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 99

SUMMARY PAGE

			50112		1132					
1.NAME OF COMMITTEE							2. TYP	PE OF COMMITTEE		
Cam Staples For Attorn	ney General						x	Candidate Committee Exploratory Committee		
3. TREASURER NAME										
Title	First Roberta			MI B.	Last Willis			Suffix		
4. TREASURER ADDRESS										
Street Address			City			State	2	Zip Code		
30 Upland Meadow Rd		ст		06039						
5. ELECTION DATE			6. O	FFICE SOUG	HT (if applicable)		7. DISTR	ICT CODE (if applicable)		
11/02/2010										
8. CANDIDATE NAME								_		
Title	First Cameron			мі с.	Last Staples			Suffix		
9. TYPE OF REPORT										
April 10 Filing - Origin	al									
10. PERIOD COVERED										
		Beginning Date			Ending Date					
		01/18/2010	thru	1	03/31/2010					
			11 CER	RTIFICATION						
	ed Campaig	under penalties of false	e statem	nent, that all	of the information set forth period covered is true,					
Electronic Filing SIGNATURE		Cindy Rosarbo PRINT NAME OF THI	ē SIGNE	ΞR		2/2010 CERTIFIED				
					LE BY FINE NOT TO EXCEED HAN 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

TOTALS									
NAME OF COMMITTEE	FILING DUE DATE								
Cam Staples For Attorney General	Original 04/12/2010								
	COLUMN A This Period	COLUMN B Aggregate							
12. Balance on hand from day Committee was formed		\$0.00							
13. Balance on hand at the beginning of Reporting Period	\$0.00								
14. Contributions received from Individuals (Section A and B)	\$25,805.00	\$25,805.00							
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00							
16. Other Monetary Receipts (Section D-I)	\$1,000.00	\$1,000.00							
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)	\$26,805.00	\$26,805.00							
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$26,805.00	\$26,805.00							
20. Expenses Paid by Committee (Section N)	\$6,276.76	\$6,276.76							
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$20,528.24	\$20,528.24							
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00							
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00							
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00							
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00							
26. Beginning Loan Balance	\$0.00	\$0.00							
26a. + Loans Received (Section D)	\$0.00	\$0.00							
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00							
26c Payments on Loan(s)	\$0.00	\$0.00							
26d. Total Outstanding Loan Amount	\$0.00	\$0.00							
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00							
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00							
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$1,793.83								
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$1,793.83								

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE								FILING	DUE DATE
Cam Staples For Attorney Gene	eral							Origina	al 04/12/2010
A. Total Contributions from	m Small (Contributors-Received th	is Perio	d ONLY	7		<u> </u>		
(See instructions for definition of Small			15 1 0110		total Section A	\$0.00			
		B. Itemized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contribution	ı ID#	Amount of
Mauro	Vincent			Cash Money	y Order Personal Credit/E	Check Debit Card	0005		Contribution
Residential Street Address		City		State	Zip Code	D	ate Received		
196 Crown St		New Haven		СТ	06510	0	2/19/2010		
Principal Occupation		Name of Employer			Is this contribution asso fundraising event listed			Yes	
Counsel		State of Connecticut			If yes, list Event #	in Section .	x	No	
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contributi	ions	İ
state contractor? Is yes, indicate which branch or branches of	_			child of a lob	-	1.55.0	-	00.00	\$100.00
government the contract is with:	<u>. </u>	Executive Legislative	<u> </u>	res x	No				
Last Name	First Name		MI		contribution:	ı aı	Contribution	ı ID#	Amount of
Pepe	Gregory		J	Cash Money	y Order Registration X Personal	Check Debit Card	0004		Contribution
Residential Street Address	!	City		State	Zip Code	D	ate Received		
157 Santa Fe Ave		Hamden		CT	06517	0	2/19/2010		
Principal Occupation		Name of Employer			Is this contribution asso	ciated with	а П	Yes	
lawyer		Neubert, Pep & Monteith, P.C	C.		fundraising event listed If yes, list Event #	in Section .			
Is contributor a principal of a state contractor	or prospective	Yes X No	T			1.			
state contractor?	of prospective	Yes X No		utor a lobbyis child of a lob		Aggre	egate Contributi \$1.0	ions 00.00	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		res x	No		Ψι	30.00	¥100.00
Last Name	First Name		MI	Method of	contribution:		Contribution	ı ID#	Amount of
Randall	Gretchen			Cash	v Order Registry	Check Debit Card	0003		Contribution
Decidential Court Address		Cit.					ate Received		
Residential Street Address 25 Forest Brook Rd		City Guilford		State	Zip Code 06437		2/21/2010		
Principal Occupation		Name of Employer		<u>. </u>	Is this contribution asso	ciated with	а П	Yes	İ
Lawyer		Neubert, Pepe & Monteith, P.	C.		fundraising event listed	in Section .	J1? X		
		<u> </u>			If yes, list Event #			110	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis child of a lob		Aggre	egate Contributi		
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	l	res X	•		\$10	00.00	\$100.00
Last Name	First Name		MI		contribution:		Contribution	ı ID#	Amount of
Godbout	Kevin			Cash Money	x Personal y Order Credit/E	Check Debit Card	0006		Contribution
Residential Street Address		City		State	Zip Code	D	ate Received		
6 Laurel Rdg		Guilford		СТ	06437	0	2/22/2010		
Principal Occupation		Name of Employer		•	Is this contribution asso			Yes	
Attorney		Neubert, Pepe & Monteith			fundraising event listed If yes, list Event #	in Section .	J1? X		
T (1)			1.			_			
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis child of a lob		Aggre	egate Contributi		#100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		res x	No		\$10	00.00	\$100.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	on A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	ral								Origin	al 04/12/2010
		B. It	emized Contributi	ons from	ı Individu	uals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Shak	Alexandra	ì			Cash	y Order X Personal Credit/Do		0007		Contribution
D 11 (10) (11)		a:			-	1)		
Residential Street Address 102 Bradley Corners Rd		City Madison			State	Zip Code 06443		Date Received		
,			an layran		ļ <u>.</u>	Is this contribution assoc				
Principal Occupation Executive		Name of Er Meriden-	npioyer ·Wallingford			fundraising event listed i		J1?	Yes	
Executive			. .			If yes, list Event #	_	LX	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	•		\$1	100.00	\$100.00
government the contract is with:		Executive	Legislative	 	I			1		
Last Name Moy	First Name Donald			MI R	Method of Cash	contribution:	Check	Contributio	on ID #	Amount of Contribution
Moy	Donald					y Order Credit/De		0008		Contribution
Residential Street Address		City			State	Zip Code	Г	Date Received		
79 Irving St		Floral Par	·k		NY	11001	С	2/22/2010	0	
Principal Occupation		Name of Er	nployer		•	Is this contribution assoc			Yes	
attorney		State of	New York Medical So	ociety		fundraising event listed i If yes, list Event #	n Section	J1?	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	et snouse or	Τ.			
state contractor?	or prospective		Yes No		child of a lob	-	Aggre	egate Contribu \$1	1110ns 100.00	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res x	No		T-		4100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Holmes	Christi			J	Cash Money	y Order X Personal Credit/De		0010		Contribution
Residential Street Address		City		•	State	Zip Code	Г	Date Received		
274 Church St # 7B		Guilford			СТ	06437	c	2/23/2010	0	
Principal Occupation		Name of Er	nployer		•	Is this contribution assoc			Yes	
Director of Education		CT State	Medical Society			fundraising event listed i If yes, list Event #	n Section	J1?	No	
				1			1			<u> </u>
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob	-	Aggre	egate Contribu		*100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res x	No		\$1	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Ruszkowski	Vimala			В	Cash	X Personal		0011		Contribution
		1			Money	y Order Credit/De	ebit Card			
Residential Street Address		City			State	Zip Code		Date Received		
659 Booth Hill Rd		Trumbull			СТ	06601)2/24/2010	<u> </u>	
Principal Occupation		Name of En				Is this contribution assoc fundraising event listed i		J1?	Yes	
attorney		Neubert,	Pepe & Monteith			If yes, list Event #		x	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No	Is contrib	utor a lobbyis	st, spouse, or	Aggre	egate Contribu	itions	<u> </u>
state contractor? Is yes, indicate which branch or branches of				I -	child of a lob	-		-	100.00	\$100.00
government the contract is with:	Ш	Executive	Legislative	Y	res X	No				

