.00	Financial Planning	Marlin G. Howard, CPA, PC	No	No	No	
Trenholm, Virginia A.	67 Wynding Hills Road	East Granby	CT	06026	Check	0023	3/3/10	3/13/10	\$ 25.00	\$ 25.00			No	No	No	
Wood, Grace H.	1625 North Street	Suffield	CT	06078	Check	0024	3/3/10	3/13/10	\$ 25.00	\$ 25.00			No	No	No	
Kuraska, Mary Ellen	5 Surrey Lane	Enfield	CT	06082	Check	0025	3/4/10	3/13/10	\$ 50.00	\$ 50.00			No	No	No	
Phillips, Carolyn B.	4 Cedar Ridge Road	East Granby	CT	06026	Check	0026	3/4/10	3/13/10	\$ 10.00	\$ 10.00			No	No	No	
Lefakis, Nicles	20 D'Annunzio Avenue	Enfield	CT	06082	Check	0027	3/3/10	3/13/10	\$ 30.00	\$ 30.00			No	No	No	
Frantz, L. Scott	123 Meadow Road	Riverside	CT	06878	Check	0028	3/4/10	3/13/10	\$ 100.00	\$ 100.00	President	Haebler Capital	No	No	No	
Walczewski, Stanley	76 Hunt Glen Drive	Granby	CT	06035	Check	0029	3/4/10	3/13/10	\$ 25.00	\$ 25.00			No	No	No	
Capen, Maria	18 School St., PO Box 62	Windsor Locks	CT	06096	Check	0030	3/5/10	3/13/10	\$ 100.00	\$ 100.00	Retired	Retired	No	No	No	
Capen, Vern F.	18 School St., PO Box 62	Windsor Locks	CT	06096	Check	0031	3/5/10	3/13/10	\$ 100.00	\$ 100.00	Retired	Retired	No	No	No	
Royston, Michael E.	18 Poplar Street	Windsor Locks	CT	06096	Cash	0032	3/5/10	3/13/10	\$ 20.00	\$ 20.00			No	No	No	
Trudeau, Brian J.	46 St. James Avenue	Enfield	CT	06082	Check	0033	3/5/10	3/13/10	\$ 25.00	\$ 25.00			No	No	No	
Hanzalek, Astrid T.	31 Abraham Terrace	Suffield	CT	06078	Check	0034	3/3/10	3/15/10	\$ 25.00	\$ 25.00			No	No	No	
Carmon, John C.	301 Country Club Road	Avon	CT	06001	Check	0035	3/4/10	3/15/10	\$ 100.00	\$ 100.00	Funeral Director	Carmon Funeral Homes, Inc.	No	No	No	
Carmon, Linda S.	385 Old River Street	Windsor	CT	06095	Check	0036	3/4/10	3/15/10	\$ 100.00	\$ 100.00	Homemaker	None	No	No	No	
Mangold, John	96 Silkey Road	North Granby	CT	06060	Check	0037	3/5/10	3/15/10	\$ 50.00	\$ 50.00			No	No	No	
Pilch, Linda Marie	68 Simon Road	Enfield	CT	06082	Check	0038	3/5/10	3/15/10	\$ 50.00	\$ 50.00			No	No	No	
Starr, Susan S.	383 Elm Street	Enfield	CT	06082	Check	0039	3/5/10	3/15/10	\$ 100.00	\$ 100.00	Retired	Retired	No	No	No	
Simmons, Robert R.	268 North Main Street	Stonington	CT	06378	Check	0040	3/6/10	3/15/10	\$ 100.00	\$ 100.00	Public Servant	None	No	No	No	
Zogran, Phillip G.	1320 SE Riverside Drive	Stuart	FL	34996	Check	0041	3/6/10	3/15/10	\$ 100.00	\$ 100.00	Trader	Self Employed	No	No	No	
Oldakowski, Donna	7 Villa Louisa Road	Manchester	CT	06043	Check	0042	3/7/10	3/15/10	\$ 100.00	\$ 100.00	Business Consultant	Self Employed	No	No	No	
DellAquila, Jennie P.	17 North Street	Enfield	CT	06082	Check	0043	3/8/10	3/15/10	\$ 50.00	\$ 50.00			No	No	No	
DellAquila, Sr., Michael A.	17 North Street	Enfield	CT	06082	Check	0044	3/8/10	3/15/10	\$ 50.00	\$ 50.00			No	No	No	
Irish, Barbara R.	49 Brookside Village	Enfield	CT	06082	Check	0045	3/8/10	3/15/10	\$ 40.00	\$ 40.00			No	No	No	
Jackson III, Richard H.	35 Stillmeadow Lane	Somers	CT	06071	Check	0046	3/8/10	3/15/10	\$ 20.00	\$ 20.00			No	No	No	
Kaupin, Richard C.	2 Starr Lane	Enfield	CT	06082	Check	0047	3/8/10	3/15/10	\$ 25.00	\$ 25.00			No	No	No	
Bacchiocchi, Linda M.	37 Beverly Drive	Somers	CT	06071	Check	0048	3/9/10	3/15/10	\$ 20.00	\$ 20.00			No	No	No	
Nikolov, Nicholas	37 Beverly Drive	Somers	CT	06071	Check	0049	3/10/10	3/15/10	\$ 5.00	\$ 5.00			No	No	No	
Eggert, Celia	6 Glen Road	Granby	CT	06035	Check	0050	3/8/10	3/15/10	\$ 25.00	\$ 25.00			No	No	No	
Mathis, Carol L.	61 Cider Mill Heights	North Granby	CT	06060	Check	0051	3/9/10	3/15/10	\$ 10.00	\$ 10.00			No	No	No	
Mathis, J. Ward	61 Cider Mill Heights	North Granby	CT	06060	Check	0052	3/9/10	3/15/10	\$ 15.00	\$ 15.00			No	No	No	
Chamberland, Maryann	9 Rockland Drive	Enfield	CT	06082	Check	0053	3/3/10	3/15/10	\$ 10.00	\$ 10.00			No	No	No	
Chamberland, Roger	9 Rockland Drive	Enfield	CT	06082	Check	0054	3/3/10	3/15/10	\$ 10.00	\$ 10.00			No	No	No	
Madden, Marjory R.	205 Four Bridges Road	Somers	CT	06071	Check	0055	3/9/10	3/15/10	\$ 100.00	\$ 100.00	Retired	Retired	No	No	No	
Coppolo, Pat E.	55 Ratley Road	West Suffield	CT	06093	Check	0056	3/10/10	3/15/10	\$ 10.00	\$ 10.00			No	No	No	
Dumont, Clemence B.	171 Brainard Road	Enfield	CT	06082	Check	0057	3/10/10	3/15/10	\$ 10.00	\$ 10.00			No	No	No	
Dumont, Michael P.	171 Brainard Road	Enfield	CT	06082	Check	0058	3/10/10	3/15/10	\$ 10.00	\$ 10.00			No	No	No	
Miller, Camille J.	11 Town Line Road	Windsor Locks	CT	06096	Check	0059	3/11/10	3/15/10	\$ 25.00	\$ 25.00			No	No	No	

