

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

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Page 1 of 31

SUMMARY PAGE

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
Dean 2010					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First	MI	Last	Suffix		
	Nathaniel	S	Schindler			
4. TREASURER ADDRESS						
Street Address		City		State	Zip Code	
23 Taquoshe Pl		Fairfield		CT	06825	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)			7. DISTRICT CODE (if applicable)	
11/02/2010		Attorney General				
8. CANDIDATE NAME						
Title	First	MI	Last	Suffix		
	Martha	A.	Dean			
9. TYPE OF REPORT						
7th Day Preceding Primary - Original						
10. PERIOD COVERED						
Beginning Date Ending Date						
07/01/2010 thru 07/27/2010						
11. CERTIFICATION						
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.						
Electronic Filing		Nathaniel Schindler		08/03/2010		
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	FILING DUE DATE
Dean 2010	Original 08/03/2010

A. Total Contributions from Small Contributors-Received this Period ONLY

(See instructions for definition of Small Contributor)

Subtotal Section A**\$346.00****B. Itemized Contributions from Individuals**

Last Name Sposato	First Name Maureen	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0119	Amount of Contribution
Residential Street Address 24 Colton St	City Farmington	State CT	Zip Code 06032	Date Received 07/01/2010		
Principal Occupation Educator	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is 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 checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	
Last Name Levine	First Name Sam	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0120	Amount of Contribution
Residential Street Address 79 Bradford Walk	City Farmington	State CT	Zip Code 06032	Date Received 07/06/2010		
Principal Occupation COO	Name of Employer Aldin Assoc. L.P.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is 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 checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00	
Last Name Bozzuto	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0121	Amount of Contribution
Residential Street Address 15 Ridgcrest Ln	City Avon	State CT	Zip Code 06001	Date Received 07/08/2010		
Principal Occupation CEO	Name of Employer Bozzuto's Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is 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 checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$2,000.00	
Last Name Smith	First Name Laurence	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0116	Amount of Contribution
Residential Street Address 100 Breezy Hill Rd	City Canton	State CT	Zip Code 06019	Date Received 07/15/2010		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is 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 checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 08/03/2010

B. Itemized Contributions from Individuals

Last Name Daly	First Name Kelly	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0123	Amount of Contribution
Residential Street Address 298 Hightower Rd	City Southington	State CT	Zip Code 06489	Date Received 07/21/2010		
Principal Occupation Owner/General Agent	Name of Employer Daly Insurance Brokerage Service	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is 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 checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						
Last Name Donath	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0124	Amount of Contribution
Residential Street Address 71 Strawberry Hill Ave	City Stamford	State CT	Zip Code 06902	Date Received 07/26/2010		
Principal Occupation Engineer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is 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 checked="" type="checkbox"/> No		Aggregate Contributions \$150.00		
\$150.00						
Last Name Gonsalves	First Name George	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0125	Amount of Contribution
Residential Street Address 7 Amato Cir	City Wethersfield	State CT	Zip Code 06109	Date Received 07/27/2010		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is 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 checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						
Total of Section B						\$5,275.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections 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 associated with a fundraising event listed in Section J1?		Yes If yes, list Event # No	Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
Total of Section C1						

I. MONETARY RECEIPTS (Section A-I)				
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 A-K)

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 08/03/2010

D. Loans Received this Period

Name of Lender				Source of Loan: Bank Candidate Individual Other Committee	Is there a cosigner or Guarantor of this loan? Yes No	Amount Received
Street Address	City	State	Zip Code			
Name of Cosigner/Guarantor						
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
	<div style="display: flex; justify-content: space-around;"> Cash Personal Check Credit/Debit Card </div>
Total of Section E	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE					FILING DUE DATE
Dean 2010					Original 08/03/2010
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 08/03/2010

G. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Total Amount Received
Street Address	City	State
		Zip Code
Total of Section G		

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:	Supplemental/Independent Expenditure	Date Received	Amount
Initial			
Primary General or Special Election	Primary General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary General or Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE			FILING DUE DATE	
Dean 2010			Original 08/03/2010	
I. Miscellaneous Monetary Receipts not Considered Contributions				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Total of Section I				

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 08/03/2010

J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of the Purchaser Last Name <i>(Individuals ONLY)</i>	First Name	MI	Method of payment: <div style="display: flex; justify-content: space-around; font-size: small;"> Cash Personal Check Credit/Debit Card </div>				Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #		
Items Purchased							
Total of Section J2							

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 08/03/2010

J3. In-Kind Donations Not Considered Contributions

Name of the Donor				Donation Given by: Individual Business Entity		Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event		
Description of Donation		Date Received	Event #			
Total of Section J3						

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 08/03/2010

K. In-Kind Contributions

Name Redman Kathleen				Date Received 07/12/2010		Fair Market Value of this Contribution
Street Address 83 Oak St		City New Canaan	State CT	Zip Code 06840		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" 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 this contribution associated with a fundraising event listed in Section J1? If yes, list Event#	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of In-Kind Contribution Whistle Key Ring Giveaways		Aggregate contributions \$512.50	\$512.50	
Total of Section K						\$512.50

III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 08/03/2010

L. Refundable Deposit to Telephone Company

Last Name (Individuals Only)	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				FILING DUE DATE	
Dean 2010				Original 08/03/2010	
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee					
Name of Committee			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation		Purpose of Expenditure A B C D E			
Total of Section M					