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	ral								Origin	al 04/12/2010
		B. It	emized Contributi	ions from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Jameson	Helen				Cash Money	y Order X Personal Credit/De		0012		Contribution
Residential Street Address	l	City			State	Zip Code		Date Received		
706 W Cornelia 3E		Chicago			IL	60657	o	2/24/2010)	
Principal Occupation Medical Assoc Management		Name of Er	nployer		•	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	or prospective		Yes X No	dependent	utor a lobbyis child of a lob	t, spouse, or obyist?	Aggre	egate Contribu	tions 50.00	\$50.00
government the contract is with:	<u></u> 	Executive	Legislative	+ =	1			1		
Last Name Winegard	First Name Deborah			MI J	Cash	contribution: X Personal y Order Credit/Do		Contribution 0013	on ID #	Amount of Contribution
Residential Street Address 1068 Virginia Ave NE		City Atlanta			State GA	Zip Code 30306		Date Received)	
Principal Occupation		Name of En	nployer			Is this contribution associ	iated with	a	Yes	
attorney		Self		_		fundraising event listed if yes, list Event #	n Section .	J1?	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	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu \$1	tions .00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Kleinman	Sharon				Cash Money	y Order Personal Credit/De		0009		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
401 Whitney Ave # 3		New Have	en		СТ	06511)2/26/2010)	
Principal Occupation professor		Name of En Quinnipia	nployer ac University			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	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribu \$	tions 50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Hawes	Rhonda	,			Cash Money	y Order Personal Credit/De		0014		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
204 Gorham Ave		Hamden			СТ	06514)3/01/2010) 	
Principal Occupation Director of Marketing		Name of Er CT State	nployer Medical Society			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	or prospective	•	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu \$1	tions .00.00	\$100.00
government the contract is with:	Ш	Executive	Legislative	Y	res x	No				

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Cam Staples For Attorney Gene	eral								Origina	al 04/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals		•		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Melendez	Yvette				Cash Money	y Order X Personal Credit/De		0015		Contribution
Residential Street Address	•	City			State	Zip Code	Е	ate Received		
55 Brentwood Dr		Glastonb	ury		СТ	06033	0	3/05/2010)	
Principal Occupation retired		Name of Er	nployer			Is this contribution assoc fundraising event listed i If yes, list Event #		J1? $f egin{array}{cccccccccccccccccccccccccccccccccccc$	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	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribut	tions 75.00	\$75.00
Last Name	First Name			MI	Method of	contribution:	_	Contribution	n ID#	Amount of
Adamo	Ernest				Cash Money	x Personal y Order Credit/De		0016		Contribution
Residential Street Address	•	City			State	Zip Code	Е	ate Received		
187 Lawrence St		New Have	en		СТ	06511	0	3/05/2010)	
Principal Occupation		Name of En	mployer		•	Is this contribution assoc			Yes	
Legislative Liason and planning spe		Departm	ent of Revenue Serv	vices		fundraising event listed i If yes, list Event #	n Section .	x x	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	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribut \$1	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contribution	n ID#	Amount of
Hanson	Catherine			I	Cash Money	y Order X Personal Credit/De		0017		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
561 Kenilworth Ave		Kenilwort	:h		IL	60043	0	3/05/2010)	
Principal Occupation		Name of En				Is this contribution assoc fundraising event listed i			Yes	
attorney		America	n Medical			If yes, list Event #	ii section .	x	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		outor a lobbyis t child of a lob		Aggre	egate Contribut		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res x	-		\$1	00.00	\$100.00
Last Name	First Name			MI		contribution:		Contribution	n ID#	Amount of
Norbeck	Timothy			В	Cash Money	y Order Personal Credit/De		0018		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
22451 Glenview Ln		Bonita Sp	orings		FL	34135	0	3/09/2010)	
Principal Occupation consultant		Name of Er	nployer			Is this contribution assoc fundraising event listed i If yes, list Event #		J1? $f egin{array}{cccccccccccccccccccccccccccccccccccc$	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	1	Yes X No	dependent	outor a lobbyis t child of a lob	byist?	Aggre	egate Contribut \$1	tions 00.00	\$100.00
government the contract is with:		Executive	Legislative	Y	res X	No				,

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Cam Staples For Attorney Gene	ral								Origina	al 04/12/2010
		B. Ite	emized Contributi	ions fron	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Norbeck	Michelle			R	Cash Money	y Order X Personal Credit/De		0019		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
22451 Glenview Ln		Bonita Sp	orings		FL	34135		3/09/2010)	
Principal Occupation consultant		Name of En	nployer		•	Is this contribution assoc fundraising event listed i 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	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	tions 00.00	\$100.00
Last Name	First Name			MI	1	contribution:		Contributio	n ID#	A
Wolfson, MD	Steven				Cash	y Order X Personal Credit/De		0021	п по #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Б	ate Received		
1 Moose Hill Rd		Guilford			СТ	06437	0	3/10/2010)	
Principal Occupation cardiologist		Name of En	nployer gy Associates of Nev	v Haven		Is this contribution assoc fundraising event listed i 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	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Tyler	Sara			S	Cash Money	y Order Personal Credit/De		0023		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
45 Lincoln St		New Have	en ————————————————————————————————————		СТ	06511		3/10/2010	-	
Principal Occupation teacher		Name of En	nployer Heart Academy			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor	or prospective	l	Yes X No	Is contrib	utor a lobbyis	t chouse or	Τ.			
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	dependent	child of a lob	byist?	Aggre	gate Contribu \$1	00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	n ID#	Amount of
Monahan	John	_			Cash Money	y Order X Personal Credit/De		0024		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
27 Lincoln St		New Have	en		СТ	06511	0	3/10/2010)	
Principal Occupation attorney		Name of En Murtha C				Is this contribution assoc fundraising event listed i 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	or prospective		Yes X No	dependent	utor a lobbyis	bbyist?	Aggre	egate Contribu	tions 00.00	\$100.00
government the contract is with:	Ш	Executive	Legislative	Y	res x	No				

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	eral								Origin	al 04/12/2010
		B. It	emized Contributi	ions from	Individu	ıals		•		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Monahan	Barbara			P	Cash Money	y Order X Personal C		0025		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
27 Lincoln St		New Hav	en		СТ	06511	0	3/10/2010)	
Principal Occupation		Name of Er	mployer		•	Is this contribution assoc			Yes	
Director of Development		Hopkins	School			fundraising event listed in If yes, list Event #	n Section .	J1?	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of		F		I	child of a lob	•		\$1	00.00	\$100.00
government the contract is with:		Executive	Legislative	+ =			<u> </u>	1		
Last Name Satin	First Name Joseph			MI S	Method of Cash	contribution:	Check	Contributio	n ID#	Amount of Contribution
Suth	зозерн					y Order Credit/De	bit Card	0026		Contribution
Residential Street Address		City			State	Zip Code	Б	ate Received		
471 Derby Milford Rd		Orange			СТ	06477	0	3/10/2010)	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes	
Engr		Satin An	nerican			fundraising event listed in If yes, list Event #	n Section .)1? x	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis	-	Aggre	egate Contribu	tions	ĺ
state contractor? Is yes, indicate which branch or branches of		F	Legislative	1 —	child of a lob	-		\$1	00.00	\$100.00
government the contract is with:	<u> </u>	Executive	Legislative	+ -			<u> </u>	1		<u> </u>
Last Name York	First Name Iain			MI	Method of Cash	contribution:	Check	Contributio	n ID#	Amount of Contribution
TOTA	Talli				_	y Order Credit/De		0028		Contribution
Residential Street Address		City			State	Zip Code	Б	ate Received		
55 Huntington St		New Hav	en		СТ	06511	0	3/10/2010)	
Principal Occupation		Name of Er	mployer			Is this contribution associ		1^	Yes	
writer		self				fundraising event listed in If yes, list Event # 03			No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t enquee or	Τ.			
state contractor?	or prospective		Yes A No		child of a lob		Aggre	egate Contribu	00.00	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	es x	No		Ψ±		\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Clark	Will				Cash Money	y Order Personal C		0029		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
337 Huntington St		New Hav	en		СТ	06511	0	3/10/2010)	
Principal Occupation		Name of Er	mployer			Is this contribution associ		1^	Yes	
C00		New Hav	en Board of Ed			fundraising event listed in If yes, list Event # 03			No	
Is contributor a principal of a state contractor	or prospective	<u>I</u>	Yes X No	Is contrib	utor a lobbyis	t spouse or	A ~~~	egate Contribu	tions	†
state contractor? Is yes, indicate which branch or branches of			165 110	dependent	child of a lob	byist?	Aggre	-	.00.00	\$100.00
government the contract is with:		Executive	Legislative	Y	es x	No				

