



**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 Kisse I	07/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	3,622.85	
14. Contributions received from Individuals (Sections A and B)	4,605.00	8,272.66
15. Receipts from Other Committees (Sections C1 +C2)	0.00	0.00
16. Other Monetary Receipts (Sections D-I)	2.72	3.07
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)	4,607.72	8,275.73
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	8,230.57	8,275.73
20. Expenses Paid by Committee (Section N)	2,334.99	2,380.15
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both Columns)	5,895.58	5,895.58
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)	222.58	222.58
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	

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE: Committee to Re-Elect Senator John A. Kisse FILING DUE DATE: 07/12/2010

A. Total Contributions from Small Contributors-Received this Period ONLY  
 (See instructions for definition of Small Contributor) Subtotal Section A \$ 0.00

B. Itemized Contributions from Individuals

Last Name <u>See Attached</u>	First	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID #	Amount of Contribution
Residential Street Address	City	State	Zip Code	Date Received	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		Aggregate contributions	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions	

Last Name	First	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID #	Amount of Contribution
Residential Street Address	City	State	Zip Code	Date Received	
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Last Name	First	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID #	Amount of Contribution
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Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions	

SUBTOTAL Section B-This Page

TOTAL of all Section B Pages

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)

4605.00  
4605.00

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

Last Name, First Name	Address	City	State	Zip	Method	ID #	Check	Deposit	Amount	Aggregate	Occupation	Employer	Event	Event	Lobbyist Spouse
							Date	Date					Section J1	# Contractor	
Alaimo, Charles B	9 Orbit Drive	Enfield	CT	06082	Check	0094	4/1/10	4/13/10	\$ 50.00	\$ 50.00			No	No	No
Turner, Mary Ann	7 Meadow Road	Enfield	CT	06082	Check	0095	4/1/10	4/13/10	\$ 25.00	\$ 25.00			No	No	No
Aieskwiw, Raymond G	1 Leary Road	Enfield	CT	06082	Check	0096	4/8/10	4/13/10	\$ 20.00	\$ 20.00			No	No	No
Stroiney, Thomas A	7 Crescent Beach Drive	Enfield	CT	06082	Cash	0097	4/8/10	4/13/10	\$ 50.00	\$ 50.00			No	No	No
Laureno, Laurence M	8 Saddle Drive	East Granby	CT	06026	Check	0098	4/14/10	4/26/10	\$ 100.00	\$ 100.00	Salesman	Sanford & Hawley	No	No	No
Orr, Jr., Howard W	12 Harmon Drive	Suffield	CT	06078	Check	0099	4/14/10	4/26/10	\$ 25.00	\$ 25.00			No	No	No
Stanio, Sylvia	346 Abbe Road	Enfield	CT	06082	Check	0100	4/18/10	4/26/10	\$ 25.00	\$ 25.00			No	No	No
Keeney, Timothy R E	57 Maple Street	Somersville	CT	06072	Check	0101	4/26/10	5/3/10	\$ 50.00	\$ 50.00			No	No	No
Fusco, Richard D	7 Fairfield Road	Enfield	CT	06082	Check	0102	4/28/10	5/3/10	\$ 50.00	\$ 50.00			No	No	No
Angers, Suzanne M	1 Margaret Street	Enfield	CT	06082	Check	0103	4/29/10	5/3/10	\$ 30.00	\$ 30.00			No	No	No
Comer-Chagnon, June	4 Monroe Road	Enfield	CT	06082	Check	0104	4/29/10	5/3/10	\$ 25.00	\$ 25.00			No	No	No
Kuczarski, Elaine T	21 Parsons Road	Somers	CT	06071	Check	0105	4/15/10	5/3/10	\$ 50.00	\$ 50.00			No	No	No
Kuczarski, Glenn F	21 Parsons Road	Somers	CT	06071	Check	0106	4/27/10	5/3/10	\$ 50.00	\$ 50.00			No	No	No
McGuire, Edward J	17 Charnley Road	Enfield	CT	06082	Check	0107	5/1/10	5/19/10	\$ 50.00	\$ 50.00			No	No	No
Colton, Charles L	12 Kelly Lane	Granby	CT	06035	Check	0108	5/5/10	5/19/10	\$ 25.00	\$ 25.00			No	No	No
Colton, Nancy B	12 Kelly Lane	Granby	CT	06035	Check	0109	5/5/10	5/19/10	\$ 25.00	\$ 25.00			No	No	No
Duncan, Robert N	91 North Granby Road	Granby	CT	06035	Check	0110	5/1/10	5/19/10	\$ 50.00	\$ 50.00			No	No	No
Guilmartin, Joseph S	759 Hale Street	Suffield	CT	06078	Check	0111	5/12/10	5/19/10	\$ 50.00	\$ 50.00			No	No	No
Ballard, Elizabeth A	321 Abbe Road	Enfield	CT	06082	Check	0112	5/13/10	5/19/10	\$ 15.00	\$ 15.00			No	No	No
Duncan, Edith	91 North Granby Road	Granby	CT	06035	Check	0113	5/13/10	5/19/10	\$ 50.00	\$ 50.00			No	No	No
