

**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 33

**SUMMARY PAGE**

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
Farrell For CT					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First	MI	Last	Suffix		
	Christine		Grochowski			
4. TREASURER ADDRESS						
Street Address		City		State	Zip Code	
7 Taylor Ln		Wallingford		CT	06492	
5. ELECTION DATE		6. OFFICE SOUGHT ( if applicable )			7. DISTRICT CODE ( if applicable )	
11/02/2010		Secretary of the State				
8. CANDIDATE NAME						
Title	First	MI	Last	Suffix		
	Jerry		Farrell	Jr		
9. TYPE OF REPORT						
Additional Itemized Statement in further support of application for Public Grant - Original						
10. PERIOD COVERED						
Beginning Date                      Ending Date						
07/28/2010                      thru                      08/04/2010						
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 <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.						
Electronic Filing		Christine Grochowski		08/05/2010		
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	
<b>Farrell For CT</b>		
	<b>COLUMN A</b> This Period	<b>COLUMN B</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	<b>\$32,147.64</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$3,540.00</b>	<b>\$80,250.00</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D-I)	<b>\$0.00</b>	<b>\$0.00</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14-17)	<b>\$3,540.00</b>	<b>\$80,250.00</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$35,687.64</b>	<b>\$80,250.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$0.00</b>	<b>\$44,562.36</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 )	<b>\$35,687.64</b>	<b>\$35,687.64</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	<b>\$0.00</b>
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	<b>\$0.00</b>
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$5,224.33</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$3,546.73</b>	

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

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	<b>Subtotal Section A</b> <b>\$0.00</b>

**B. Itemized Contributions from Individuals**

Last Name HILLEGAS, III	First Name GEORGE	MI F	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 # 1051	Amount of Contribution
Residential Street Address 3 Promontory Dr	City Wallingford	State CT	Zip Code 06492	Date Received 07/28/2010	
Principal Occupation CARPENTER/HANDYMAN	Name of Employer SELF	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	
Last Name MCNAMEE	First Name SEAN	MI P	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 # 1049	Amount of Contribution
Residential Street Address 15 S Elm St	City Wallingford	State CT	Zip Code 06492	Date Received 07/28/2010	
Principal Occupation CPA	Name of Employer SELF	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	
Last Name GESSERT	First Name JEANNE	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1037	Amount of Contribution
Residential Street Address 43 Grandview Ave	City Wallingford	State CT	Zip Code 06492	Date Received 07/28/2010	
Principal Occupation RETIRED	Name of Employer N/A	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 \$25.00	
Last Name GARBER	First Name ROSS	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 # 1021	Amount of Contribution
Residential Street Address 38 Red Hill Dr	City Glastonbury	State CT	Zip Code 06033	Date Received 07/28/2010	
Principal Occupation LAWYER	Name of Employer SHIPMAN & GOODWIN LLP	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	

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

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

### B. Itemized Contributions from Individuals

Last Name FERGUSON		First Name BETH		MI L	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 # 1038	Amount of Contribution
Residential Street Address 7 Saddlebrook Dr			City Wallingford		State CT	Zip Code 06492		Date Received 07/28/2010
Principal Occupation NONE			Name of Employer NONE			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? <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 contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

Last Name LAROSA	First Name THOMAS	MI P	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1039	Amount of Contribution
Residential Street Address 203 Baileyville Rd	City Middlefield	State CT	Zip Code 06455	Date Received 07/28/2010		
Principal Occupation SALES	Name of Employer GTG BEVERAGE DIST	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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"/> Yes <input checked="" type="checkbox"/> No  <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 CLARK, JR		First Name LAWRENCE		MI P	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1040		Amount of Contribution	
Residential Street Address 2 Mulligan Dr			City Wallingford		State CT	Zip Code 06492		Date Received 07/28/2010				
Principal Occupation BROKER			Name of Employer COWLES & CONNELL			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 LAROSA		First Name CAROL		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 # 1041	Amount of Contribution
Residential Street Address 203 Baileyville Dr			City Middlefield		State CT	Zip Code 06455	Date Received 07/28/2010	
Principal Occupation BOOKKEEPER			Name of Employer MICHAEL'S TRATTORIA			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? <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 contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