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							F	FILING	DUE DATE		
Cam Staples For Attorney Gene	ral						(Origina	ıl 04/12/2010		
		B. Itemized Contributi	ions fron	ı Individu	ıals						
Last Name O'Brien	First Name Barbara		MI	Cash	contribution:	heck	Contribution I	ID#	Amount of Contribution		
Residential Street Address 183 Livingston St		City New Haven		State CT	y Order Credit/Deb Zip Code 06511	Date	te Received				
Principal Occupation attorney		Name of Employer Law Offices			Is this contribution associa fundraising event listed in If yes, list Event # 030		11.				
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 t child of a lob Yes	byist?	Aggrega	ate Contribution \$100		\$100.00		
Last Name Ranelli	First Name Kendra		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck	Contribution I	ID#	Amount of Contribution		
Residential Street Address 265 Willow St		City New Haven		State CT	Zip Code 06511		te Received /10/2010				
Principal Occupation		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event # 030		11.				
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contribution		\$100.00		
Last Name Ranelli	First Name Matt		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck	Contribution I	ID#	Amount of Contribution		
Residential Street Address 265 Willow St		City New Haven		State CT	Zip Code 06511		te Received /10/2010				
Principal Occupation atty		Name of Employer Shipman & Goodwin			Is this contribution associa fundraising event listed in If yes, list Event # 030		1 1 .				
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	Yes X No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contribution		\$100.00		
Last Name Hauser	First Name Debra		MI	Cash	contribution: X Personal Cl	heck	Contribution I	ID#	Amount of Contribution		
Residential Street Address 396 Livingston St		City New Haven		State CT	Zip Code 06511		te Received /10/2010				
Principal Occupation clinical psychologist		Name of Employer unemployed		•	Is this contribution associa fundraising event listed in If yes, list Event # 030	Section J1?	11.				
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	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contribution		\$100.00		

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILIN	G DUE DATE			
Cam Staples For Attorney Gene	eral						Origin	nal 04/12/2010			
		B. Itemized Contributi	ions from	ı Individu	ıals						
Last Name Mark	First Name Fishman		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0020	ibution ID#	Amount of Contribution			
Residential Street Address 106 Jackman Ave		City Fairfield		State CT	Zip Code 06825	Date Rece 03/10/2		-			
Principal Occupation attorney		Name of Employer Neubert Pepe & Monteith			Is this contribution associate fundraising event listed in If yes, list Event #		Yes				
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	Yes X No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate Con	stributions \$100.00	\$100.00			
Last Name LaGarde, MD	First Name Suzanne		MI P	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0022	ibution ID #	Amount of Contribution			
Residential Street Address 75 Old Farm Rd		City Hamden		State CT	Zip Code 06517	Date Rece 03/10/2					
Principal Occupation physician		Name of Employer CT Gastroenterology		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes				
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	stributions \$100.00	\$100.00			
Last Name Ullman	First Name Andrew		MI M	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0039	ibution ID #	Amount of Contribution			
Residential Street Address 9 Eaton Woods Rd		City Hamden		State CT	Zip Code 06518	Date Rece 03/10/2					
Principal Occupation atty		Name of Employer Ullman & Perlmutter			Is this contribution associate fundraising event listed in the street If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	stributions \$100.00	\$100.00			
Last Name Murphy	First Name Janyce		MI	x Cash	contribution: Personal Cl	neck 0031	ibution ID #	Amount of Contribution			
Residential Street Address 270 Everit St		City New Haven		State CT	Zip Code 06511	Date Rece 03/10/2					
Principal Occupation ICSW		Name of Employer		•	Is this contribution associal fundraising event listed in 1 If yes, list Event # 030	Section J1?	X 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	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	stributions \$40.00	\$40.00			

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Cam Staples For Attorney Gene	ral						C	Origina	1 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contribution I	ID#	Amount of
Diano	Sabrina			Cash Money	y Order		0033		Contribution
Residential Street Address		City		State	Zip Code	Date	e Received		
142 Cold Spring St		New Haven		СТ	06511	03/	/10/2010		
Principal Occupation faculty		Name of Employer YaLe U.			Is this contribution associa fundraising event listed in If yes, list Event # 030		1 1		
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contribution	1	\$100.00
Last Name Horvath	First Name Tamas		MI	Cash	contribution: X Personal Cl	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 142 Cold Spring St	•	City New Haven	•	State CT	Zip Code 06511		e Received /10/2010		
Principal Occupation Faculty		Name of Employer Yale U.		•	Is this contribution associa fundraising event listed in If yes, list Event # 030		1 1	1	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contribution	1	\$100.00
Last Name Kafoglis	First Name Nancy		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 20 Autumn St		City New Haven		State CT	Zip Code 06511		e Received /10/2010		
Principal Occupation Adjunct		Name of Employer Quinnipiac U.		!	Is this contribution associa fundraising event listed in If yes, list Event # 030	Section J1?	1 1 .	1	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contribution \$100	1	\$100.00
Last Name Edwards	First Name Catherine		MI	Cash	contribution: X Personal Cl	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 272 Edgehill Rd		City Hamden		State CT	Zip Code 06517		e Received /10/2010		
Principal Occupation Arts programmer		Name of Employer Intl Festival of Arts and Idea:	s		Is this contribution associa fundraising event listed in If yes, list Event # 030	Section J1?	1 1		
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution	1	\$100.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILING	G DUE DATE	
Cam Staples For Attorney Gene	ral								Origin	al 04/12/2010	
B. Itemized Contributions from Individuals											
Last Name Frew	First Name Bob			MI S	Cash	contribution: X Personal (y Order Credit/De		Contribution 0027	on ID#	Amount of Contribution	
Residential Street Address 204 Bishop St		City New Hav	/en		State CT	Zip Code 06511		ate Received			
Principal Occupation retired		Name of E	Employer			Is this contribution associ 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	utions 100.00	\$100.00	
Last Name Vender	First Name Amy			MI	Cash	contribution: X Personal (y Order		Contribution 0040	on ID#	Amount of Contribution	
Residential Street Address 33 Hammock Rd		City Clinton			State CT	Zip Code 06413		ate Received			
Principal Occupation consultant		Name of E self	imployer			Is this contribution associ 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	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contribu	utions 100.00	\$100.00	
Last Name Vender, MD	First Name Ronald			MI	Cash	contribution: X Personal (y Order Credit/De		Contribution 0041	on ID#	Amount of Contribution	
Residential Street Address 33 Hammock Rd		City Clinton			State CT	Zip Code 06413		ate Received			
Principal Occupation physician		Name of E	Employer			Is this contribution associ fundraising event listed in If yes, list Event #		₁₁₂	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 es x	byist?	Aggre	gate Contribu	utions 100.00	\$100.00	
Last Name Zehner	First Name Andrew			MI	Cash	contribution: X Personal (y Order Credit/De		Contribution 0042	on ID#	Amount of Contribution	
Residential Street Address 93 Livingston St		City New Hav	/en		State CT	Zip Code 06511		ate Received			
Principal Occupation attorney3/		Name of E Pfizer	imployer			Is this contribution associ 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 Yes	byist?	Aggre	gate Contribu	utions 100.00	\$100.00	