Troiano Walker, Cheryl	72 Bridle Path Drive	Somers	CT	06071	Check	0114	5/15/10	5/19/10	\$ 100.00	\$ 100.00	Homemaker	None	No	No	No
Neumann, Mark	29 Burleigh Drive	Granby	CT	06035	Check	0115	5/16/10	5/19/10	\$ 30.00	\$ 30.00			No	No	No
Glazier, Lois Jean	167 Taft Lane	Windsor Locks	CT	06096	Check	0116	3/25/10	5/29/10	\$ 30.00	\$ 30.00			No	No	No
Hemmeler, Kelly	10 Hartford Avenue	Enfield	CT	06082	Check	0117	3/26/10	5/29/10	\$ 10.00	\$ 10.00			No	No	No
Oates, James W	330 North Granby Road	North Granby	CT	06060	Check	0118	5/24/10	5/29/10	\$ 100.00	\$ 100.00	Retired	Retired	No	No	No
Giustina, Bart D	1052 Enfield Street	Enfield	CT	06082	Check	0119	5/25/10	5/29/10	\$ 5.00	\$ 5.00			No	No	No
Giustina, Jodi A	1052 Enfield Street	Enfield	CT	06082	Check	0120	5/25/10	5/29/10	\$ 5.00	\$ 5.00			No	No	No
Sheehan, Janet M	3 Harding Circle	Enfield	CT	06082	Check	0121	5/26/10	6/5/10	\$ 10.00	\$ 10.00			No	No	No
Sheehan, Mark T	3 Harding Circle	Enfield	CT	06082	Check	0122	5/26/10	6/5/10	\$ 10.00	\$ 10.00			No	No	No
Slade, Timothy R	79 Brewster Road	Enfield	CT	06082	Check	0123	5/28/10	6/5/10	\$ 10.00	\$ 10.00			No	No	No
Willoughby, David	28 Holcomb Hill Road	West Granby	CT	06090	Check	0124	5/28/10	6/5/10	\$ 50.00	\$ 50.00			No	No	No
Mailman, Lila A	86 Douglas Road	Enfield	CT	06082	Check	0125	6/1/10	6/5/10	\$ 50.00	\$ 50.00			No	No	No
Willoughby, Patricia D	28 Holcomb Hill Road	West Granby	CT	06090	Check	0126	6/1/10	6/5/10	\$ 50.00	\$ 50.00			No	No	No
Remington, Dianne R	953 River Blvd	Suffield	CT	06078	Check	0127	6/2/10	6/5/10	\$ 25.00	\$ 25.00			No	No	No
Remington, Eric B	953 River Blvd	Suffield	CT	06078	Check	0128	6/2/10	6/5/10	\$ 25.00	\$ 25.00			No	No	No
Tria, Amy M	18 Poplar Street	Windsor Locks	CT	06096	Check	0129	6/3/10	6/12/10	\$ 50.00	\$ 50.00			No	No	No
Reed, David	32 Mountain View Road	Somers	CT	06071	Check	0130	6/5/10	6/12/10	\$ 100.00	\$ 100.00	Retired	Retired	No	No	No
Hemmeler, Clifford	10 Hartford Avenue	Enfield	CT	06082	Check	0131	6/7/10	6/12/10	\$ 10.00	\$ 10.00			No	No	No
Pallotta, Benedetto J	43 Parker Street	Enfield	CT	06082	Check	0132	6/9/10	6/12/10	\$ 10.00	\$ 10.00			No	No	No
Pallotta, Seraphina M	43 Parker Street	Enfield	CT	06082	Check	0133	6/9/10	6/12/10	\$ 10.00	\$ 10.00			No	No	No
Spevacek, Linda	24 Holcomb Ridge	West Granby	CT	06090	Cash	0134	6/11/10	6/21/10	\$ 20.00	\$ 20.00			No	No	No
Fealy, Kevin P	6 Meade Lane	Enfield	CT	06082	Check	0135	6/1/10	6/21/10	\$ 25.00	\$ 25.00			No	No	No
Wilke, Alfred G	124 Higley Road	West Granby	CT	06090	Check	0136	6/12/10	6/21/10	\$ 50.00	\$ 50.00			No	No	No
Wilke, Helen M	124 Higley Road	West Granby	CT	06090	Check	0137	6/12/10	6/21/10	\$ 50.00	\$ 50.00			No	No	No
Troiano, Anthony	1364 Enfield Street	Enfield	CT	06082	Check	0138	6/13/10	6/21/10	\$ 100.00	\$ 100.00	Owner	A. Troiano & Sons, Inc.	No	No	No
Troiano, Lillian	1364 Enfield Street	Enfield	CT	06082	Check	0139	6/13/10	6/21/10	\$ 100.00	\$ 100.00	Owner	A. Troiano & Sons, Inc.	No	No	No
Tolli, David W	72 Buttles Road	Granby	CT	06035	Check	0140	6/17/10	6/21/10	\$ 100.00	\$ 100.00	Retired	Retired	No	No	No
Baillard, William J	321 Abbe Road	Enfield	CT	06082	Check	0141	6/16/10	6/25/10	\$ 25.00	\$ 25.00			No	No	No
Johnston, Robert E	92 Carriage House	Enfield	CT	06082	Check	0142	6/18/10	6/25/10	\$ 10.00	\$ 10.00			No	No	No
Szczesiul, Audrey E	43 Fletcher Road	Enfield	CT	06082	Check	0143	6/20/10	6/25/10	\$ 50.00	\$ 50.00			No	No	No
LaRosa, Dawn	37 Litchfield Drive	Enfield	CT	06082	Cash	0144	6/21/10	6/25/10	\$ 10.00	\$ 10.00			No	No	No
LaRosa, Maurice	37 Litchfield Drive	Enfield	CT	06082	Cash	0145	6/21/10	6/25/10	\$ 10.00	\$ 10.00			No	No	No
Szczesiul, Patrick S	43 Fletcher Road	Enfield	CT	06082	Check	0146	6/21/10	6/25/10	\$ 25.00	\$ 25.00			No	No	No
Woods, Charles E	11 Westerly Drive	Enfield	CT	06082	Check	0147	6/21/10	6/25/10	\$ 100.00	\$ 100.00	Retired	Retired	No	No	No
Hayden, Edward	30 South Road	Enfield	CT	06082	Cash	0148	6/22/10	6/25/10	\$ 5.00	\$ 5.00			No	No	No
Hayden, Kathleen	30 South Road	Enfield	CT	06082	Cash	0149	6/23/10	6/25/10	\$ 5.00	\$ 5.00			No	No	No
Starr, Susan S	383 Elm Street	Enfield	CT	06082	Cash	0150	6/24/10	6/30/10	\$ 100.00	\$ 200.00	Retired	Retired	No	No	No
Reynolds, Timothy J.	192 Quail Run Road	Suffield	CT	06078	Check	0151	6/24/10	6/30/10	\$ 25.00	\$ 25.00			No	No	No
Helechu, Michael W	31 Elm Meadows	Enfield	CT	06082	Check	0152	6/25/10	6/30/10	\$ 50.00	\$ 50.00			No	No	No