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

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

**B. Itemized Contributions from Individuals**

Last Name <b>BESCHI</b>	First Name <b>CARON</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1042</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>9 Suzio Dr</b>	City <b>Meriden</b>	State <b>CT</b>	Zip Code <b>06451</b>	Date Received <b>07/28/2010</b>		
Principal Occupation <b>SALES</b>	Name of Employer <b>WORLD WIDE WINES</b>		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 <b>\$100.00</b>		
Last Name <b>APPLEGATE</b>	First Name <b>SHARON</b>	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 # <b>1034</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>182 Long Hill Rd</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/28/2010</b>		
Principal Occupation <b>RETIRED</b>	Name of Employer <b>N/A</b>		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 <b>\$50.00</b>		
Last Name <b>CHILDS</b>	First Name <b>KATHARINE</b>	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 # <b>1035</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>7 Seiter Hill Rd</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/28/2010</b>		
Principal Occupation <b>OFFICE</b>	Name of Employer <b>TUXIS-OHR'S FUEL</b>		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 <b>\$100.00</b>		
Last Name <b>POWERS</b>	First Name <b>PAUL</b>	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 # <b>1050</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>40 Northrop Rd</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/28/2010</b>		
Principal Occupation <b>PHYSICIAN</b>	Name of Employer <b>SELF</b>		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 <b>\$50.00</b>		



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

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

**B. Itemized Contributions from Individuals**

Last Name <b>BOUGHTON</b>	First Name <b>MARK</b>	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 # <b>1046</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>23 Alan Ave</b>	City <b>Danbury</b>	State <b>CT</b>	Zip Code <b>06811</b>	Date Received <b>07/29/2010</b>		
Principal Occupation <b>MAYOR</b>	Name of Employer <b>CITY OF DANBURY</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Last Name <b>BUSHKA</b>	First Name <b>NANCY</b>	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 # <b>1048</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>251 Maybrook Rd</b>	City <b>Waterbury</b>	State <b>CT</b>	Zip Code <b>06708</b>	Date Received <b>07/29/2010</b>		
Principal Occupation <b>OWNER</b>	Name of Employer <b>BUSHKA LUMBER &amp; MILLWORK</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Last Name <b>PELLO</b>	First Name <b>DAWN</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1043</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>9 Taylor La</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/29/2010</b>		
Principal Occupation <b>DEVELOPMENT-DATA COORDINATOR</b>	Name of Employer <b>CHOATE ROSEMARY HALL</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Last Name <b>LAWRENCE</b>	First Name <b>BEATRICE</b>	MI <b>C</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1044</b>	Amount of Contribution          <b>\$10.00</b>
Residential Street Address <b>1165 Yale Ave</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492-1720</b>	Date Received <b>07/29/2010</b>		
Principal Occupation <b>RETIRED</b>	Name of Employer <b>N/A</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		









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

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

**B. Itemized Contributions from Individuals**

Last Name <b>BISHOP</b>	First Name <b>DEBBIE</b>	MI <b>G</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1059</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>25 Meadow Ridge Ln</b>	City <b>Guilford</b>	State <b>CT</b>	Zip Code <b>06437</b>	Date Received <b>07/29/2010</b>			
Principal Occupation <b>PAYROLL CLERK</b>	Name of Employer <b>BW BISHOP &amp; SONS</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>SPRAFKE</b>	First Name <b>ELIZABETH</b>	MI <b>H</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1025</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>51 Jamestown Cir</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/30/2010</b>			
Principal Occupation <b>RETIRED</b>	Name of Employer <b>N/A</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>GREENBERG</b>	First Name <b>MARK</b>	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 # <b>1024</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>184 Fern Ave</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>	Date Received <b>07/30/2010</b>			
Principal Occupation <b>REAL ESTATE</b>	Name of Employer <b>MGRG CO LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>ROSE</b>	First Name <b>JOSEPH</b>	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 # <b>1047</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>1407 Alton Woods Dr</b>	City <b>Concord</b>	State <b>NH</b>	Zip Code <b>03301</b>	Date Received <b>08/02/2010</b>			
Principal Occupation <b>MANAGER</b>	Name of Employer <b>PGANE</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>

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

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

**B. Itemized Contributions from Individuals**

Last Name <b>PANCAK</b>	First Name <b>KATHERINE</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1036</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>21 Governors Way</b>	City <b>Madison</b>	State <b>CT</b>	Zip Code <b>06443</b>	Date Received <b>08/02/2010</b>			
Principal Occupation <b>PROFESSOR</b>	Name of Employer <b>UNIVERISTY OF CT</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>BARABAS</b>	First Name <b>BERNARD</b>	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 # <b>1060</b>	Amount of Contribution          <b>\$25.00</b>	
Residential Street Address <b>37 Griffing Ave</b>	City <b>Danbury</b>	State <b>CT</b>	Zip Code <b>06810</b>	Date Received <b>08/04/2010</b>			
Principal Occupation <b>OWNER</b>	Name of Employer <b>BERNIE'S AIR CONDITIONING &amp; HEATING</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$25.00</b>
Last Name <b>BALDWIN</b>	First Name <b>JAMES</b>	MI <b>T</b>	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 # <b>1062</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>150 Inwood Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>	Date Received <b>08/04/2010</b>			
Principal Occupation <b>ATTORNEY</b>	Name of Employer <b>SELF</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>BENIGNI</b>	First Name <b>HARRY</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1054</b>	Amount of Contribution          <b>\$25.00</b>	
Residential Street Address <b>51 Shetland Dr</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>08/04/2010</b>			
Principal Occupation <b>RETIRED</b>	Name of Employer <b>N/A</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$25.00</b>

