## **SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement
Candidates for Statewide Offices and General Assembly
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 1/08



Electronic Filing

Page 1 of 31

## **SUMMARY PAGE**

1.NAME OF COMMITTEE							2. TYPI	E OF COMMITTEE	
Dean 2010							=	Candidate Committee Exploratory Committee	
3. TREASURER NAME									
Title	First Nathaniel			MI <b>S</b>	Last Schindler			Suffix	
4. TREASURER ADDRESS									
Street Address 23 Taquoshe Pl			City Fairfic	eld		State CT	Zip Code <b>06825</b>		
5. ELECTION DATE			6. O	FFICE SOUG	HT ( if applicable )		7. DISTRI	CT CODE (if applicable)	
11/02/2010		Attorney General							
8. CANDIDATE NAME									
Title	First <b>Martha</b>			МІ <b>А.</b>	Last <b>Dean</b>			Suffix	
9. TYPE OF REPORT	9. TYPE OF REPORT								
7th Day Preceding Pri	mary - Origi	nal							
10. PERIOD COVERED									
		Beginning Date			Ending Date				
		07/01/2010	thru	ı	07/27/2010				
			11 CED	RTIFICATION					
			II. CEN	TIFICATION					
on this <b>Itemiz</b>	I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.								
Electronic Filing		Nathaniel Schindle	er		08/03	3/2010			
SIGNATURE PRINT NAME OF THE SIGNER DATE CERTIFIED									
		_							
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. 1/08

## **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Dean 2010	Original 08/03/2010	
	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	\$13,833.63	
14. Contributions received from Individuals (Section A and B)	\$5,620.70	\$31,057.70
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-I)	\$0.00	\$500.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$5,620.70	\$31,557.70
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$19,454.33	\$31,557.70
20. Expenses Paid by Committee (Section N)	\$13,590.98	\$25,694.35
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$5,863.35	\$5,863.35
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$512.50	\$1,552.50
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)	\$825.00	\$7,006.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$1,206.32	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$1,799.92	

	I. MONETARY RECEIPTS (Section A-I)									
	NAME OF COMMITTEE							1	FILING	DUE DATE
İ	Dean 2010							(	Origina	al 08/03/2010
	A. Total Contributions from	n Small (	Contributors-Recei	ved this Pe	riod ONL	7				
	(See instructions for definition of Small		John Butors-Recei	ived this i c		total Section A	\$346.00			
			B. Itemized Con	tributions fr	om Individ	uals				
İ	Last Name	First Name		MI	Method of	contribution:		Contribution	ID#	Amount of
	Sposato	Maureen			Cash Mone	=	al Check Debit Card	0119		Contribution
	Residential Street Address		City		State	Zip Code	D	ate Received		
	24 Colton St		Farmington		СТ	06032	0	7/01/2010		
	Principal Occupation		Name of Employer		·	Is this contribution ass			Yes	
	Educator		Retired			fundraising event listed If yes, list Event #	d in Section J	J1?	No	
	T (1) (1) (1) (1)			<del>.</del> .						1
	Is contributor a principal of a state contractor of state contractor?	or prospective	Yes X		tributor a lobbyis dent child of a lol		Aggre	egate Contributio		<b>#100.00</b>
	Is yes, indicate which branch or branches of government the contract is with:		Executive Legislativ	e	Yes X	No		\$100	0.00	\$100.00
	Last Name	First Name		MI	Method of	contribution:		Contribution	ID#	Amount of
	Levine	Sam			Cash	Persona	al Check	0120	15 "	Amount of Contribution
ļ			<b>.</b>		Mone	y Order X Credit/	Debit Card	0120		
	Residential Street Address		City		State	Zip Code		ate Received		
ļ	79 Bradford Walk		Farmington		СТ	06032	0	7/06/2010		}
	Principal Occupation		Name of Employer			Is this contribution ass fundraising event listed			Yes	
	C00		Aldin Assoc. L.P.			If yes, list Event #	a in Section 3	x 1	No	
	Is contributor a principal of a state contractor	or prospective	Yes X	No Is con	tributor a lobbyis	st snouse or	Agara	agata Cantributio		
	state contractor? Is yes, indicate which branch or branches of		Li tes Li	_	dent child of a lol	-	Aggie	gate Contributio \$50	0.00	\$500.00
	government the contract is with:		Executive Legislativ	e L	Yes X	No		·		<u>.</u>
	Last Name	First Name		MI	Method of	contribution:		Contribution	ID#	Amount of
	Bozzuto	Michael			Cash	=	al Check Debit Card	0121		Contribution
ŀ	- 14 14 14									
	Residential Street Address 15 Ridgecrest Ln		City Avon		State	Zip Code 06001		7/08/2010		
ŀ						Is this contribution ass				
	Principal Occupation CEO		Name of Employer Bozzuto's Inc.			fundraising event listed		J1? <b>'</b>		
	CEO					If yes, list Event #		<b>x</b> 1	No	
	Is contributor a principal of a state contractor	or prospective	Yes X	_	tributor a lobbyis	-	Aggre	gate Contributio	ons	
	state contractor? Is yes, indicate which branch or branches of			l `⊏	dent child of a lol	•		\$2,000	0.00	\$2,000.00
	government the contract is with:		Executive Legislativ		Yes X	No		1		
	Last Name	First Name		MI		contribution:	al Check	Contribution	ID#	Amount of
	Smith	Laurence			Cash Mone	=	Debit Card	0116		Contribution
Ì	Residential Street Address		City		State	Zip Code	D	ate Received		
	100 Breezy Hill Rd		Canton		СТ	06019	0	7/15/2010		
İ	Principal Occupation		Name of Employer			Is this contribution ass	ociated with	a 🔲 .	Yes	
	Retired		Retired			fundraising event listed	d in Section J	J1? X 1		
			<u> </u>	<del>, ,</del>		If yes, list Event #		· ت		}
	Is contributor a principal of a state contractor state contractor?	or prospective	Yes	_	tributor a lobbyis dent child of a lol	-	Aggre	egate Contributio		
	Is yes, indicate which branch or branches of government the contract is with:		Executive Legislativ			No No		\$50	0.00	\$500.00
J	A Diminent the Contract to Will.									