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE <i>Comm to Re-Elect Senator John A. Kissel</i>	FILING DUE DATE <i>04/12/2010</i>
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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</i> <input type="checkbox"/> No <i>Event #</i>				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			
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</i> <input type="checkbox"/> No <i>Event #</i>				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			
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</i> <input type="checkbox"/> No <i>Event #</i>				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			
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</i> <input type="checkbox"/> No <i>Event #</i>				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			
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</i> <input type="checkbox"/> No <i>Event #</i>				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			
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</i> <input type="checkbox"/> No <i>Event #</i>				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			

C2. Reimbursements or Payments from other Committees

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

SUBTOTAL Section C-This Page

0.00

TOTAL of additional Section C Pages

TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 15 of Summary Page)

0.00

NAME OF COMMITTEE

FILING DUE DATE

Committee to Re-Elect Senator John A. Kissel

04/12/2010

D. Loans Received this Period

Name of Lender				Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate		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	Zip Code	<input type="checkbox"/> Individual <input type="checkbox"/> Other			
Name of Cosigner/Guarantor				Date of Receipt			\$
Street Address	City	State	Zip Code				

Name of Lender				Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate		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	Zip Code	<input type="checkbox"/> Individual <input type="checkbox"/> Other			
Name of Cosigner/Guarantor				Date of Receipt			\$
Street Address	City	State	Zip Code				