Committee to Re-Elect Senator John A. Kissel - July 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
							Date	Date					Section J1	#		
St. John, Russell G	13 Boxwood Court	Granby	CT	06035	Check	0153	6/25/10	6/30/10	\$ 25.00	\$ 50.00			No		No	No
Cimino, Mildred	8 Rockland Drive	Enfield	CT	06082	Check	0154	6/18/10	6/30/10	\$ 20.00	\$ 20.00			No		No	No
Nowak, Tophie K	30 Powder Ridge Road	Enfield	CT	06082	Check	0155	6/20/10	6/30/10	\$ 20.00	\$ 20.00			No		No	No
Sheridan, Lillian	13 Briarwood Drive	Enfield	CT	06082	Cash	0156	6/21/10	6/30/10	\$ 5.00	\$ 5.00			No		No	No
Diana, Vincent P	6418 Bigelow Commons	Enfield	CT	06082	Check	0157	6/22/10	6/30/10	\$ 25.00	\$ 25.00			No		No	No
Stanio, Raymond F	346 Abbe Road	Enfield	CT	06082	Check	0158	6/22/10	6/30/10	\$ 5.00	\$ 5.00			No		No	No
Duren, Ann K	20 Carney Road	Enfield	CT	06082	Check	0159	6/23/10	6/30/10	\$ 10.00	\$ 10.00			No		No	No
Duren, Charles A	20 Carney Road	Enfield	CT	06082	Check	0160	6/23/10	6/30/10	\$ 10.00	\$ 10.00			No		No	No
Cote, Randall M	6 Flicker Lane	Enfield	CT	06082	Check	0161	6/24/10	6/30/10	\$ 10.00	\$ 10.00			No		No	No
Egan, Alice M	34 High Meadow Lane	Enfield	CT	06082	Check	0162	6/24/10	6/30/10	\$ 25.00	\$ 25.00			No		No	No
Orr, Jr., Howard W	12 Harmon Drive	Suffield	CT	06078	Cash	0163	6/24/10	6/30/10	\$ 20.00	\$ 45.00			No		No	No
Dodd, Carol A	947 Enfield Street	Enfield	CT	06082	Check	0164	6/25/10	6/30/10	\$ 10.00	\$ 10.00			No		No	No
Dodd, Frank P	947 Enfield Street	Enfield	CT	06082	Check	0165	6/25/10	6/30/10	\$ 10.00	\$ 10.00			No		No	No
Yakoubian, Cynthia	270 Abbe Road	Enfield	CT	06082	Cash	0166	6/25/10	6/30/10	\$ 5.00	\$ 5.00			No		No	No
Yakoubian, Thomas	270 Abbe Road	Enfield	CT	06082	Cash	0167	6/25/10	6/30/10	\$ 5.00	\$ 5.00			No		No	No
Mocabee, Arthur W	70 Wolcott Road	Bristol	CT	06010	Check	0168	6/25/10	6/30/10	\$ 25.00	\$ 25.00			No		No	No
Santoski, Carol S	102 North Maple St., Unit 13A	Enfield	CT	06082	Check	0169	6/26/10	6/30/10	\$ 25.00	\$ 25.00			No		No	No
Webster, Elizabeth L	6 Copper Hill Terrace	East Granby	CT	06026	Check	0170	6/26/10	6/30/10	\$ 25.00	\$ 25.00			No		No	No
Glazier, Douglas C	167 Taft Lane	Windsor Locks	CT	06096	Check	0171	6/28/10	6/30/10	\$ 30.00	\$ 30.00			No		No	No
Glazier, Lois Jean	167 Taft Lane	Windsor Locks	CT	06096	Check	0172	6/28/10	6/30/10	\$ 20.00	\$ 50.00			No		No	No
Miller, Camille J	11 Town Line Road	Windsor Locks	CT	06096	Check	0173	6/29/10	6/30/10	\$ 25.00	\$ 50.00			No		No	No
Albert, Kimberly A	229 Columbia Road	Enfield	CT	06082	Check	0174	6/29/10	7/2/10	\$ 10.00	\$ 10.00			No		No	No
Croteau, Mary W	61 Sword Avenue	Enfield	CT	06082	Check	0175	6/29/10	7/2/10	\$ 20.00	\$ 20.00			No		No	No
Falk, Karen H	53 Neelans Road	Enfield	CT	06082	Check	0176	6/29/10	7/2/10	\$ 100.00	\$ 100.00	Retired	Retired	No		No	No
Falk, Peter J	53 Neelans Road	Enfield	CT	06082	Check	0177	6/29/10	7/2/10	\$ 25.00	\$ 25.00			No		No	No
Keller, James A	22 Fletcher Road	Enfield	CT	06082	Check	0178	6/29/10	7/2/10	\$ 5.00	\$ 5.00			No		No	No
Stanko, J. Robert	55 Sharren Lane	Enfield	CT	06082	Check	0179	6/29/10	7/2/10	\$ 25.00	\$ 25.00			No		No	No
Tkacz, Robert W	Box 296	Enfield	CT	06082	Check	0180	6/29/10	7/2/10	\$ 10.00	\$ 10.00			No		No	No
Tracy, Theresa	1 Bridge Lane	Enfield	CT	06082	Check	0181	6/29/10	7/2/10	\$ 50.00	\$ 50.00			No		No	No