	I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE									FILING	G DUE DATE
Dean 2010									Origin	al 08/03/2010
		B. Itei	mized Contributio	ons from	Individu	ıals				
Last Name Smith	First Name Elenor			MI	Cash	contribution:    X   Personal C		Contribution 0117	on ID#	Amount of Contribution
Residential Street Address 100 Breezy Hill Rd		City Canton			State CT	Zip Code 06019		ate Received		
Principal Occupation Retired		Name of Emp Retired	ployer			Is this contribution association fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	ations 500.00	\$500.00
Last Name Santangelo	First Name Mike			MI	Cash	contribution: Personal C y Order X Credit/Del		Contribution 0126	on ID#	Amount of Contribution
Residential Street Address 220 Straitsville Rd		City Prospect			State CT	Zip Code 06712		ate Received 7/18/201		
Principal Occupation  Carpenter		Name of Emp	ployer			Is this contribution association fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	utions 125.00	\$25.00
Last Name Hendel	First Name Myron			MI	Cash	contribution:    X   Personal C		Contribution 0127	on ID#	Amount of Contribution
Residential Street Address 16 Strand St		City Waterford			State CT	Zip Code 06385		ate Received		
Principal Occupation  Business Management		Name of Emp Hendel's I	•			Is this contribution association fundraising event listed in If yes, list Event #		<sub>112</sub> L	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	ations 500.00	\$500.00
Last Name Daly	First Name Kevin			MI	Cash	contribution: Personal C y Order X Credit/Del		Contribution 0122	on ID#	Amount of Contribution
Residential Street Address 298 Hightower Rd		City Southingto	on		State CT	Zip Code 06489		ate Received		
Principal Occupation Attorney		Name of Emp Bozzuto's,	· · ·			Is this contribution association fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	utions 250.00	\$250.00