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	Method of payment: <input type="checkbox"/> Cash <input 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		Amount		\$ 0.00

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

Date Received	Amount	Date Received	Amount	Total Amount Received
\$1 bills _____	\$5 bills _____	\$1 bills _____	\$5 bills _____	\$ 0.00
coins _____	\$10 bill _____	coins _____	\$10 bill _____	

G. Interest from Deposits in Authorized Accounts

Date Received	Amount	Date Received	Amount	Total Amount Received
03/31/2010	0.35			\$ 0.35
Name of Institution New England Bank		Name of Institution		
Street Address 855 Entfield Street		Street Address		
City Entfield	State CT	Zip Code 06082		

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE Committee to Re-Elect Senator John A. Kissel	FILING DUE DATE 04/12/2010
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H. Public Grant Funds Received from the Citizens' Election Fund

Purpose of Grant:	Date of Receipt	Amount
<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	_____	_____
<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	_____	_____
<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	_____	_____
<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	_____	_____

Total Section H \$ **0.00**

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Street Address	City State Zip Code	
Description		
		\$
Name	Date of Transaction	Amount Received
Street Address	City State Zip Code	
Description		
		\$
Name	Date of Transaction	Amount Received
Street Address	City State 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)	+	0.00
Total Amount of Anonymous Contributions (Section F)	+	0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section G)	+	0.35
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>		0.35

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE <i>Committee to Re-Elect Senator John A. Kissel</i>	FILING DUE DATE <i>04/12/2010</i>
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J1. Fundraising Event Information

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

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 <i>Committee to Re-Elect Senator John A. Kissel</i>	FILING DUE DATE <i>04/12/2010</i>
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J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of Purchaser Last Name (Individuals ONLY)	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	Zip Code	Date Received
Event #				
Items Purchased				
Name of Purchaser Last Name (Individuals ONLY)	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	Zip Code	Date Received
Event #				
Items Purchased				
Name of Purchaser Last Name (Individuals ONLY)	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	Zip Code	Date Received
Event #				
Items Purchased				
Name of Purchaser Last Name (Individuals ONLY)	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	Zip Code	Date Received
Event #				
Items Purchased				
Name of Purchaser Last Name (Individuals ONLY)	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	Zip Code	Date Received
Event #				
Items Purchased				
Name of Purchaser Last Name (Individuals ONLY)	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	Zip Code	Date Received
Event #				
Items Purchased				
Name of Purchaser Last Name (Individuals ONLY)	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	Zip Code	Date Received
Event #				
Items Purchased				
SUBTOTAL Section J2-This Page				<i>0.00</i>
TOTAL of additional Section J2 Pages				
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>				<i>0.00</i>

II. FUNDRAISING ACTIVITY

NAME OF COMMITTEE Committee to Re-Elect Senator John A. Kissel	FILING DUE DATE 04/12/2010
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J3. In-Kind Donations Not Considered Contributions

Name of Donor	Donation given by:	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #
Street Address	City	State	Zip Code
Description of donation			Date Received
Aggregate value for this event			Event #
SUBTOTAL Section J3-This Page			0.00
TOTAL of additional Section J3 Pages			
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 Committee to Re-Elect Senator John A. Kisse	FILING DUE DATE 04/12/2010
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K. In-Kind Contributions

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	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	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution		Aggregate contributions		

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	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	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution		Aggregate contributions		

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	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	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution		Aggregate contributions		

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	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	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution		Aggregate contributions		

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	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	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution		Aggregate contributions		

SUBTOTAL Section K-This Page **0.00**

TOTAL of additional Section K Pages

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	Zip Code			
Name of telephone company							
Street Address		City	State	Zip Code			