Alaimo, Carmelina	9 Valley View Circle	Enfield	CT	06082	Check	0182	6/30/10	7/2/10	\$ 25.00	\$ 45.00			Yes	A	No	No
Alaimo, Francis	9 Valley View Circle	Enfield	CT	06082	Check	0183	6/30/10	7/2/10	\$ 25.00	\$ 45.00			Yes	A	No	No
Alaimo, Dominic	16 New Street	Enfield	CT	06082	Check	0184	6/30/10	7/2/10	\$ 25.00	\$ 25.00			Yes	A	No	No
Antkowiak, Jon P	102 Petersen Road	Granby	CT	06035	Check	0185	6/30/10	7/2/10	\$ 100.00	\$ 100.00	Attorney	Law Offices Cynthia Jaworski	Yes	A	No	No
Bellomo, Paul	157 Brainard Road	Enfield	CT	06082	Cash	0186	6/30/10	7/2/10	\$ 20.00	\$ 25.00			Yes	A	No	No
Callahan, Tisha	10 New Street	Enfield	CT	06082	Check	0187	6/30/10	7/2/10	\$ 25.00	\$ 25.00			Yes	A	No	No
Cline, Nicole M	115 Fisher Road	Middletown	CT	06457	Check	0188	6/30/10	7/2/10	\$ 20.00	\$ 20.00			Yes	A	No	No
Colle, Marc V	288 Broadbrook Road, #3D	Enfield	CT	06082	Cash	0189	6/30/10	7/2/10	\$ 100.00	\$ 100.00	Retired	Retired	Yes	A	No	No
Daigneau, Lisa	244 Pearl Street	Enfield	CT	06082	Cash	0190	6/30/10	7/2/10	\$ 10.00	\$ 10.00			Yes	A	No	No
Daigneau, Michael	244 Pearl Street	Enfield	CT	06082	Cash	0191	6/30/10	7/2/10	\$ 10.00	\$ 10.00			Yes	A	No	No
Gregory, Ronald J	444 Taylor Road	Enfield	CT	06082	Check	0192	6/30/10	7/2/10	\$ 10.00	\$ 10.00			No		No	No
Gregory, Susan M	27 Partridge Hill Lane	Essex	CT	06426	Check	0193	6/30/10	7/2/10	\$ 25.00	\$ 25.00			Yes	A	No	No
Hall, Carol	14 Long Hollow Road	Enfield	CT	06082	Check	0194	6/30/10	7/2/10	\$ 25.00	\$ 25.00			Yes	A	No	No
Hall, Fred	14 Long Hollow Road	Enfield	CT	06082	Check	0195	6/30/10	7/2/10	\$ 25.00	\$ 25.00			Yes	A	No	No
Hamilton, Doug	5 Ahern Avenue	Windsor Locks	CT	06096	Cash	0196	6/30/10	7/2/10	\$ 5.00	\$ 5.00			No		No	No
Hamilton, Nelda	5 Ahern Avenue	Windsor Locks	CT	06096	Cash	0197	6/30/10	7/2/10	\$ 5.00	\$ 5.00			No		No	No
Hemingway, J Callender	10 Granville Road	North Granby	CT	06060	Check	0198	6/30/10	7/2/10	\$ 50.00	\$ 50.00			Yes	A	No	No
Kaupin, Scott R	9 Allen Street	Enfield	CT	06082	Check	0199	6/30/10	7/2/10	\$ 25.00	\$ 75.00			Yes	A	No	No
Keeney, Timothy R.E	57 Maple Street	Somers	CT	06072	Check	0200	6/30/10	7/2/10	\$ 25.00	\$ 75.00			Yes	A	No	No
Kissel, Ann Marie	82 Bailey Circle	South Windsor	CT	06074	Check	0201	6/30/10	7/2/10	\$ 50.00	\$ 75.00			Yes	A	No	No
Kissel, John C	82 Bailey Circle	South Windsor	CT	06074	Check	0202	6/30/10	7/2/10	\$ 50.00	\$ 75.00			Yes	A	No	No
Kissel, Michael H	20 Lennox Avenue	Windsor	CT	06095	Check	0203	6/30/10	7/2/10	\$ 25.00	\$ 25.00			Yes	A	No	No
Knickerbocker, Richard E	110 Capen Street	Windsor	CT	06095	Cash	0204	6/30/10	7/2/10	\$ 40.00	\$ 40.00			Yes	A	No	No
Lee, William F	6 Stony Brooks Road	Enfield	CT	06082	Check	0205	6/30/10	7/2/10	\$ 20.00	\$ 30.00			Yes	A	No	No
McAvoy, Kenneth C.	95 Sisson Avenue, 1st Floor	Hartford	CT	06106	Check	0206	6/30/10	7/2/10	\$ 25.00	\$ 25.00			Yes	A	No	No
Nabors, Paul A	125 Shaker Road	Enfield	CT	06082	Check	0207	6/30/10	7/2/10	\$ 25.00	\$ 25.00			Yes	A	No	No
Nash, Leroy E.	2 Quail Hollow	Enfield	CT	06082	Check	0208	6/30/10	7/2/10	\$ 25.00	\$ 25.00			Yes	A	No	No
Nash, Sandra A	2 Quail Hollow	Enfield	CT	06082	Check	0209	6/30/10	7/2/10	\$ 25.00	\$ 25.00			Yes	A	No	No
Peckinpugh, Janet	7 Pratt Street	Essex	CT	06426	Check	0210	6/30/10	7/2/10	\$ 25.00	\$ 25.00			Yes	A	No	No
Pestana, Kierstan V.	12 Salerno Drive	Enfield	CT	06082	Check	0211	6/30/10	7/2/10	\$ 10.00	\$ 10.00			No		No	No