	I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE							FILING	DUE DATE
Dean 2010							Origina	al 08/03/2010
		B. Itemized Contribution	ons from	Individu	ıals		· ·	
Last Name Daly	First Name Kelly		MI	Cash	contribution:  Personal Ci y Order X Credit/Deb	heck 01	ontribution ID #	Amount of Contribution
Residential Street Address 298 Hightower Rd	•	City Southington	•	State CT	Zip Code 06489		Received 1/2010	
Principal Occupation Owner/General Agent		Name of Employer  Daly Insurance Brokerage Se	rvice		Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate (	Contributions \$250.00	\$250.00
Last Name Donath	First Name William		MI	Cash	contribution:  X Personal Contribution:  y Order Credit/Deb	heck 01	ontribution ID #	Amount of Contribution
Residential Street Address 71 Strawberry Hill Ave		City Stamford		State CT	Zip Code 06902		Received 6/2010	
Principal Occupation Engineer		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (	Contributions \$150.00	\$150.00
Last Name Gonsalves	First Name George		MI	Cash	contribution:  X Personal Conder Credit/Deb	heck 01	ontribution ID #	Amount of Contribution
Residential Street Address 7 Amato Cir		City Wethersfield		State CT	Zip Code 06109		Received 7/2010	
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (	Contributions \$500.00	\$500.00
						To	otal of Section B	\$5,275.00
TOTAL OF ALL CONTRIBU	TIONS FI	ROM INDIVIDUALS	(Section	ons A & B	) (Total on Line 14	of Summary	Page)	\$5,621.00

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILING	DUE DATE
Dean 2010							Original	08/03/2010
C1. Contributions from Other Committees								
Name of Committee					Name of Treasurer			
Address			Is this contribution a fundraising event			Yes If yes, list Event	t#	Amount of Contribution
City	State	Zip	Code	Date R	eceived	Aggregate Contributions		
Total of Section C1								

I. MONETA						
NAME OF COMMITTEE				FILING DUE DATE		
Dean 2010			(	Original 08/03/2010		
C2. Reimbursements or Payments from other Committees						
Name of Committee Name of Treasurer						
Address			Date Received	Amount of Receipt		
City	State	Zip Code	Reimbursement for shared expense			
			Payment for goods and services			
Total of Section C2						

	I. MONETARY RECEIPTS (Section	on A-K)	)			
NAME OF COMMITTEE					FILING	DUE DATE
Dean 2010					Origina	1 08/03/2010
	D. Loans Received this Period					
Name of Lender				Source of Loan:	Amount Received	
Street Address	City	State	Zip Code	Candidate Individual	Guarantor of this loan?	
Name of Cosigner/Guarantor				Other Committee	No	
Street Address	City	State	Zip Code	Date Received		
		•	•	Total of	Section D	•

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE					FILING DUE DATE			
Dean 2010					Original 08/03/2010			
	E. Personal Funds of the Candidate Received this Period							
Date Received	Amount	Method of Payment  Cash Personal Check Credit/Debit Card						
	Total of Section E							

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTE	NAME OF COMMITTEE							
Dean 2010	Original 08/03/2010							
	F. Anonymous Contributions							
Date Received	\$ 1 bills \$ 5 bills \$ 10 bill coins		Amount					

I. Monetary Receipts (Section A-I)							
NAME OF COMMITTEE					FILING DUE DATE		
Dean 2010 Original 08/03/2010						nal 08/03/2010	
G. Interest from Deposits in Authorized Accounts							
Name of Institution		Date Received				Total Amount Received	
Street Address	City		State	Zip Code			

I. MONETARY RECEIPTS (Section A-K)								
NAME OF COMMITTEE			FILING DUE DATE					
Dean 2010		Original 08/03/2010						
H. Public Grant Funds Received from the Citizen's Election Fund								
Purpose of Grant:  Initial  Primary General or Special Election	Supplemental/Independent Expenditure Primary General or Special Election	Date Received	Amount					
Supplemental/Post Election Deficit  General or Special Election	Supplemental/Excess Expenditure Primary General or Special Election							
		Total of Section	н					

I. MONETARY RECEIPTS (Section A-K)											
NAME OF COMMITTEE				FILI	NG DUE DATE						
Dean 2010				Origi	inal 08/03/2010						
I. Miscellaneous Monetary Receipts not Considered Contributions											
Name		Date of Trans	saction		Amount Received						
Street Address	City	State	Zip Code								
Description											
Total of Section I											

	II. FUNDRAISING	G EVENT ACTIVITY						
NAME OF						FILING	DUE 1	DATE
COMMITTEE Dean 2010						Original (	08/03	/2010
	J1. Fundra	ising Event Information						
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City			State	Zip Code
Was this fundraising event he	osted at a personal residence?		Yes		No			
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes		No			
Was this fundraiser a tag sale	auction, or other sale of donated items?		Yes	ı	No			