Total Section L (Enter total on Line 24 of Summary Page) **0.00**

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Committee to Re-Elect Senator Felix A. Kissel						04/12/2010	
N. Expenses Paid by Committee							
Name of Payee				Date of Payment		Method of Payment	Amount
Harland Clarke				03/31/10		<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	Purpose of Expenditure (by code)		Event #
10931 Laureate Dr.		San Antonio	TX	78249	OFFICE		
Description							
Check Order							
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes (If yes, complete candidate name and office sought)							
<input checked="" type="checkbox"/> No							\$ 16.85
Name of Payee				Date of Payment		Method of Payment	Amount
Harland Clarke				03/31/10		<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	Purpose of Expenditure (by code)		Event #
10931 Laureate Dr.		San Antonio	TX	78249	OFFICE		
Description							
For Deposit Only Stamp							
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes (If yes, complete candidate name and office sought)							
<input checked="" type="checkbox"/> No							\$ 28.31
Name of Payee				Date of Payment		Method of Payment	Amount
						<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	Purpose of Expenditure (by code)		Event #
Description							
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes (If yes, complete candidate name and office sought)							
<input type="checkbox"/> No							\$
Name of Payee				Date of Payment		Method of Payment	Amount
						<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	Purpose of Expenditure (by code)		Event #
Description							
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes (If yes, complete candidate name and office sought)							
<input type="checkbox"/> No							\$
Name of Payee				Date of Payment		Method of Payment	Amount
						<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	Purpose of Expenditure (by code)		Event #
Description							
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes (If yes, complete candidate name and office sought)							
<input type="checkbox"/> No							\$
SUBTOTAL Section N-This Page						45.16	
TOTAL of additional Section N Pages							
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page)						45.16	

IV. EXPENDITURES

NAME OF COMMITTEE Committee to Re-Elect Senator John A. Kissel	FILING DUE DATE 04/12/2010
--	--------------------------------------

O. Campaign Expenses Paid by Candidate

Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					

SUBTOTAL Section O-This Page 0.00

TOTAL of additional Section O Pages

TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 27 of Summary Page) 0.00

IV. EXPENDITURES

NAME OF COMMITTEE

FILING DUE DATE

Committee to Re-Elect Senator John A. Kissel

04/12/2010

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
Street Address		City	State	Zip Code		
Purpose of Expenditure (by code)		Description		Event #		
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure (by code)		Description		Event #		
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure (by code)		Description		Event #		
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure (by code)		Description		Event #		
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure (by code)		Description		Event #		
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure (by code)		Description		Event #		
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure (by code)		Description		Event #		
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure (by code)		Description		Event #		
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure (by code)		Description		Event #		
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure (by code)		Description		Event #		
SUBTOTAL Section P-This Page					<i>0.00</i>	
TOTAL of additional Section P Pages						
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 28 of Summary Page)					<i>0.00</i>	

IV. EXPENDITURES

NAME OF COMMITTEE

FILING DATE

Committee to Re-Elect Senator John A. Kissel

04/12/2010

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

Name of Creditor				Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address		City	State	Zip Code		
Purpose of Expenditure (by code)	Description			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <i>(If yes, complete candidate name and office sought)</i> <input type="checkbox"/> No				Other Candidate(s) Name Office Sought		
Name of Creditor				Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address		City	State	Zip Code		
Purpose of Expenditure (by code)	Description			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <i>(If yes, complete candidate name and office sought)</i> <input type="checkbox"/> No				Other Candidate(s) Name Office Sought		
Name of Creditor				Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address		City	State	Zip Code		
Purpose of Expenditure (by code)	Description			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <i>(If yes, complete candidate name and office sought)</i> <input type="checkbox"/> No				Other Candidate(s) Name Office Sought		
Name of Creditor				Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address		City	State	Zip Code		
Purpose of Expenditure (by code)	Description			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <i>(If yes, complete candidate name and office sought)</i> <input type="checkbox"/> No				Other Candidate(s) Name Office Sought		
Name of Creditor				Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address		City	State	Zip Code		
Purpose of Expenditure (by code)	Description			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <i>(If yes, complete candidate name and office sought)</i> <input type="checkbox"/> No				Other Candidate(s) Name Office Sought		
SUBTOTAL Section Q-This Page						<i>0.00</i>
TOTAL of additional Section Q Pages						
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 29 of Summary Page)</i>						<i>0.00</i>
Previously reported Expenses Unpaid and still Outstanding						<i>+ 0.00</i>
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 29a of Summary Page)</i>						<i>0.00</i>

IV. EXPENDITURES

NAME OF COMMITTEE: Committee to Re-Elect Senator John A. Kisse FILING DUE DATE: 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

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	Zip Code
Description			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 type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$

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	Zip Code
Description			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 type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$

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	Zip Code
Description			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 type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$