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Cam Staples For Attorney Gene	ral						Origin	nal 04/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals			
Last Name Whitty	First Name Suzanne		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	eck 0043	bution ID #	Amount of Contribution
Residential Street Address 93 Livingston St		City New Haven		State CT	Zip Code 06511	Date Rece		
Principal Occupation Tax accountant		Name of Employer Yale U.		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cor	stributions \$100.00	\$100.00
Last Name Smith	First Name Gaddis		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	eck 0044	bution ID#	Amount of Contribution
Residential Street Address 201 Bishop St		City New Haven		State CT	Zip Code 06511	Date Rece 03/12/2		
Principal Occupation semi-retired teacher		Name of Employer Yale U			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cor	stributions \$100.00	\$100.00
Last Name Jackson	First Name Herrick		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	eck 004!	bution ID #	Amount of Contribution
Residential Street Address 51 Lincoln St		City New Haven		State CT	Zip Code 06511	Date Rece 03/12/2		
Principal Occupation social work		Name of Employer Fellowship Place			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cor	stributions \$100.00	\$100.00
Last Name Jervis	First Name Jane		MI L	Cash	contribution: X Personal Ch y Order	eck 0046	bution ID#	Amount of Contribution
Residential Street Address 36 Lincoln St		City New Haven		State CT	Zip Code 06511	Date Rece 03/12/2		
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cor	tributions \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FIL	LING DUE DATE
Cam Staples For Attorney Gene	ral						Ori	iginal 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals		•	
Last Name Fleschner	First Name Andrew		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck C	Contribution ID #	# Amount of Contribution
Residential Street Address 2190 Ibis Isle Rd		City Palm Beach		State FL	Zip Code 33480		Received 12/2010	
Principal Occupation investments		Name of Employer self			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$100.0	\$100.00
Last Name Gianelli	First Name Leslie		MI	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck C	Contribution ID #	# Amount of Contribution
Residential Street Address 19A Pilgrim Hbr		City Wallingford		State CT	Zip Code 06492		Received 12/2010	
Principal Occupation director		Name of Employer CT Hosp. Assn		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes	
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	e Contributions \$100.0	\$100.00
Last Name Wegner	First Name Mary Nell		MI	Cash	contribution: X Personal Character Credit/Debi	neck C	Contribution ID #	# Amount of Contribution
Residential Street Address 35 Morse St		City Hamden		State CT	Zip Code 06517		Received 12/2010	
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$100.0	\$100.00
Last Name Bures	First Name Anton		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck C	Contribution ID #	# Amount of Contribution
Residential Street Address 11 Autumn St		City New Haven		State CT	Zip Code 06511		Received 12/2010	
Principal Occupation teacher		Name of Employer Highville Charter School			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$100.0	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Cam Staples For Attorney Gene	ral						Orig	ginal 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Weinreb	First Name Jenya		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0	ontribution ID #	Amount of Contribution
Residential Street Address 11 Autumn St		City New Haven		State CT	Zip Code 06511		Received 2/2010	
Principal Occupation book editor		Name of Employer Yale U Press		•	Is this contribution associate fundraising event listed in If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Aronson	First Name Lorraine		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	ontribution ID #	Amount of Contribution
Residential Street Address 57 Arvine Pl		City Manchester		State CT	Zip Code 06040		Received 2/2010	
Principal Occupation Name of Employer retired				•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Chadburn	First Name Carl		MI T	Cash	contribution: X Personal Character Credit/Debit	neck 0	ontribution ID #	Amount of Contribution
Residential Street Address 94 Southpond		City South Glastonbury		State CT	Zip Code 06073		Received 2/2010	
Principal Occupation		Name of Employer retired		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$50.00	\$50.00
Last Name McDonnell	First Name Michael		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	ontribution ID#	Amount of Contribution
Residential Street Address 136 Old Cart Rd		City Haddam		State CT	Zip Code 06438		Received 2/2010	
Principal Occupation atty		Name of Employer Noble, Spector			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.00	\$100.00

		I. MON	NETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	ral								Origin	al 04/12/2010
		B. Itemiz	zed Contributi	ons from	Individu	ıals				
Last Name Sullivan	First Name Bernard			MI R	Cash	contribution: X Personal G		Contribution 0055	on ID#	Amount of Contribution
Residential Street Address 24 Adena's Walk		City Glastonbury			State CT	Zip Code 06033		ate Received		
Principal Occupation		Name of Employo	er			Is this contribution associ fundraising event listed in If yes, list Event #		11?	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	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	utions	\$100.00
Last Name Cornaglia, CPa	First Name Francine			MI	Cash	contribution: X Personal (Contribution	on ID#	Amount of Contribution
Residential Street Address 11 Goose Hill Rd		City Chester			State CT	Zip Code 06412		ate Received 3/15/2010		
Principal Occupation CPA		Name of Employe	er			Is this contribution associ fundraising event listed in If yes, list Event #		I1?	Yes 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	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions	\$100.00
Last Name Borton	First Name Mark			MI C	Cash	contribution: X Personal C		Contribution	on ID#	Amount of Contribution
Residential Street Address 11 Goose Hill Rd		City Chester			State CT	Zip Code 06412		ate Received 3/15/2010	0	
Principal Occupation		Name of Employ	er		-	Is this contribution associ fundraising event listed in If yes, list Event #		112	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	ntions	\$100.00
Last Name Beatty	First Name Andrew Y	arnell		MI	Cash	contribution: X Personal (y Order Credit/De		Contribution 0058	on ID#	Amount of Contribution
Residential Street Address 1217 Choctaw Trl		City Brentwood			State TN	Zip Code 37027		ate Received 3/15/2010		
Principal Occupation lawyer		Name of Employo				Is this contribution associ fundraising event listed in If yes, list Event #		I1?	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	_	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	tions \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Cam Staples For Attorney Gene	ral						Ori	ginal 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Szczarba	First Name Arlene		MI L	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 307 Audubon Ct		City New Haven		State CT	Zip Code 06510		Received 15/2010	
Principal Occupation realtor		Name of Employer self		•	Is this contribution associal fundraising event listed in 1 If yes, list Event # 031		X Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	\$100.0	0 \$100.00
Last Name Ott	First Name Maryann		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck C	Contribution ID #	Amount of Contribution
Residential Street Address 151 Cold Spg		City New Haven		State CT	Zip Code 06511		Received 15/2010	
Principal Occupation associate director		Name of Employer New Alliance Foundation			Is this contribution associate fundraising event listed in Surface If yes, list Event # 031	Section J1?	X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	e Contributions \$25.0	0 \$25.00
Last Name Colasanto	First Name Antonio		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 151 Colony St		City Hamden		State CT	Zip Code 06518		Received 15/2010	
Principal Occupation printer		Name of Employer Docuprint			Is this contribution associate fundraising event listed in the second of the second second in the second second second second second second second second second second second second second second second second second sec		Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$100.0	\$100.00
Last Name Willis	First Name Roberta		MI B	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 30 Upland Meadow Rd		City Lakeville		State CT	Zip Code 06039		Received 15/2010	
Principal Occupation legislator		Name of Employer General Assembly		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.0	\$100.00