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

Last Name, First Name	Address	City	State	Zip	Method	ID #	Check		Deposit		Occupation	Employer	Event	Event	Contractor	Lobbyist
							Date	Date	Amount	Aggregate			Section J1	#		Spouse
Pestana, Michael	12 Salerno Drive	Enfield	CT	06082	Check	0212	6/30/10	7/2/10	\$ 10.00	\$ 10.00			No		No	No
Pizzimenti, John	126 Rose Haven Road	Somers	CT	06071	Check	0213	6/30/10	7/2/10	\$ 100.00	\$ 100.00	Manager	Somers Sanitation Services	Yes	A	No	No
Royston, Peter	18 Poplar Street	Windsor Locks	CT	06096	Cash	0214	6/30/10	7/2/10	\$ 5.00	\$ 5.00			No		No	No
Salvari, Sylvia	23 North Main Street	Enfield	CT	06082	Cash	0215	6/30/10	7/2/10	\$ 25.00	\$ 25.00			Yes	A	No	No
Stokes, Dawn M	10 Steele Road	Enfield	CT	06082	Check	0216	6/30/10	7/2/10	\$ 25.00	\$ 25.00			Yes	A	No	No
Stokes, Gregory T	10 Steele Road	Enfield	CT	06082	Check	0217	6/30/10	7/2/10	\$ 25.00	\$ 25.00			Yes	A	No	No
Tracy, Julie N	1 Hathaway Avenue	Enfield	CT	06082	Check	0218	6/30/10	7/2/10	\$ 50.00	\$ 50.00			No		No	No
Tria, Helen	4 Ahern Avenue	Windsor Locks	CT	06096	Cash	0219	6/30/10	7/2/10	\$ 5.00	\$ 5.00			No		No	No
Tria, Joe	4 Ahern Avenue	Windsor Locks	CT	06096	Cash	0220	6/30/10	7/2/10	\$ 5.00	\$ 5.00			No		No	No
Troiano, Frank	1408 Enfield Street	Enfield	CT	06082	Check	0221	6/30/10	7/2/10	\$ 100.00	\$ 100.00	Owner	Self Employed	Yes	A	No	No
Warner, George F	116 Woods Road	Somers	CT	06071	Check	0222	6/30/10	7/2/10	\$ 25.00	\$ 25.00			Yes	A	No	No
Warner, Shirley E	116 Woods Road	Somers	CT	06071	Check	0223	6/30/10	7/2/10	\$ 25.00	\$ 25.00			Yes	A	No	No
Bressor, L. "Squire"	293 Simsbury Road	West Granby	CT	06090	Check	0224	6/24/10	7/2/10	\$ 30.00	\$ 30.00			No		No	No
Dunbar, Kimberly	52 Field Road	Enfield	CT	06082	Cash	0225	6/24/10	7/2/10	\$ 5.00	\$ 5.00			No		No	No
Dupuis, Evelyn E	52 Field Road	Enfield	CT	06082	Cash	0226	6/24/10	7/2/10	\$ 5.00	\$ 5.00			No		No	No
Dupuis, Normand J	52 Field Road	Enfield	CT	06082	Cash	0227	6/24/10	7/2/10	\$ 5.00	\$ 5.00			No		No	No
Bosco, Jacquelyn	49 Steele Road	Enfield	CT	06082	Cash	0228	6/30/10	7/2/10	\$ 10.00	\$ 10.00			No		No	No
Bosco, Jacquelyn M	49 Steele Road	Enfield	CT	06082	Cash	0229	6/30/10	7/2/10	\$ 10.00	\$ 10.00			No		No	No
Bosco, Jamie Jo	49 Steele Road	Enfield	CT	06082	Cash	0230	6/30/10	7/2/10	\$ 10.00	\$ 10.00			No		No	No
Bosco, Joseph	49 Steele Road	Enfield	CT	06082	Cash	0231	6/30/10	7/2/10	\$ 10.00	\$ 10.00			No		No	No
Godin, Paul	145 Post Office Road	Enfield	CT	06082	Cash	0232	6/30/10	7/2/10	\$ 10.00	\$ 10.00			No		No	No
Jones, Andrea	18 Debbie Lane	Enfield	CT	06082	Cash	0233	6/30/10	7/2/10	\$ 5.00	\$ 5.00			No		No	No
Jones, Jason	18 Debbie Lane	Enfield	CT	06082	Cash	0234	6/30/10	7/2/10	\$ 5.00	\$ 5.00			No		No	No
Sirard, Thomas J	32 Dunnunzio Avenue	Enfield	CT	06082	Check	0235	6/30/10	7/2/10	\$ 25.00	\$ 25.00			Yes	A	No	No
Life, Lauren K	2910 Mountain Road	West Suffield	CT	06093	Check	0236	6/29/10	7/6/10	\$ 25.00	\$ 25.00			No		No	No
Armata, Frank J	241 Fair Hill Lane	Suffield	CT	06078	Check	0237	6/30/10	7/6/10	\$ 100.00	\$ 100.00	Retired	Retired	No		No	No
Armata, Jeanne	241 Fair Hill Lane	Suffield	CT	06078	Check	0238	6/30/10	7/6/10	\$ 100.00	\$ 100.00	Retired	Retired	No		No	No
Stearley, Susan W	34 Powder Ridge Road	Enfield	CT	06082	Check	0239	6/30/10	7/6/10	\$ 10.00	\$ 10.00			No		No	No

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE: Committee to Re-Elect Senator John A. Kisse FILING DUE DATE: 7/12/2010

**C1. Contributions from Other Committees**

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

**C2. Reimbursements or Payments from other Committees**

Name of Committee				Name of Treasurer		Amount of Receipt
Address				Date Received		
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		Amount of Receipt
Street Address				Date Received		
City	State	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services			
<b>SUBTOTAL Section C-This Page</b>						<u>0.00</u>
<b>TOTAL of additional Section C Pages</b>						
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 15 of Summary Page)</b>						<u>0.00</u>