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Dean 2010						Original 08/03/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Constant Contact					07/06/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
1601 Trapelo Rd	Waltham	MA	02451	A-WEB			
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$50.00
Name of Payee					Date of Payment	Method of Payment	Amount
Khristina Surgeon					07/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1032</u>		
160 Adams St	Hartford	CT	06112	RCW	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$30.00
Name of Payee					Date of Payment	Method of Payment	Amount
Malcolm McGough					07/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1031</u>		
15 Ensign Dr	Avon	CT	06001	RCW	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$63.60

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 08/03/2010

N. Expenses Paid By Committee

Name of Payee						Date of Payment	Method of Payment	Amount
FastSigns						07/16/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure			
1540D Pleasant Valley Rd		Manchester	CT	06042	A-OTH	<input checked="" type="checkbox"/> Debit Card		
Description							Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div style="float: right;">Other Candidate(s) Name Office Sought</div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>								
							\$617.45	

Name of Payee				Date of Payment	Method of Payment	Amount
Khristina Surgeon				07/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1035</u> <input type="checkbox"/> Debit Card	
160 Adams St	Hartford	CT	06112	WAGE		
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$342.62

Name of Payee				Date of Payment	Method of Payment	Amount
Khristina Surgeon				07/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1036</u>	
160 Adams St	Hartford	CT	06112	WAGE	<input type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>						
Other Candidate(s) Name				Office Sought		\$455.61

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 08/03/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Paul Pacelli				07/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1033</u>	
106 Putter Dr	Wallingford	CT	06492	CNSLT	<input type="checkbox"/> Debit Card	
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$400.00

Name of Payee					Date of Payment	Method of Payment	Amount
Paul Pacelli					07/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1034</u>		
106 Putter Dr	Wallingford	CT	06492	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$400.00

Name of Payee						Date of Payment	Method of Payment	Amount
ABC Signs						07/22/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure			
5851 Larue Steiner Rd		Theodore	AL	36582	A-SIGN	<input checked="" type="checkbox"/> Debit Card		
Description							Event #	
<div style="display: flex; justify-content: space-between;"> Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>								
								\$2,031.70

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 08/03/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Paul Pacelli				07/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1037</u>	
106 Putter Dr	Wallingford	CT	06492	CNSLT	<input type="checkbox"/> Debit Card	
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$400.00

Name of Payee					Date of Payment	Method of Payment	Amount
WELI					07/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1038</u>		
495 Benham St	Hamden	CT	06514	A-RAD	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <div> <input type="checkbox"/> Yes </div> <div> <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$800.00

Name of Payee						Date of Payment	Method of Payment	Amount
WDRC						07/22/2010	<input checked="" type="checkbox"/> Check # <u>1039</u>	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
869 Blue Hills Ave		Bloomfield	CT	06002	A-RAD			
Description							Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought								
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
\$3,750.00								

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dean 2010						Original 08/03/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
WTIC					07/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1040</u>	<input type="checkbox"/> Debit Card	
10 Executive Dr	Farmington	CT	06032	A-RAD			
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought		\$4,250.00
Total of Section N							\$13,590.98

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Dean 2010						Original 08/03/2010	
O. Campaign Expenses Paid By Candidate							
Name of Payee Martha Dean				Date of Payment 07/27/2010		Is Reimbursement Claimed?	
Street Address 15 Ensign Dr				City Avon		<input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No	
State CT		Zip Code 06001					
Purpose of Expenditure TRVL	Description 1500 Miles				Event #		Amount \$825.00
Total of Section O							\$825.00

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Dean 2010					Original 08/03/2010	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card: Visa Master Card Discover American Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description			Event #		
Total of Section P						

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 08/03/2010

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

Name of Creditor Malcolm McGough		Date Incurred 07/22/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 15 Ensign Dr		City Avon	State CT	Zip Code 06001	
Purpose of Expenditure RCW	Description				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Other Candidate(s) Name		Office Sought		\$34.48	

Name of Creditor Malcolm McGough		Date Incurred 07/22/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 15 Ensign Dr		City Avon	State CT	Zip Code 06001	
Purpose of Expenditure RCW	Description				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Other Candidate(s) Name		Office Sought		\$58.03	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 08/03/2010

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

Name of Creditor Khristina Surgeon		Date Incurred 07/27/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 160 Adams St		City Hartford	State CT	Zip Code 06112	
Purpose of Expenditure WAGE	Description				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	\$420.00

Name of Creditor AlphaGraphics		Date Incurred 07/27/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 47 W Main St		City Stamford	State CT	Zip Code 06902	
Purpose of Expenditure PRNT	Description				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	\$500.00

Total of Section Q					\$1,206.32
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IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE
Dean 2010				Original 08/03/2010
R. Itemization of Reimbursements to Committee Workers and Consultants				
Name of Worker/Consultant Malcolm McGough		Date of Payment 07/12/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1031	Amount
Secondary Payee CT-N		Purpose of Expenditure A-TV	<input type="checkbox"/> Debit Card	
Street Address 21 Oak St	City Hartford	State CT	Zip Code 06106	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
				\$63.60
Name of Worker/Consultant Khristina Surgeon		Date of Payment 07/12/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1032	Amount
Secondary Payee CT Convention Center Parking		Purpose of Expenditure ATT *	<input type="checkbox"/> Debit Card	
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			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
				\$30.00
Total of Section R				\$93.60

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Dean 2010				Original 08/03/2010
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
Total of Section S				