		I. MONETARY R	RECEIPT	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Cam Staples For Attorney Gene	ral						Origin	nal 04/12/2010
		B. Itemized Contrib	utions fron	n Individu	ıals		•	
Last Name Baldwin	First Name Judith		MI M	Cash	contribution:	heck 006	ntribution ID #	Amount of Contribution
Residential Street Address 76 Jaenicke Ln		City Hamden		State CT	Zip Code 06517	Date Red 03/15,		
Principal Occupation		Name of Employer retired			Is this contribution associa fundraising event listed in If yes, list Event # 031		X Yes	
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	Yes X No Executive Legislative	depender	butor a lobbyis nt child of a lob Yes	byist?	Aggregate C	contributions \$35.00	\$35.00
Last Name Clark	First Name Frances		MI T	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 006	ntribution ID#	Amount of Contribution
Residential Street Address 320 Audubon Ct		City New Haven		State CT	Zip Code 06511	Date Rec 03/15,		
Principal Occupation		Name of Employer retired		•	Is this contribution associa fundraising event listed in If yes, list Event # 031	Section J1?	X 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	Yes X No Executive Legislative	depender	butor a lobbyis at child of a lob Yes	byist?	Aggregate Co	Contributions \$50.00	\$50.00
Last Name Mitchell	First Name Wm Frank	k	MI	Cash	contribution: X Personal C	heck 006	ntribution ID #	Amount of Contribution
Residential Street Address 924 Quinnipiac Ave Apt 6		City New Haven		State CT	Zip Code 06513	Date Red 03/15,		
Principal Occupation curator		Name of Employer CT Audubon			Is this contribution associa fundraising event listed in If yes, list Event # 031	Section J1?	X 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	Yes X No Executive Legislative	depender	butor a lobbyis at child of a lob Yes	byist?	Aggregate Co	contributions \$75.00	\$75.00
Last Name Chun	First Name Soonil		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 006	ntribution ID#	Amount of Contribution
Residential Street Address 40 Currier Pl		City Cheshire		State CT	Zip Code 06410	Date Rec 03/15/		
Principal Occupation director of finance		Name of Employer The Arts Council		•	Is this contribution associa fundraising event listed in If yes, list Event # 031	Section J1?	X Yes	
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	Yes X No Executive Legislative	depender	butor a lobbyis nt child of a lob Yes	byist?	Aggregate Co	Contributions \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Cam Staples For Attorney Gene	ral						Orig	ginal 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Freebairn-Smith	First Name Laura		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	neck 00	ontribution ID #	Amount of Contribution
Residential Street Address 34 Brookside Dr		City Hamden		State CT	Zip Code 06517		Received 5/2010	
Principal Occupation mgt. consultant		Name of Employer ODDA		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Lamb	First Name Barbara		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	neck 00	ontribution ID #	Amount of Contribution
Residential Street Address 438 Chapel St		City New Haven		State CT	Zip Code 06511		Received 5/2010	
Principal Occupation director of culteral affairs		Name of Employer City of New Haven			Is this contribution associa fundraising event listed in If yes, list Event # 031	Section J1?	X 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	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$50.00	\$50.00
Last Name Keyes	First Name John		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	neck 00	ontribution ID #	Amount of Contribution
Residential Street Address 63 Marvel Rd		City New Haven		State CT	Zip Code 06515		Received 5/2010	
Principal Occupation attorney		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- 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 \$100.00	\$100.00
Last Name Voight	First Name Susan		MI L	Cash	contribution: X Personal Cl y Order Credit/Deb	neck 00	ontribution ID #	Amount of Contribution
Residential Street Address 28 Pelham La		City New Haven		State CT	Zip Code 06511		Received 5/2010	
Principal Occupation state marshall		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 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	byist?	Aggregate	Contributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Cam Staples For Attorney Gene	ral						(Origina	ıl 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contribution I	ID#	Amount of
Keyes	Suzanne			Cash Money	x Personal Ch y Order Credit/Debi		0094		Contribution
Residential Street Address		City		State	Zip Code	Date	e Received		
63 Marvel Rd		New Haven		СТ	06515	03/	/17/2010		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in St. If yes, list Event #			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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution \$100		\$100.00
Last Name Daily	First Name Eileen		MI M	Cash	contribution: X Personal Ch y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 103 Cold Spring Dr	•	City Westbrook	1	State CT	Zip Code 06498		te Received /17/2010		
Principal Occupation legislator		Name of Employer State of CT			Is this contribution associal fundraising event listed in S If yes, list Event #		? X	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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggrega	ate Contribution		\$100.00
Last Name Nastri	First Name Kathleen		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 554 Busk Ct	•	City Cheshire	•	State CT	Zip Code 06410		te Received /17/2010		
Principal Occupation atty		Name of Employer Koskoff, Koskoff & Beider		•	Is this contribution associate fundraising event listed in the second of the second second in the second se			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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contribution \$100		\$100.00
Last Name Wolman	First Name Martin		MI	Cash	contribution: X Personal Character Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 401 River Rd		City Deep River		State CT	Zip Code 06417		te Received /17/2010		
Principal Occupation atty		Name of Employer Day Pitney			Is this contribution associal fundraising event listed in the second of the second second in the second sec		? X	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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution		\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							I	FILING	DUE DATE
Cam Staples For Attorney Gene	ral						(Origina	ıl 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contribution I	ID#	Amount of
Monteith	Jane			Cash Money	y Order X Personal Cl Credit/Deb		0074		Contribution
Residential Street Address		City		State	Zip Code		e Received		
1130 Ridge Rd		North Haven		СТ	06473	03/	/17/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #			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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio		\$100.00
Last Name Woodman	First Name Marlene		MI	Cash	contribution:	neck	Contribution I	ID#	Amount of Contribution
		Ī		_	y Order Credit/Debi	it Card			
Residential Street Address 294 Rosewood Ave		City New Haven		State CT	Zip Code 06513		e Received /17/2010		
Principal Occupation gov't relations		Name of Employer Charter Oak State College			Is this contribution associa fundraising event listed in If yes, list Event #			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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ste Contribution		\$100.00
Last Name Jessep	First Name John Davi	id	MI	Cash	contribution:	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address		City		State	v Order Credit/Debi	Date	e Received		
1 Beck Rd		Redding		СТ	06896		/17/2010		
Principal Occupation atty		Name of Employer Koskoff, Koskoff & Beider			Is this contribution associa fundraising event listed in If yes, list Event #			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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ste Contribution		\$100.00
Last Name Koskoff	First Name Joshua		MI D	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 1 Harding Ln		City Westport	ı	State CT	Zip Code 06880	Date	e Received /17/2010		
Principal Occupation atty		Name of Employer Koskoff, Koskoff & Beider		1	Is this contribution associa fundraising event listed in If yes, list Event #		? X	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution		\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Cam Staples For Attorney Gene	ral						(Origina	ıl 04/12/2010
		B. Itemized Contribution	ons from	ı Individu	ıals				
Last Name	First Name		MI		contribution:		Contribution I	ID#	Amount of
Udry	Christoph	er		Cash Money	y Order Credit/Debi		0085		Contribution
Residential Street Address 183 Livingston St		City New Haven		State CT	Zip Code 06511		e Received /17/2010		
Principal Occupation		Name of Employer		1	Is this contribution associate	ted with a		Yes	
professor		Yale U			fundraising event listed in the list of th	Section J1?	" x 1	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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	nte Contribution \$100		\$100.00
Last Name Gradoville	First Name Robert		MI T	Cash	contribution: X Personal Ch y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 68 Knollwood Rd		City North Haven		State CT	Zip Code 06473		e Received /17/2010		
Principal Occupation atty		Name of Employer Neubert Pepe & Monteith			Is this contribution associate fundraising event listed in the second of the second second in the second se		? X	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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution \$100		\$100.00
Last Name Gradoville	First Name Lyndle		MI C	Cash	contribution: X Personal Ch y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 68 Knollwood Rd		City North Haven		State CT	Zip Code 06473		e Received /17/2010		
Principal Occupation research associate		Name of Employer Yale Medical School		•	Is this contribution associate fundraising event listed in the state of the state o			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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contribution \$100		\$100.00
Last Name Katz	First Name David		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 18 Wepawaug Rd		City Woodbridge		State CT	Zip Code 06525		e Received /17/2010		
Principal Occupation physician		Name of Employer Surgical Associates of Milford		•	Is this contribution associate fundraising event listed in the second of the second second in the second se		?	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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution		\$100.00

		I. MONETARY RI	ECEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Cam Staples For Attorney Gene	ral						Origin	nal 04/12/2010
		B. Itemized Contribu	tions fron	ı Individu	ıals		•	
Last Name Feenstra Banks	First Name Tammy		MI	Cash	contribution: X Personal Character Credit/Debit	neck 007	ibution ID #	Amount of Contribution
Residential Street Address 715 N Kaspar Ave		City Arlington Heights		State IL	Zip Code 60004	Date Rece 03/17/2		
Principal Occupation Director		Name of Employer AMA			Is this contribution associate fundraising event listed in If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependen	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	\$100.00	\$100.00
Last Name Malone	First Name Mary Jo		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 007	ibution ID#	Amount of Contribution
Residential Street Address 2959 W Eastwood Ave		City Chicago		State IL	Zip Code 60625	Date Rece 03/17/2		
Principal Occupation		Name of Employer self		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes	
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	Yes X No Executive Legislative	dependen	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	stributions \$100.00	\$100.00
Last Name Furek	First Name Robert		MI	Cash	contribution: X Personal Character Credit/Debit	neck 007	ibution ID #	Amount of Contribution
Residential Street Address 1370 Cutler Ct		City Marco Island		State FL	Zip Code 34145	Date Rece 03/17/2		
Principal Occupation retire		Name of Employer			Is this contribution associate fundraising event listed in the second of the second second in the second second second second second second second second second second second second second second second second second sec		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	Yes X No Executive Legislative	dependen	utor a lobbyis t child of a lob Yes	byist?	Aggregate Co	stributions \$100.00	\$100.00
Last Name Lapides	First Name John		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 007	ibution ID#	Amount of Contribution
Residential Street Address 217 Saint Ronan		City New Haven		State CT	Zip Code 06511	Date Recei		
Principal Occupation president		Name of Employer United Aluminum		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	stributions \$100.00	\$100.00

		I. MON	NETARY REG	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	eral								Origin	al 04/12/2010
		B. Itemiz	zed Contributio	ons from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Lapides	Ruth				Cash Money	y Order		0080		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
25 Hunting Hill Rd		Woodbridge			СТ	06525	0	3/17/201	0	
Principal Occupation		Name of Employ	ver			Is this contribution associ 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 es	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Cooper	First Name Scott			MI	Cash	contribution: Personal C		Contribution 0081	on ID#	Amount of Contribution
Residential Street Address 12800 Coral Lakes Dr		City Boynton Bead	ch		State FL	Zip Code 33437		ate Received		
Principal Occupation marketing manager		Name of Employ BT	ver			Is this contribution associ 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 es	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Schmidt	First Name Adam			MI T	Cash	contribution: X Personal G		Contribution 0082	on ID#	Amount of Contribution
Residential Street Address 4328 Bellevue Rd		City Toledo			State OH	Zip Code 43613		ate Received		
Principal Occupation Director of Institutional accts		Name of Employ MCAG	ver			Is this contribution associ fundraising event listed in If yes, list Event #		₁₁₂	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	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Schmidt	First Name Timothy			MI L	Cash	contribution: X Personal C y Order Credit/De		Contribution 0083	on ID#	Amount of Contribution
Residential Street Address 4615 Skelly Rd		City Toledo			State OH	Zip Code 43623		ate Received		
Principal Occupation CEO		Name of Employ MCAG	ver			Is this contribution associ 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	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	utions 100.00	\$100.00