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	Zip Code
Description			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 type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$

SUBTOTAL Section R-This Page 0.00

TOTAL of additional Section R Pages

TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS 0.00

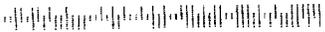
NAME OF COMMITTEE	FILING DATE
Committee to Re-Elect Senator John A. Kissel	04/12/2010

S. Surplus Distribution of Equipment and Furniture

Name of Recipient	Original Purchase Amount of Item	
Street Address		
City		
State		
Zip Code		
Description of Item		
Name of Recipient		
Street Address		
City		
State		
Zip Code		
Description of Item		
Name of Recipient		
Street Address		
City		
State		
Zip Code		
Description of Item		
Name of Recipient		
Street Address		
City		
State		
Zip Code		
Description of Item		
Name of Recipient		
Street Address		
City		
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Zip Code		
Description of Item		
Name of Recipient		
Street Address		
City		
State		
Zip Code		
Description of Item		
Name of Recipient		
Street Address		
City		
State		
Zip Code		
Description of Item		
Name of Recipient		
Street Address		
City		
State		
Zip Code		
Description of Item		
Name of Recipient		
Street Address		
City		
State		
Zip Code		
Description of Item		
SUBTOTAL Section S		0.00

5C Mr. Sc
9 Allen
Enfield

CERTIFIED MAIL™



7008 0150 0002 6615 7307



1000



06106

U.S. POSTAGE
PAID
FARMINGTON, CT
06032
APR 12 10
AMOUNT

\$6.49
00032545-01

FIRST CLASS

State Elections Enforcement Commission
Campaign Finance Disclosure Unit
20 Trinity Street, 3rd Floor
Hartford, CT 06106