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

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

**B. Itemized Contributions from Individuals**

Last Name LUKE	First Name PATRICIA	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 # 1020	Amount of Contribution
Residential Street Address 4 Oak Knl	City East Hampton	State CT	Zip Code 06424	Date Received 08/04/2010		
Principal Occupation RETIRED	Name of Employer N/A	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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		
Last Name SMITH, JR	First Name WINTHROP	MI S	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 # 1061	Amount of Contribution
Residential Street Address 334 Edgefield Ave	City Milford	State CT	Zip Code 06460	Date Received 08/04/2010		
Principal Occupation ATTORNEY	Name of Employer DAY, SMITH, STEELE, LLC	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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		
Last Name ZAPPI	First Name ROBERT	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 # 1056	Amount of Contribution
Residential Street Address 3 Charmers Lndg	City Westport	State CT	Zip Code 06880	Date Received 08/04/2010		
Principal Occupation MARKETING CONSULTANT	Name of Employer CATALYST INT'L	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$25.00		
<b>Total of Section B</b>						<b>\$3,540.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>						<b>\$3,540.00</b>

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

NAME OF COMMITTEE					FILING DUE DATE	
Farrell For CT						
<b>C1. Contributions from Other Committees</b>						
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		
<b>Total of Section C1</b>						

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Farrell For CT				
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
Farrell For CT	

**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
Farrell For CT		
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 COMMITTEE					FILING DUE DATE
Farrell For CT					
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
Farrell For CT				
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				

<b>I. MONETARY RECEIPTS (Section A-K)</b>			
NAME OF COMMITTEE			FILING DUE DATE
Farrell For CT			
<b>H. Public Grant Funds Received from the Citizen's Election Fund</b>			
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	
Farrell For CT					
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 Farrell For CT					FILING DUE DATE
J1. Fundraising Event Information					
Fundraising Event # Date of Fundraiser	Description Letter	Location: Street Address	City	State	Zip Code
Was this fundraising event hosted at a personal residence?			Yes	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	No	
Was this fundraiser a tag sale, auction, or other sale of donated items?			Yes	No	

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

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

Name of the Purchaser <i>(Individuals ONLY)</i>	Last Name	First Name	MI	Method of payment:			Aggregate Amount of Purchases
				Cash	Personal Check	Credit/Debit Card	
Residential Street Address		City	State	Zip Code	Date Received	Event #	
Items Purchased							
<b>Total of Section J2</b>							

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

### J3. In-Kind Donations Not Considered Contributions

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



### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE					FILING DUE DATE	
Farrell For CT						
<b>K. In-Kind Contributions</b>						
Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State			
Type of Contributor:	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		Yes No Executive Legislative	
Individual Committee						
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#		Yes No	Description of In-Kind Contribution		Aggregate contributions	
<b>Total of Section K</b>						

### III. Non Monetary Receipts

NAME OF COMMITTEE

FILING DUE DATE

Farrell For CT

#### 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	
Farrell For CT					
<b>M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee</b>					
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	
Farrell For CT									
N. Expenses Paid By Committee									
Name of Payee					Date of Payment		Method of Payment		Amount
Street Address		City		State	Zip Code	Purpose of Expenditure		Check #	
								Debit Card	
Description							Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No					Other Candidate(s) Name		Office Sought		
Total of Section N									

**IV. EXPENDITURES**

NAME OF COMMITTEE						FILING DUE DATE		
Farrell For CT								
<b>O. Campaign Expenses Paid By Candidate</b>								
Name of Payee					Date of Payment	Is Reimbursement Claimed?	<b>Amount</b>	
Street Address			City		State	Zip Code		Yes No
Purpose of Expenditure	Description				Event #			
<b>Total of Section O</b>								

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Farrell For CT						
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	
Farrell For CT						
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>						
Name of Creditor				Date Incurred		Event #
Street Address			City		State	Zip Code
Purpose of Expenditure	Description					Amount Incurred (Estimate or Actual)
<div> <div>Is this expenditure coordinated with another candidate for which reimbursement is sought?</div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div> </div> <div> <div>Yes</div> <div>No</div> </div>						
Total of Section Q						

## IV. EXPENDITURES

<b>IV. EXPENDITURES</b>				
NAME OF COMMITTEE			FILING DUE DATE	
Farrell For CT				
<b>R. Itemization of Reimbursements to Committee Workers and Consultants</b>				
Name of Worker/Consultant		Date of Payment	Method of Payment Check #	Amount
Secondary Payee		Purpose of Expenditure		
Street Address	City	State	Zip Code	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No			Other Candidate(s) Name  Office Sought	
<b>Total of Section R</b>				



IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Farrell For CT				
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				