		I. MONE	TARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Cam Staples For Attorney Gene	ral								Origina	al 04/12/2010
		B. Itemized	l Contributi	ons from	Individu	ıals				
Last Name Schmidt	First Name Peter			MI T	Cash	contribution: X Personal C y Order Credit/Del		Contribution	on ID#	Amount of Contribution
Residential Street Address 3015 Goddard		City Toledo			State OH	Zip Code 43606		ate Received 3/17/2010)	
Principal Occupation VP customer care		Name of Employer MCAG				Is this contribution associ fundraising event listed in If yes, list Event #		1?	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	Ye Executive Le	s X No	dependent	child of a lob	byist?	Aggre	gate Contribu \$1	tions	\$100.00
Last Name Greenblatt	First Name Sarah			MI B	Cash	contribution: X Personal C		Contribution	on ID#	Amount of Contribution
Residential Street Address 231 Audubon Ct		City New Haven			State CT	Zip Code 06511		ate Received 3/17/2010)	
Principal Occupation social work/advocate		Name of Employer Annie E Casey E	Edt.			Is this contribution associ fundraising event listed in If yes, list Event #		1?	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	Ye Executive Le	s X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	stions	\$50.00
Last Name Medvedow	First Name Leon			MI A	Cash	contribution: X Personal C		Contributio	on ID#	Amount of Contribution
Residential Street Address 4 Belmont St		City Milford			State CT	Zip Code 06404		ate Received 3/17/2010)	
Principal Occupation		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event #		19	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	Ye Executive Le	s X No	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	gate Contribu	tions \$25.00	\$25.00
Last Name Medvedow	First Name Phyllis			MI K	Cash	contribution: X Personal C y Order Credit/Del		Contribution	on ID #	Amount of Contribution
Residential Street Address 4 Belmont St		City Milford			State CT	Zip Code 06404		ate Received 3/17/2010		
Principal Occupation president		Name of Employer Leon A. Medved	low & Assoc			Is this contribution associ fundraising event listed in If yes, list Event #		1?	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	Ye Executive Le	s X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	tions \$25.00	\$25.00

		I. N	MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	ral								Origin	al 04/12/2010
		B. It	temized Contributi	ons from	ı Individu	ıals				
Last Name Obertacz	First Name Donald			MI J	Cash	contribution: X Personal C		Contributi 0089	on ID#	Amount of Contribution
Residential Street Address 1958 Brim Dr		City Toledo			State OH	Zip Code 43613		ate Received		
Principal Occupation controller		Name of E	mployer			Is this contribution associ 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 es X	byist?	Aggre	gate Contrib	utions 100.00	\$100.00
Last Name Ginsburg	First Name David			MI A	Cash	contribution: X Personal C y Order Credit/Del		Contributi	on ID#	Amount of Contribution
Residential Street Address 3 Monte Alto Way		City Santa Fe	2		State NM	Zip Code 87508		ate Received		
Principal Occupation consultant		Name of E self	imployer			Is this contribution associ 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 yes	byist?	Aggre	gate Contrib	utions 100.00	\$100.00
Last Name Ginsburg	First Name Meara			MI	Cash	contribution: X Personal C		Contributi	on ID#	Amount of Contribution
Residential Street Address 3 Monte Alto Way		City Sata Fe			State NM	Zip Code 87508		ate Received		
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in If yes, list Event #		_{11?}	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 es x	byist?	Aggre	gate Contrib	utions 100.00	\$100.00
Last Name Ponvert	First Name Antonio			MI	Cash	contribution: X Personal C y Order Credit/Del		Contributi	on ID#	Amount of Contribution
Residential Street Address 339 St Ronan St		City New Hav	ven		State CT	Zip Code 06511		ate Received		
Principal Occupation lawyer		Name of E	imployer			Is this contribution associ 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	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contrib	utions 100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	ILING	DUE DATE
Cam Staples For Attorney Gene	ral						0	rigina	1 04/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals				
Last Name Smith	First Name J. Craig		MI	x Cash	contribution: Personal Ch y Order Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 55 Tokereke Rd		City North Haven		State CT	Zip Code 06473		e Received 17/2010		
Principal Occupation atty		Name of Employer Koskoff, Koskoff & Beider			Is this contribution associal fundraising event listed in S If yes, list Event #		X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution: \$100	1	\$100.00
Last Name McElliot	First Name Sean		MI	Cash	contribution: X Personal Characteristics of the contribution: Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 230 Rogers Ave		City Milford		State CT	Zip Code 06460		e Received 17/2010		
Principal Occupation		Name of Employer			Is this contribution associal fundraising event listed in the second of the second second in the second sec		X No	1	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregat	te Contribution: \$100	1	\$100.00
Last Name Pardy	First Name Daniel		MI	Cash	contribution: X Personal Character Credit/Debit	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 91 Mill Rock Rd		City Hamden		State CT	Zip Code 06517		e Received /23/2010		
Principal Occupation architect		Name of Employer Hilton Architects			Is this contribution associate fundraising event listed in 1 If yes, list Event # 032	Section J1?	1 1	1	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution: \$100	1	\$100.00
Last Name Wizner	First Name Stephen		MI	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 49 McKinley Ave		City New Haven		State CT	Zip Code 06511		e Received /23/2010		
Principal Occupation Law Professor		Name of Employer Yale U			Is this contribution associal fundraising event listed in 1 If yes, list Event # 030	Section J1?	1 1		
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregat	te Contribution: \$100	1	\$100.00