Committee to Re-Elect Senator John A. Kissel - April 12, 2010 Filing

Last Name, First Name	Address	City	State	Zip	Method	ID #	Check Deposit		Amount	Aggregate	Occupation	Employer	Event	Event	Contractor	Lobbyist Spouse Dependent
							Section J1	#								
McGurk, William J.	21 Still Meadow Lane	Somers	CT	06071	Check	0060	3/8/10	3/15/10	\$ 50.00	\$ 50.00			No		No	No
Grip, Gladys M.	38 Brewster Road	Enfield	CT	06082	Check	0061	3/9/10	3/15/10	\$ 25.00	\$ 25.00			No		No	No
Grip, Michael	38 Brewster Road	Enfield	CT	06082	Check	0062	3/9/10	3/15/10	\$ 25.00	\$ 25.00			No		No	No
Wawer, David J.	34 Carriage Drive	Enfield	CT	06082	Check	0063	3/11/10	3/15/10	\$ 100.00	\$ 100.00	Consultant	Self Employed	No		No	No
Porter-Zogran, Katherine Ann	1320 SE Riverside Drive	Stuart	FL	34996	Check	0064	3/11/10	3/22/10	\$ 50.00	\$ 50.00			No		No	No
Salva, Paul S.	17 Twinbrook Drive	Somers	CT	06071	Check	0065	3/13/10	3/22/10	\$ 50.00	\$ 50.00			No		No	No
Bertrand, Gilles	25 Devine Road	Suffield	CT	06078	Check	0066	3/15/10	3/22/10	\$ 100.00	\$ 100.00	Trailer Sales	Atlantic Coast Trailers	No		No	No
Bellomo, Paul J.	157 Brainard Road	Enfield	CT	06082	Check	0067	3/16/10	3/22/10	\$ 5.00	\$ 5.00			No		No	No
Tebbetts, Rollin S.	6215 Bigelow Commons	Enfield	CT	06082	Check	0068	3/16/10	3/22/10	\$ 25.00	\$ 25.00			No		No	No
Sweeney, Ian J.	13 Buchanan Road	Enfield	CT	06082	Check	0069	3/10/10	3/22/10	\$ 50.00	\$ 50.00			No		No	No
Sweeney, Kimberley A.	13 Buchanan Road	Enfield	CT	06082	Check	0070	3/10/10	3/22/10	\$ 50.00	\$ 50.00			No		No	No
Reynolds, Thomas F.	122 Old West Mountain Road	Ridgefield	CT	06877	Check	0071	3/14/10	3/22/10	\$ 100.00	\$ 100.00	CPA	Reynolds & Ravella, LLP	No		No	No
Levasseur, Wayne M.	21 Breezy Hill Road	South Windsor	CT	06074	Check	0072	3/15/10	3/22/10	\$ 100.00	\$ 100.00	Optometrist	Self Employed	No		No	No
Ferrari, Richard F.	9 Carriage Lane	East Granby	CT	06026	Check	0073	3/14/10	3/26/10	\$ 25.00	\$ 25.00			No		No	No
Ferrari, Linda A.	9 Carriage Lane	East Granby	CT	06026	Check	0074	3/18/10	3/26/10	\$ 25.00	\$ 25.00			No		No	No
Imswiler, Rev. Earl E.	482 Remington Street	Suffield	CT	06078	Check	0075	3/18/10	3/26/10	\$ 50.00	\$ 50.00			No		No	No
Oneil, Allan F.	23 Gordon Avenue	Enfield	CT	06082	Check	0076	3/8/10	3/26/10	\$ 10.00	\$ 10.00			No		No	No
Kissel, Ann Marie	82 Bailey Circle	South Windsor	CT	06074	Check	0077	3/20/10	3/26/10	\$ 25.00	\$ 25.00			No		No	No
Kissel, John C.	82 Bailey Circle	South Windsor	CT	06074	Check	0078	3/20/10	3/26/10	\$ 25.00	\$ 25.00			No		No	No
Guglielmo, D. Anthony	100 Stafford Street	Stafford Springs	CT	06076	Check	0079	3/21/10	3/26/10	\$ 50.00	\$ 50.00			No		No	No
Brislin, James B.	43 Oakwood Street	Enfield	CT	06082	Check	0080	3/25/10	3/26/10	\$ 100.00	\$ 100.00	Staff Assistant	Family Institute of CT	No		No	No
Leahy, Wendy E.	26 Standish Street	Enfield	CT	06082	Check	0081	3/25/10	3/26/10	\$ 20.00	\$ 20.00			No		No	No
Nelson, Jo-Marie	48 Laughlin Road	Enfield	CT	06082	Check	0082	3/25/10	3/26/10	\$ 33.00	\$ 33.00			No		No	No
Nelson, Kenneth R.	48 Laughlin Road	Enfield	CT	06082	Check	0083	3/26/10	3/26/10	\$ 33.00	\$ 33.00			No		No	No
Lee, Geraldine R.	23 Tyler Road	Enfield	CT	06082	Check	0084	3/20/10	3/31/10	\$ 5.00	\$ 5.00			No		No	No
Lee, William G.	23 Tyler Road	Enfield	CT	06082	Check	0085	3/20/10	3/31/10	\$ 5.00	\$ 5.00			No		No	No
Alaimo, Charles F.	7 Wood Drive	Enfield	CT	06082	Check	0086	3/26/10	3/31/10	\$ 25.00	\$ 25.00			No		No	No
Alaimo, Carmelina	9 Valley View Circle	Enfield	CT	06082	Check	0087	3/27/10	3/31/10	\$ 20.00	\$ 20.00			No		No	No
Alaimo, Francis	9 Valley View Circle	Enfield	CT	06082	Check	0088	3/27/10	3/31/10	\$ 20.00	\$ 20.00			No		No	No
Chagnon, Robert M.	4 Monroe Road	Enfield	CT	06082	Check	0089	3/27/10	3/31/10	\$ 35.00	\$ 35.00			No		No	No
Kaupin, Scott R.	9 Allen Street	Enfield	CT	06082	Check	0090	3/28/10	3/31/10	\$ 50.00	\$ 50.00			No		No	No
Hosley, Stuart W.	6 Celtic Court	Enfield	CT	06082	Check	0091	3/26/10	3/31/10	\$ 100.00	\$ 100.00	Retired	Retired	No		No	No
Jonaitis, Peter A.	3 Farmstead Circle	Enfield	CT	06082	Check	0092	3/29/10	3/31/10	\$ 16.66	\$ 16.66			No		No	No
Baran, Helene R.	29 Parsons Road	Enfield	CT	06082	Check	0093	3/29/10	3/31/10	\$ 10.00	\$ 10.00			No		No	No
Total for the Period:									\$3,667.66	\$ 3,667.66						