NAME OF COMMITTEE: Committee to Re-Elect Senator John A. Kissel FILING DUE DATE: 07/12/2010

**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
_____		_____		\$ <u>0.00</u>
Amount		Amount		

**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 _____	\$ <u>0.00</u>
coins _____	\$10 bill _____	coins _____	\$10 bill _____	

**G. Interest from Deposits in Authorized Accounts**

Date Received	Amount	Date Received	Amount	Total Amount Received
<u>4/30 5/28 6/30/2010</u>	<u>2.72</u>			\$ <u>2.72</u>
Name of Institution		Name of Institution		
<u>New England Bank</u>		<u>New England Bank</u>		
Street Address		Street Address		
<u>855 Entfield Street</u>		<u>855 Entfield Street</u>		
City	State	City	State	
<u>Entfield</u>	<u>CT</u>	<u>06082</u>		

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE

FILING DUE DATE

Committee to Re-Elect Senator John A. Kissel

07/12/2010

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 <th>Date of Transaction</th> <th>Amount Received</th>	Date of Transaction	Amount Received
Street Address	City	State
		Zip Code
Description		\$
Name <th>Date of Transaction</th> <th>Amount Received</th>	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)	+	2.72
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
<b>Total of Other Monetary Receipts not Considered Contributions</b> (Enter total on Line 16 of Summary Page)		<b>2.72</b>

**II. FUNDRAISING EVENT ACTIVITY**

<b>NAME OF COMMITTEE</b> Committee to Re-Elect Senator John A. Kisse	<b>FILING DUE DATE</b> 07/12/2010
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**J1. Fundraising Event Information**

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
06/30/10	A	Reception	Figaro Restaurant 90 Elm Street	Enfield	CT	06082

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

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

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**

<b>NAME OF COMMITTEE</b> <i>Committee to Re-Elect Senator John A. Kissel</i>	<b>FILING DUE DATE</b> <i>07/12/2010</i>
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**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	Date Received	Event #	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code			
Items Purchased						
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	Date Received	Event #	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code			
Items Purchased						
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	Date Received	Event #	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code			
Items Purchased						
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	Date Received	Event #	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code			
Items Purchased						
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	Date Received	Event #	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code			
Items Purchased						
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	Date Received	Event #	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code			
Items Purchased						
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	Date Received	Event #	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code			
Items Purchased						
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	Date Received	Event #	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code			
Items Purchased						
<b>SUBTOTAL Section J2-This Page</b>						<i>0.00</i>
<b>TOTAL of additional Section J2 Pages</b>						
<b>TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS</b> <i>(Enter total on Line 17 of Summary Page)</i>						<i>0.00</i>

**II. FUNDRAISING ACTIVITY**

<b>NAME OF COMMITTEE</b> <i>Committee to Re-Elect Senator John A. Kissel</i>	<b>FILING DUE DATE</b> <i>07/12/2010</i>
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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	Aggregate value for this event	
Description of donation			Date Received	Event #	
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	Aggregate value for this event	
Description of donation			Date Received	Event #	
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	Aggregate value for this event	
Description of donation			Date Received	Event #	
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	Aggregate value for this event	
Description of donation			Date Received	Event #	
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	Aggregate value for this event	
Description of donation			Date Received	Event #	
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	Aggregate value for this event	
Description of donation			Date Received	Event #	
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	Aggregate value for this event	
Description of donation			Date Received	Event #	
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	Aggregate value for this event	
Description of donation			Date Received	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 <b>Committee to Re-Elect Senator John A. Kissel</b>	FILING DUE DATE <b>07/12/2010</b>
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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	<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>		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	<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>		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	<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>		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	<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>		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	<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>		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**

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Committee to Re-Elect Senator John A. Kissel				07/12/2010	
<b>M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee</b>					
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)				Name of Treasurer	
Street Address				Date Notice Received	<b>Fair Market Value of Donation</b>
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)				Name of Treasurer	
Street Address				Date Notice Received	<b>Fair Market Value of Donation</b>
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)				Name of Treasurer	
Street Address				Date Notice Received	<b>Fair Market Value of Donation</b>
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)				Name of Treasurer	
Street Address				Date Notice Received	<b>Fair Market Value of Donation</b>
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)				Name of Treasurer	
Street Address				Date Notice Received	<b>Fair Market Value of Donation</b>
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)				Name of Treasurer	
Street Address				Date Notice Received	<b>Fair Market Value of Donation</b>
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)				Name of Treasurer	
Street Address				Date Notice Received	<b>Fair Market Value of Donation</b>
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)				Name of Treasurer	
Street Address				Date Notice Received	<b>Fair Market Value of Donation</b>
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <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						FILING DUE DATE		
Committee to Re-Elect Senator John A. Kissel						07/12/2010		
N. Expenses Paid by Committee								
Name of Payee				Date of Payment	Method of Payment		Amount	
Scott Keepin				04/12/10	<input checked="" type="checkbox"/> Check # 101 <input type="checkbox"/> Debit Card			
Street Address		City	State	Zip Code	Purpose of Expenditure (by code)		Event #	
9 Allen Street		Enfield	CT	06082	RW-POST			
Description								
Postage for Quarterly Statement Reimbursed								
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				\$ 8.22
Name of Payee				Date of Payment	Method of Payment		Amount	
John Kissel				05/29/10	<input checked="" type="checkbox"/> Check # 102 <input type="checkbox"/> Debit Card			
Street Address		City	State	Zip Code	Purpose of Expenditure (by code)		Event #	
16 Free Terrace		Enfield	CT	06082	RW-EFV			
Description								
Camcorder + Memory Card Reimbursement								
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				\$ 222.58
Name of Payee				Date of Payment	Method of Payment		Amount	
United States Postal Service				06/17/10	<input checked="" type="checkbox"/> Check # 103 <input type="checkbox"/> Debit Card			
Street Address		City	State	Zip Code	Purpose of Expenditure (by code)		Event #	
Enfield Street		Enfield	CT	06082	POST			
Description								
Postage								
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				\$ 110.00
Name of Payee				Date of Payment	Method of Payment		Amount	
United States Postal Service				06/18/10	<input checked="" type="checkbox"/> Check # 104 <input type="checkbox"/> Debit Card			
Street Address		City	State	Zip Code	Purpose of Expenditure (by code)		Event #	
Enfield Street		Enfield	CT	06082	POST			
Description								
Postage								
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				\$ 66.00
Name of Payee				Date of Payment	Method of Payment		Amount	
United States Postal Service				06/24/10	<input checked="" type="checkbox"/> Check # 105 <input type="checkbox"/> Debit Card			
Street Address		City	State	Zip Code	Purpose of Expenditure (by code)		Event #	
Enfield Street		Enfield	CT	06082	POST			
Description								
Postage								
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				\$ 44.00
<b>SUBTOTAL Section N-This Page</b>						450.80		
<b>TOTAL of additional Section N Pages</b>						1884.99		
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page)</b>						2334.99		