		I. MON	NETARY REG	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	ral								Origin	al 04/12/2010
		B. Itemi	ized Contributio	ons from	Individu	ıals				
Last Name Testa	First Name Louis			MI J	Cash	contribution: X Personal of Credit/De		Contribution 0105	on ID#	Amount of Contribution
Residential Street Address 3 East Rd		City Storrs			State CT	Zip Code 06268		ate Received		
Principal Occupation Attorney		Name of Employ NPM	yer			Is this contribution assoc fundraising event listed in If yes, list Event # 03			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	utions 100.00	\$100.00
Last Name Roussas	First Name Sandy			MI T	Cash	contribution: X Personal of the Credit/De		Contribution 0106	on ID#	Amount of Contribution
Residential Street Address 38 Maltbie Rd		City Newtown			State CT	Zip Code 06470		ate Received		
Principal Occupation Attorney		Name of Employ	yer			Is this contribution assoc fundraising event listed in If yes, list Event # 03	n Section J		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 es	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Roussas	First Name Nikolas			MI	Cash	contribution: X Personal (y Order Credit/De		Contribution 0193	on ID#	Amount of Contribution
Residential Street Address 38 Maltbie Rd		City Newtown			State CT	Zip Code 06470		ate Received		
Principal Occupation Manager		Name of Employ Frankie's Dir				Is this contribution assoc fundraising event listed in If yes, list Event # 03	n Section J		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 es	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Brewer	First Name Robert			MI	Cash	contribution: X Personal of the Credit/December Credit/Decemb		Contribution 0108	on ID#	Amount of Contribution
Residential Street Address 39 Madison St		City East Hartford	i		State CT	Zip Code 06118		ate Received		
Principal Occupation		Name of Employ	yer			Is this contribution assoc fundraising event listed in If yes, list Event #		11?	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 100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	ILING	DUE DATE
Cam Staples For Attorney Gene	eral						О	Origina	ıl 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals		•		
Last Name	First Name		MI	Method of	contribution:	(Contribution II	D#	Amount of
Ludes	Jacob			Cash Money	y Order X Personal Ch Credit/Debi		0109		Contribution
Residential Street Address		City		State	Zip Code	Date	Received		
6 Fox Run		Middleton		MA	01949	03/	23/2010		
Principal Occupation		Name of Employer NEASC			Is this contribution associate fundraising event listed in the state of the state			es!	
ceo		NEASC			If yes, list Event#		x N	lo	
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	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregat	te Contribution \$100		\$100.00
Last Name	First Name		MI	Method of	contribution:		Contribution II	D#	Amount of
Lapides	James		А	Cash Money	y Order Personal Ch Credit/Debi	1.0	0111		Contribution
Residential Street Address 114 Willard Rd		City Brookline		State MA	Zip Code 02445		Received 23/2010		
Principal Occupation Art Dealer		Name of Employer Intl Poster Gallary		1	Is this contribution associal fundraising event listed in ! If yes, list Event #		☐ Y	es Io	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	t, spouse, or byist?	Aggregat	te Contribution \$100		\$100.00
Last Name	First Name		MI	Method of	contribution:	1,	Contribution II	D#	Amount of
Borcya	Jerome			Cash Money	x Personal Ch y Order Credit/Debi	neck	0112		Contribution
Residential Street Address		City		State	Zip Code	Date	Received		
179 Cold Spring St		New Haven		СТ	06511	03/	23/2010		
Principal Occupation architect		Name of Employer Rahe Dinkeloo			Is this contribution associate fundraising event listed in the state of the state o			es Io	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregat	te Contribution \$50		\$50.00
Last Name	First Name		MI	Method of	contribution:		Contribution II	D#	Amount of
Holevoet	Daniel			Cash Money	y Order X Personal Ch Credit/Debi		0113		Contribution
Residential Street Address 780 N Shoreline Blvd Apt 39		City Mountain View		State CA	Zip Code 94043		Received		
Principal Occupation		Name of Employer		<u> </u>	Is this contribution associate			res .	
engineer		Google			fundraising event listed in S If yes, list Event #	Section J1?			
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregat	te Contribution \$50		\$50.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Cam Staples For Attorney Gene	ral						Origin	nal 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Friedman	First Name Stanley		MI I	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debit Personal Characteristics Personal Cha	neck 011	ibution ID #	Amount of Contribution
Residential Street Address 24 Legrand Rd		City North Haven		State CT	Zip Code 06473	Date Rece 03/23/2		
Principal Occupation physician		Name of Employer Hill Health Corp			Is this contribution associate fundraising event listed in If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	\$75.00	\$75.00
Last Name Lobdell	First Name Michael		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 011	ibution ID#	Amount of Contribution
Residential Street Address 112 Clearview La		City New Canaan		State CT	Zip Code 06840	Date Rece 03/23/2		
Principal Occupation		Name of Employer		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	stributions \$50.00	\$50.00
Last Name Seligson	First Name Robert		MI W	Cash	contribution: X Personal Character Credit/Debit	neck 011	ibution ID #	Amount of Contribution
Residential Street Address 321 Shaftsberry Ct		City Raleigh		State NC	Zip Code	Date Rece 03/23/2		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate Cor	stributions \$100.00	\$100.00
Last Name Seligson	First Name Donn		MI M	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 011	ibution ID #	Amount of Contribution
Residential Street Address 321 Shaftsberry Ct		City Raleigh		State NC	Zip Code 27609	Date Recei		
Principal Occupation		Name of Employer		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cor	stributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Cam Staples For Attorney Gene	eral						Origin	nal 04/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals			
Last Name Gilson	First Name Elizabeth		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 01	ntribution ID#	Amount of Contribution
Residential Street Address 41 Millrock Rd		City Hamden		State CT	Zip Code 06517	Date Re 03/23	eceived 3/2010	
Principal Occupation lawyer		Name of Employer self			Is this contribution associa fundraising event listed in If yes, list Event # 032		X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Emery	First Name Gwen		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 01	ntribution ID#	Amount of Contribution
Residential Street Address 51 Millrock Rd		City Hamden		State CT	Zip Code 06517	Date Re 03/23	eceived 3/2010	
Principal Occupation architect		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$25.00	\$25.00
Last Name Wareck	First Name John		MI C	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 01	ntribution ID#	Amount of Contribution
Residential Street Address 112 Huntington St		City New Haven		State CT	Zip Code 06511	Date Re 03/23	eceived 3/2010	
Principal Occupation real estate		Name of Employer Wareck Real Estate			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Wareck	First Name James		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 01	ntribution ID#	Amount of Contribution
Residential Street Address 2800 Woodley Rd NW # 136		City Washington		State DC	Zip Code 20008	Date Re 03/23	eceived 3/2010	
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes	
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	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Cam Staples For Attorney Gene	ral						Orig	ginal 04/12/2010
		B. Itemized Contribut	ions from	Individu	ıals			
Last Name Lawlor	First Name Michael		MI	Cash	contribution: X Personal Ch Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 560 Silver Sands Rd Unit 412		City East Haven		State CT	Zip Code 06512		Received 23/2010	
Principal Occupation professor		Name of Employer University of NH		•	Is this contribution associate fundraising event listed in If yes, list Event # 032		X Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	\$100.00	\$100.00
Last Name Perlswig	First Name Ellis		MI A	Cash	contribution: X Personal Cl / Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 30 Bryden Ter		City Hamden		State CT	Zip Code 06517		Received 23/2010	
Principal Occupation physician		Name of Employer self		•	Is this contribution associate fundraising event listed in Strategy If yes, list Event # 032	Section J1?	X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Radding	First Name Charles		MI M	Cash	contribution: X Personal Character Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 167 Armory St		City Hamden		State CT	Zip Code 06517		Received 23/2010	
Principal Occupation Director of Grad studies		Name of Employer Yale U			Is this contribution associate fundraising event listed in If yes, list Event # 032	Section J1?	X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$25.00	\$25.00
Last Name Brown	First Name Robert		MI	Cash	contribution: X Personal Ch / Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 48 Lyon St		City New Haven		State CT	Zip Code 06511		Received 23/2010	
Principal Occupation		Name of Employer			Is this contribution associal fundraising event listed in 1 If yes, list Event # 032	Section J1?	X Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.00	\$100.00

		I. MONETARY RE	ECEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							1	FILING	DUE DATE
Cam Staples For Attorney Gene	ral						(Origina	al 04/12/2010
		B. Itemized Contribut	tions fron	ı Individu	ıals		•		
Last Name	First Name		MI	Method of	contribution:		Contribution	ID#	Amount of
Powers	Dorothy			Cash Money	y Order X Personal Cl		0128		Contribution
Residential Street Address		City		State	Zip Code	Da	te Received		
451 Thoreau St		Branford		СТ	06405	03	3/23/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event # 032				
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggreg	ate Contributio	ons 5.00	\$25.00
Last Name	First Name		MI	Method of	contribution:		Contribution	ID#	Amount of
Cogen	Joel			Cash Money	y Order Personal Cl		0130		Contribution
Residential Street Address		City		State	Zip Code		te Received		
41 Mill Rock Rd		Hamden		СТ	06517		3/23/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1			
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	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	ate Contributio	ons 0.00	\$100.00
Last Name	First Name		MI	Method of	contribution:		Contribution	ID#	Amount of
Saladyga	Jeremy	,		Cash Money	y Order X Personal Cl Credit/Deb		0131		Contribution
Residential Street Address		City		State	Zip Code	Da	te Received		
6 Westview Trl		New Fairfield		СТ	06812	03	3/23/2010		
Principal Occupation photographer		Name of Employer self			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1			
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggreg	ate Contributio	ons 0.00	\$100.00
Last Name	First Name		MI	1	contribution:		Contribution	ID#	Amount of
Irvine	John	,		Cash Money	y Order X Personal Cl Credit/Deb		0132		Contribution
Residential Street Address 99 Mill Rock Rd		City Hamden		State CT	Zip Code 06517		te Received		
Principal Occupation		Name of Employer		1 <u>.</u>	Is this contribution associa			Vac	
real estate sales		H. Pierce			fundraising event listed in If yes, list Event # 032	Section J1			
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggreg	ate Contributio	ons 5.00	\$25.00