II. FUNDRAISING EVENT ACTIVITY										
NAME OF COMMITTEE						FILIN	G DUE DATE			
Dean 2010						Origir	nal 08/03/2010			
J2. Pro	ceeds from Tag Sale, Auction, or C	Othei	r Sale of Donated	d Items						
Name of the Purchaser Last Name (Individuals ONLY)	First Name	MI	Method of payment:  Cash Pe	ersonal Check	Credit/Debi	it Card	Aggregate Amount of Purchases			
Residential Street Address	City	State	Zip Code	Date Received	Event #					
Items Purchased										
				Т	otal of Sec	etion I2				

II. FUNDRAISING EVENT ACTIVITY											
NAME OF COMMITTEE							FILING	G DUE DATE			
Dean 2010							Origin	al 08/03/2010			
J3. In-	Kind Donations Not Conside	ered Contributions									
Name of the Donor					Donation G		ess Entity	Fair Market Value of Donation			
Street Address	City		State	Zip	Code	Aggregate value for this even					
Description of Donation		Date	e Receive	ed	Event #						
						Total of Se	ction J3				

	III. NO	NMC	ONETARY RECEIPTS				_	
NAME OF COMMITTEE							FILING I	DUE DATE
Dean 2010							Original	08/03/2010
	K, In-	Kind	Contributions					
Name Redman Kathleen						Date Receive		Fair Market Value of this Contribution
Street Address 83 Oak St		City New (	Canaan	State CT	Zip Code 06840			
Type of Contributor:  x Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contra contractor? If yes, indicate which branch or branches government the contract is with:		ospective state	x	Yes No Legislative	
Is this contribution associated with a fundalisted in Section J1? If yes, list Event#	raising event Yes  X No		escription of In-Kind Contribution			Aggregate contr	ibutions \$512.50	\$512.50
						Total of	f Section K	\$512.50

III. Non Monetary Receipts											
NAME OF COMMITTEE	FII	LING DUE DATE									
Dean 2010							Or	iginal 08/03/2010			
L. Refundable Deposit to Telephone Company											
Last Name ( Individuals Only )	First Name	First Name MI Date Received						Amount of Deposit			
Street Address	City		State	Zip Code							
Name of Telephone company											
Street Address City State Zip Code											
Total of Section L											

III. NONMONETARY RECEIPTS											
NAME OF COMMITTEE						F	ILING DUE DATE				
Dean 2010						С	riginal 08/03/2010				
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee											
Name of Committee		Name of Trea	surer								
Street Address		•		Date N	otice Receive	ed	Fair Market Value of Donation				
City	State	Zip Code		Aggreg	ate Donation	S					
Description of Donation	Е										
				То	tal of Secti	on M					

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dean 2010						Origi	nal 08/03/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee  Constant Contact			_	Date of Payment 07/06/2010	Method of Paya	ment	Amount
Street Address 1601 Trapelo Rd Description	City Waltham	State MA	Zip Code 02451	Purpose of Expenditure A-WEB	X Debit Car	rd	
Is this expenditure coordinated with another candidate fo which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			\$50.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Khristina Surgeon Street Address	City	State	Zip Code	07/12/2010  Purpose of Expenditure	X Check #		
160 Adams St	Hartford	СТ	06112	RCW	Debit Car	d	
Description  Is this expenditure coordinated with another candidate for	r Other Candidate(s) N	Iame		Office Sought	Event #		
which reimbursement is sought?  Yes  No							\$30.00
Name of Payee  Malcolm McGough				Date of Payment 07/12/2010	Method of Paya	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1031</u>		
15 Ensign Dr	Avon	СТ	06001	RCW	Debit Car	<sup>-</sup> d	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			\$63.60