**IV. EXPENDITURES**  
**Section N. Additional Page**

<b>NAME OF COMMITTEE</b> Committee to Re-Elect Senator John A. Kissel	<b>FILING DUE DATE</b> 07/12/2010
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**N. Expenses Paid by Committee**

<b>Name of Payee</b> Mary Ann Turner				<b>Date of Payment</b> 06/25/10		<b>Method of Payment</b> <input checked="" type="checkbox"/> Check # 106 <input type="checkbox"/> Debit Card		<b>Amount</b>  \$ 46.64
<b>Street Address</b> 7 Meadow Rd		<b>City</b> Enfield	<b>State</b> CT	<b>Zip Code</b> 06082	<b>Purpose of Expenditure (by code)</b> RCW-FOOD			
<b>Description</b> Cake for Convention								
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								

<b>Name of Payee</b> Colonial Printers of Windsor, Inc.				<b>Date of Payment</b> 06/25/10		<b>Method of Payment</b> <input checked="" type="checkbox"/> Check # 107 <input type="checkbox"/> Debit Card		<b>Amount</b>  \$ 540.60
<b>Street Address</b> 1 Concorde Way		<b>City</b> Windsorlocks	<b>State</b> CT	<b>Zip Code</b> 06096	<b>Purpose of Expenditure (by code)</b> PRNT			
<b>Description</b> 1,000 Handouts								
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								

<b>Name of Payee</b> Kelly Henmeler				<b>Date of Payment</b> 06/28/10		<b>Method of Payment</b> <input checked="" type="checkbox"/> Check # 108 <input type="checkbox"/> Debit Card		<b>Amount</b>  \$ 10.00
<b>Street Address</b> 10 Hartford Ave		<b>City</b> Enfield	<b>State</b> CT	<b>Zip Code</b> 06082	<b>Purpose of Expenditure (by code)</b> REF			
<b>Description</b> Refund of Donation								
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								

<b>Name of Payee</b> Clifford Henmeler				<b>Date of Payment</b> 06/28/10		<b>Method of Payment</b> <input checked="" type="checkbox"/> Check # 109 <input type="checkbox"/> Debit Card		<b>Amount</b>  \$ 10.00
<b>Street Address</b> 10 Hartford Ave		<b>City</b> Enfield	<b>State</b> CT	<b>Zip Code</b> 06082	<b>Purpose of Expenditure (by code)</b> REF			
<b>Description</b> Refund of Donation								
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								

<b>Name of Payee</b> Figaro Restaurant				<b>Date of Payment</b> 06/30/10		<b>Method of Payment</b> <input checked="" type="checkbox"/> Check # 110 <input type="checkbox"/> Debit Card		<b>Amount</b>  \$ 1,176.95
<b>Street Address</b> 90 Elm Street		<b>City</b> Enfield	<b>State</b> CT	<b>Zip Code</b> 06082	<b>Purpose of Expenditure (by code)</b> FNDR			
<b>Description</b> Reception fundraiser Food and Beverage Expense 063010 A								
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								

**SUBTOTAL Section N-This Page** 1,784.99

**IV. EXPENDITURES**  
**Section N. Additional Page**

<b>NAME OF COMMITTEE</b> Committee to Re-Elect Senator John A. Kissele	<b>FILING DUE DATE</b> 07/12/2010
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**N. Expenses Paid by Committee**

<b>Name of Payee</b> Susan S. Starr				<b>Date of Payment</b> 06/30/10		<b>Method of Payment</b> <input checked="" type="checkbox"/> Check # 111 <input type="checkbox"/> Debit Card		<b>Amount</b>  \$ 100.00
<b>Street Address</b> 383 Elm Street		<b>City</b> Enfield	<b>State</b> CT	<b>Zip Code</b> 06082	<b>Purpose of Expenditure (by code)</b> REF			
<b>Description</b> Refund of Donation - Exceeds Maximum Amount								
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								

<b>Name of Payee</b>				<b>Date of Payment</b>		<b>Method of Payment</b> <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card		<b>Amount</b>  \$
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Purpose of Expenditure (by code)</b>			
<b>Description</b>								
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								

<b>Name of Payee</b>				<b>Date of Payment</b>		<b>Method of Payment</b> <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card		<b>Amount</b>  \$
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Purpose of Expenditure (by code)</b>			
<b>Description</b>								
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								

<b>Name of Payee</b>				<b>Date of Payment</b>		<b>Method of Payment</b> <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card		<b>Amount</b>  \$
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Purpose of Expenditure (by code)</b>			
<b>Description</b>								
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								