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dean 2010						Origi	nal 08/03/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee FastSigns				Date of Payment 07/16/2010	Method of Payr	ment	Amount
Street Address 1540D Pleasant Valley Rd	City  Manchester	State CT	Zip Code 06042	Purpose of Expenditure A-OTH	X Debit Car	d	
Description			!	1	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	ame		Office Sought			\$617.45
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Khristina Surgeon		l		07/19/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1035		
160 Adams St	Hartford	СТ	06112	WAGE	Debit Car	d .	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	ame		Office Sought			#242.62
X No				1	1		\$342.62
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Khristina Surgeon			T	07/19/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1036		
160 Adams St	Hartford	СТ	06112	WAGE	Debit Car		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	ame		Office Sought			\$455.61
X No							i

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dean 2010						Origi	nal 08/03/2010
	N. Expenses Paid By Commi	ittee				•	
Name of Payee Paul Pacelli				Date of Payment 07/19/2010	Method of Payr	ment	Amount
Street Address 106 Putter Dr	City Wallingford	State CT	Zip Code 06492	Purpose of Expenditure	1033 Debit Car	ď	
Description		•			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Jame		Office Sought			\$400.00
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Paul Pacelli	<del> </del>		1	07/19/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1034</u>		
106 Putter Dr	Wallingford	СТ	06492	CNSLT	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			\$400.00
X No					1		\$400.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
ABC Signs			T	07/22/2010	Check #		
Street Address 5851 Larue Steiner Rd	City	State	Zip Code 36582	Purpose of Expenditure A-SIGN	X Debit Car	ď	
Description	Theodore	AL	30382	A-31GN	Event #		
Secretaria					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	Name		Office Sought			\$2,031.70
X No							\$2,031.70

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dean 2010						Origi	nal 08/03/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Paul Pacelli				Date of Payment 07/22/2010	Method of Payr	ment	Amount
Street Address 106 Putter Dr	City Wallingford	State CT	Zip Code 06492	Purpose of Expenditure CNSLT	1037 Debit Care	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	Other Candidate(s) N	ame		Office Sought			\$400.00
Name of Payee				Date of Payment	Method of Payr	nent	Amount
WELI		I		07/22/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1038		
495 Benham St	Hamden	СТ	06514	A-RAD	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	Other Candidate(s) N	ame		Office Sought			
X No							\$800.00
Name of Payee				Date of Payment	Method of Payr	nent	Amount
WDRC				07/22/2010	X Check # 1039		
	City	State CT	Zip Code 06002	Purpose of Expenditure A-RAD	Debit Care	d	
869 Blue Hills Ave Description	Bloomfield	<u> </u>	100002	A IVAD	Event #		
					Evene "		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	Other Candidate(s) N	ame		Office Sought			\$3,750.00

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dean 2010						Origi	nal 08/03/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee WTIC				Date of Payment 07/22/2010	Method of Pays	ment	Amount
Street Address 10 Executive Dr	City Farmington	State CT	Zip Code 06032	Purpose of Expenditure A-RAD	1040 Debit Car	rd	
Description					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	ame		Office Sought			\$4,250.00
X No					Total of Sec	ction N	\$13,590.98

	IV.	EXPENDITURES						
NAME OF COMMITTE	EE .						FILING	DUE DATE
Dean 2010							Origina	1 08/03/2010
O. Campaign Expenses Paid By Candidate								
Name of Payee Martha Dean				Date of Payme 07/27/201		Is Reimbur Claimed?		Amount
Street Address 15 Ensign Dr		City Avon	State CT	Zip Code 06001		X Yes No		
Purpose of Expenditure TRVL	Description 1500 Miles			•	Event #	1		\$825.00
						Total of	Section O	\$825.00

IV. EXPENDITURES								
NAME OF COMMITTEE						FII	LING DUE DATE	
Dean 2010							Original 08/03/2010	
P. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution				ard:				
			Visa	Master Card	Discover	Ameri	can	
			Other					
Name of Vendor				Date of Transaction		Amount		
Street Address City		City	State	Zip Code				
Purpose of Expenditure	Description		<u>'</u>		Event #			
Total of Section P								

IV. EXPE	ENDITURES				
NAME OF COMMITTEE				FILING DU	JE DATE
Dean 2010				Original 08	/03/2010
Q. Expenses Incurred By Com	mittee but Not Paid Duri	ng this Period			
Name of Creditor Malcolm McGough		Date Incurred 07/01/2010	Event #		Amount Incurred (Estimate or
Street Address 15 Ensign Dr	City Avon		State CT	Zip Code 06001	Actual)
Purpose of Expenditure RCW					
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  X No	te(s) Name	Office Sought			\$148.39
Name of Creditor Malcolm McGough		Date Incurred 07/22/2010	Event #		Amount Incurred (Estimate or
Street Address 15 Ensign Dr	City Avon	•	State CT	Zip Code 06001	Actual)
Purpose of Expenditure RCW					
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	te(s) Name	Office Sought			\$45.42

IV. EXPENDITURES							
NAME OF CO	MMITTEE				FILING DU	E DATE	
Dean 2010					Original 08/	/03/2010	
	Q. Expenses Incurred By Com	mittee but Not Paid Duri	ng this Period				
Name of Creditor Malcolm McGo	ugh		Date Incurred 07/22/2010	Event #		Amount Incurred (Estimate or	
Street Address 15 Ensign Dr		City Avon	•	State CT	Zip Code 06001	Actual)	
Purpose of Expenditure RCW	Description						
Is this expenditure which reimbursemed Yes No	coordinated with another candidate for Other Candida ent is sought?	te(s) Name	Office Sought			\$34.48	
Name of Creditor Malcolm McGo	ugh		Date Incurred 07/22/2010	Event #		Amount Incurred (Estimate or	
Street Address 15 Ensign Dr		City Avon	•	State CT	Zip Code 06001	Actual)	
Purpose of Expenditure RCW	Description						
Is this expenditure which reimbursemed Yes X No	coordinated with another candidate for Other Candida ent is sought?	te(s) Name	Office Sought			\$58.03	

IV. EXPENDITURES							
NAME OF CO	MMITTEE				FILIN	G DUE DATE	
Dean 2010					Origin	al 08/03/2010	
	Q. Expenses Incurred By Com	mittee but Not Paid Duri	ng this Period		•		
Name of Creditor Khristina Surge	eon		Date Incurred 07/27/2010	Event #		Amount Incurred (Estimate or	
Street Address 160 Adams St		City Hartford	,	State	Zip Code 06112	(Estimate of Actual)	
Purpose of Expenditure WAGE	Description						
Is this expenditure of which reimbursemed Yes X No	coordinated with another candidate for Other Candida nt is sought?	te(s) Name	Office Sought			\$420.00	
Name of Creditor AlphaGraphics			Date Incurred 07/27/2010	Event #		Amount Incurred (Estimate or	
Street Address 47 W Main St		City Stamford		State CT	Zip Code 06902	Actual)	
Purpose of Expenditure PRNT	Description						
Is this expenditure which reimburseme Yes	coordinated with another candidate for Other Candida int is sought?	te(s) Name	Office Sought			\$500.00	
_				Total o	f Section Q	\$1,206.32	

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Dean 2010					Origin	nal 08/03/2010
R. Itemization of Reimburse	ements to Committe	e Workers and	Consultants		•	
Name of Worker/Consultant  Malcolm McGough  Secondary Payee  CT-N	McGough 07/12/2010 X Check Payee Purpose of Expenditure		Method of Payn  X Check #  1031  Debit Car		Amount	
Street Address 21 Oak St	City Hartford	A-TV	State CT	Zip Code 06106		
Description			1	Event #		
which reimbursement is sought?	idate(s) Name	Office	Sought			
Yes  X No						\$63.60
Name of Worker/Consultant Khristina Surgeon					nent	Amount
Secondary Payee CT Convention Center Parking		Purpose of	of Expenditure	1032  Debit Car	d	
Street Address 100 Columbus Blvd	City Hartford		State CT	Zip Code 06106		
Description  Name of person attending event: Khristina Surgeon; Address: 160 Adams Street, Hartford, CT 06112;  Date of Event: 05/21/2010 to 05/22/2010; Location: 100 Columbus Blvd, Hartford, CT; Entity  Sponsoring Event: CT Republican Party						
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes	idate(s) Name	Office	Sought			
X No						\$30.00
				Total of S	ection R	\$93.60

IV. EXPI	ENDITURES				
NAME OF COMMITTEE				FI	LING DUE DATE
Dean 2010				Or	riginal 08/03/2010
S. Surplus Distri	bution of Equipment and Furniture				
Name of Recipient					Original Purchase Amount of Item
Street Address	City	State	Zip Code		
Description		•	•		1
			Total of Section	on S	