<b>Name of Payee</b>				<b>Date of Payment</b>		<b>Method of Payment</b> <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card		<b>Amount</b>  \$
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Purpose of Expenditure (by code)</b>			
<b>Description</b>								
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								

**SUBTOTAL Section N-This Page**      100.00

IV. EXPENDITURES

NAME OF COMMITTEE: Committee to Re-Elect Senator John A. Kisse FILING DUE DATE: 07/12/2010

O. Campaign Expenses Paid by Candidate

Name of Payee (Name of Vendor who candidate paid directly) <u>Best Buy # 1026</u>				Date of Payment <u>05/29/10</u>	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount <u>222.58</u>
Street Address <u>95 Elm Street</u>		City <u>Enfield</u>	State <u>CT</u>	Zip Code <u>06082</u>	Event #	
Purpose of Expenditure (by code) <u>EPV</u>		Description <u>Camcorder and Memory Card</u>				

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			Event #	

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			Event #	

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			Event #	

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			Event #	

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			Event #	

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			Event #	

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			Event #	

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			Event #	

**SUBTOTAL Section O-This Page** 222.58

**TOTAL of additional Section O Pages**

**TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 27 of Summary Page)** 222.58

IV. EXPENDITURES

NAME OF COMMITTEE

FILING DUE DATE

Committee to Re-Elect Senator John A. Kisse

07/12/2010

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution

Type of Credit Card:

- Visa   
  Master Card   
  Discover   
  American Express  
 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

0.00

TOTAL of additional Section P Pages

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

Committee to Re-Elect Senator John A. Kissel

07/12/2010

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

Name of Creditor		Date Incurred		Amount Incurred (Estimate or Actual)
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 (If yes, complete candidate name and office sought) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	

Name of Creditor		Date Incurred		Amount Incurred (Estimate or Actual)
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 (If yes, complete candidate name and office sought) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	

Name of Creditor		Date Incurred		Amount Incurred (Estimate or Actual)
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 (If yes, complete candidate name and office sought) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	

Name of Creditor		Date Incurred		Amount Incurred (Estimate or Actual)
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 (If yes, complete candidate name and office sought) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	

SUBTOTAL Section Q-This Page

0.00

TOTAL of additional Section Q Pages

TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID  
(Enter total on Line 29 of Summary Page)

0.00

Previously reported Expenses Unpaid and still Outstanding

+ 0.00

TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 29a of Summary Page)

0.00

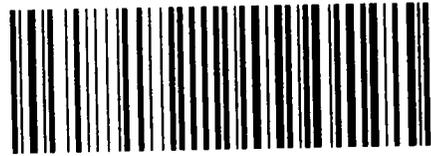
IV. EXPENDITURES

NAME OF COMMITTEE		FILING DUE DATE	
Committee to Re-Elect Senator John A. Kissel		07/12/2010	
<b>R. Itemization of Reimbursements to Committee Workers and Consultants</b>			
Name of Worker/Consultant		Date of Payment	Method of Payment
Scott Kaupin		04/12/10	
Secondary Payee		Purpose of Expenditure (by code)	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card
United States Postal Service		POST	101
Street Address	City	State	Zip Code
Entfield Street	Entfield	CT	06082
Description		Event #	
Postage for Quarterly Statement			
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Office Sought	
<input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="checkbox"/> No			
		\$ 8.22	
Name of Worker/Consultant		Date of Payment	Method of Payment
Mary Ann Tomer		05/13/10	
Secondary Payee		Purpose of Expenditure (by code)	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card
Big Y Supermarket		FOOD	106
Street Address	City	State	Zip Code
65 Palomba Drive	Entfield	CT	06082
Description		Event #	
Cake for Convention			
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Office Sought	
<input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input checked="" type="checkbox"/> No			
		\$ 46.64	
Name of Worker/Consultant		Date of Payment	Method of Payment
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?		Office Sought	
<input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No			
		\$	
Name of Worker/Consultant		Date of Payment	Method of Payment
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?		Office Sought	
<input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No			
		\$	
<b>SUBTOTAL Section R-This Page</b>			<b>\$ 54.86</b>
<b>TOTAL of additional Section R Pages</b>			
<b>TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS</b>			<b>\$ 54.86</b>

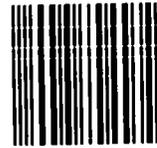
NAME OF COMMITTEE			FILING DUE DATE		
Committee to Re-Elect Senator John A. Kisse			07/12/2010		
S. Surplus Distribution of Equipment and Furniture					
Name of Recipient				Original Purchase Amount of Item	
Street Address		City	State		Zip Code
Description of Item					
Name of Recipient				Original Purchase Amount of Item	
Street Address		City	State		Zip Code
Description of Item					
Name of Recipient				Original Purchase Amount of Item	
Street Address		City	State		Zip Code
Description of Item					
Name of Recipient				Original Purchase Amount of Item	
Street Address		City	State		Zip Code
Description of Item					
Name of Recipient				Original Purchase Amount of Item	
Street Address		City	State		Zip Code
Description of Item					
Name of Recipient				Original Purchase Amount of Item	
Street Address		City	State		Zip Code
Description of Item					
Name of Recipient				Original Purchase Amount of Item	
Street Address		City	State		Zip Code
Description of Item					
Name of Recipient				Original Purchase Amount of Item	
Street Address		City	State		Zip Code
Description of Item					
Name of Recipient				Original Purchase Amount of Item	
Street Address		City	State		Zip Code
Description of Item					
<b>SUBTOTAL Section S</b>				0.00	

Scott Kaupin  
9 Allen St.  
Hartford, CT 06082

**CERTIFIED MAIL™**



7009 3410 0001 1216 4212



1000

06106

U.S. POSTAGE  
PAID  
ENFTEFD, CT  
06082  
JUL 08 2010  
AMOUNT

**\$6.66**

00032545-01

**FIRST CLASS**

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