		I. MONET	ARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	eral								Origin	al 04/12/2010
		B. Itemized	Contributi	ons from	Individu	ıals				
Last Name Kiskaddon	First Name Sarah			MI	Cash	contribution: X Personal C		Contribution 0136	on ID#	Amount of Contribution
Residential Street Address 22 Prospect Hill Rd		City Branford			State CT	Zip Code 06405		ate Received 3/23/2010	0	
Principal Occupation bivethicist		Name of Employer Ct Children's		_	•	Is this contribution associ fundraising event listed in If yes, list Event # 03			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	Yes Executive Legi	X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	ntions	\$100.00
Last Name Pearson	First Name David			MI	Cash	contribution: X Personal (y Order Credit/De		Contribution 0137	on ID#	Amount of Contribution
Residential Street Address 25 Thimble Farms Rd		City Branford			State CT	Zip Code 06405		ate Received 3/23/2010		
Principal Occupation		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event # 03			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	Yes Executive Legi	X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu \$1	itions	\$100.00
Last Name Goetsch	First Name Susan			MI	Cash	contribution: X Personal O y Order Credit/De		Contribution 0138	on ID#	Amount of Contribution
Residential Street Address 14 Yowago Ave		City Branford			State CT	Zip Code 06405		ate Received 3/23/2010	0	
Principal Occupation		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event # 03	n Section J		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	Yes Executive Legi	X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	50.00	\$50.00
Last Name Bracken	First Name Maryann			MI	Cash	contribution: X Personal (y Order Credit/De		Contribution	on ID#	Amount of Contribution
Residential Street Address 18 Vineyard Ave		City Guilford			State CT	Zip Code 06437		ate Received 3/23/2010		
Principal Occupation yoga teacher		Name of Employer self				Is this contribution associ fundraising event listed in If yes, list Event # 03	n Section J		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	Yes Executive Legi	X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu \$1	itions	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Cam Staples For Attorney Gene	ral						Orig	inal 04/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals			
Last Name	First Name		MI	Method of	contribution:	Со	ontribution ID #	Amount of
Wareck	Barbara		С	Cash Money	y Order X Personal Cl Credit/Debi	01	121	Contribution
Residential Street Address		City		State	Zip Code	Date R	Received	
135 Cliff St		New Haven		СТ	06511	03/23	3/2010	_
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event # 032		X 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	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Golden	First Name Robin		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 01	ontribution ID #	Amount of Contribution
Residential Street Address 146 McKinley Ave		City New Haven	1	State CT	Zip Code 06515	Date R	Received 3/2010	
Principal Occupation Lecturer		Name of Employer Yale U		-	Is this contribution associa fundraising event listed in If yes, list Event # 030		X Yes	
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	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Villano	First Name Peter		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 01	ontribution ID #	Amount of Contribution
Residential Street Address 133 Armory	•	City Hamden	•	State CT	Zip Code 06517		Received 3/2010	
Principal Occupation legislator		Name of Employer State of CT		•	Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$50.00	\$50.00
Last Name Goetch	First Name Charles		MI	x Cash	contribution: Personal Cl y Order Credit/Debi	heck 01	ontribution ID#	Amount of Contribution
Residential Street Address 11 Yowago Ave		City Branford		State CT	Zip Code 06405		Received 3/2010	
Principal Occupation attorney		Name of Employer Cahill, Goetch & Perry PC		•	Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes	
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	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$10.00	\$10.00

		I. MONETA	ARY REC	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	ral								Origin	al 04/12/2010
		B. Itemized C	ontributio	ons from	Individu	ıals				
Last Name Buchanan	First Name Josephine			MI	Cash	contribution: X Personal C		Contribution	on ID#	Amount of Contribution
Residential Street Address 216 Pleasant Point Rd		City Branford			State CT	Zip Code 06405		ate Received 3/23/2010)	
Principal Occupation research admin		Name of Employer Yale				Is this contribution associ fundraising event listed in If yes, list Event # 03			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	Yes Executive Legisl	X No	dependent	child of a lob	byist?	Aggre	gate Contribu	30.00	\$30.00
Last Name Buchanan	First Name George			MI	Cash	contribution: X Personal C / Order Credit/De		Contribution 0142	on ID#	Amount of Contribution
Residential Street Address 216 Pleasant Point Rd		City Branford			State CT	Zip Code 06405		ate Received 3/23/2010)	
Principal Occupation architect		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event # 03			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	Yes Executive Legisl	X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	itions \$30.00	\$30.00
Last Name Silverman	First Name Ina			MI	Cash	contribution: X Personal C		Contribution 0107	on ID #	Amount of Contribution
Residential Street Address 25 Woodside Ter		City New Haven			State CT	Zip Code 06515		ate Received 3/23/2010)	
Principal Occupation principal		Name of Employer Bethel Kes & Israe	I			Is this contribution associ fundraising event listed in If yes, list Event #		12	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	Yes Executive Legisl	X No	dependent	child of a lob	byist?	Aggre	gate Contribu \$1	tions	\$100.00
Last Name Carrano	First Name Frank			MI	Cash	contribution: X Personal C		Contribution 0139	on ID #	Amount of Contribution
Residential Street Address 37 Knollwood Dr		City Branford			State CT	Zip Code 06405		ate Received 3/23/2010		
Principal Occupation teacher		Name of Employer SCSU				Is this contribution associ fundraising event listed in If yes, list Event # 03	n Section J		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	Yes Executive Legisl	x No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	tions 550.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Cam Staples For Attorney Gene	ral						Ori	ginal 04/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals		•	
Last Name Czarsty	First Name Craig		MI W	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debit Personal Characteristics Personal Cha	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 314 Main St		City Oakville		State CT	Zip Code 06779		Received 23/2010	
Principal Occupation Family Physician		Name of Employer HealthOne Physician Assoc			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$100.0	\$100.00
Last Name Geballe	First Name Gordon		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck C	Contribution ID #	Amount of Contribution
Residential Street Address 19 Flying Point Rd		City Branford		State CT	Zip Code 06405		Received 23/2010	
Principal Occupation Asst Dean		Name of Employer Yale		•	Is this contribution associal fundraising event listed in 1 If yes, list Event # 032		X Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$100.0	\$100.00
Last Name Geballe	First Name Shelly		MI	Cash	contribution: X Personal Character Credit/Debit	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 19 Flying Point Rd		City Branford		State CT	Zip Code 06405		Received 23/2010	
Principal Occupation Lecturer		Name of Employer Yale			Is this contribution associated fundraising event listed in 1 If yes, list Event # 032	Section J1?	X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$100.0	\$100.00
Last Name Rodriguez	First Name Randi		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 142 Judwin Ave		City New Haven		State CT	Zip Code 06515		Received 23/2010	
Principal Occupation		Name of Employer			Is this contribution associal fundraising event listed in 1 If yes, list Event # 032	Section J1?	X Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$50.0	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Cam Staples For Attorney Gene	eral						Orig	ginal 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals		•	
Last Name Monteith Neubert	First Name Deborah		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 38 Cromwell Rd		City North Haven		State CT	Zip Code 06473		Received 23/2010	
Principal Occupation attorney		Name of Employer NPM		•	Is this contribution associa fundraising event listed in If yes, list Event # 032		X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Wishnie	First Name Michael		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	Contribution ID#	Amount of Contribution
Residential Street Address 272 Edgehill Rd		City Hamden		State CT	Zip Code 06517		Received 23/2010	
Principal Occupation Law professor		Name of Employer Yale U		•	Is this contribution associa fundraising event listed in If yes, list Event # 030		X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Reed	First Name Lonnie		MI	Cash	contribution: X Personal Cl	neck 0	Contribution ID#	Amount of Contribution
Residential Street Address 6 Maple St		City Branford		State CT	Zip Code 06405		Received 23/2010	
Principal Occupation tv producer		Name of Employer State of CT			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Radulski	First Name Matthew		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	Contribution ID#	Amount of Contribution
Residential Street Address 136 Harbor St		City Branford		State CT	Zip Code 06405		Received 23/2010	
Principal Occupation sales		Name of Employer Schulz Electric			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$90.00	990.00

		I. MONETARY RE	ECEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Cam Staples For Attorney Gene	ral						(Origina	ıl 04/12/2010
		B. Itemized Contribut	tions fron	ı Individu	ıals				
Last Name McCarus	First Name		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 115 Riverview Ave	<u> </u>	City Branford		State CT	Zip Code 06405	Date	e Received /23/2010		
Principal Occupation teacher		Name of Employer Westville Comm		•	Is this contribution associa fundraising event listed in If yes, list Event # 032		11.		
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	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contribution \$25	ns 5.00	\$25.00
Last Name Nann	First Name Barry		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 10 Salt Meadow Ln		City Madison		State CT	Zip Code 06443		e Received /23/2010		
Principal Occupation		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	1 1.		
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	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contribution	ns 0.00	\$30.00
Last Name Pottenger, Jr	First Name JL		MI	Cash	contribution: X Personal Cl	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 27 Thimble Farms Rd		City Branford		State CT	Zip Code 06405		e Received /23/2010		
Principal Occupation professor		Name of Employer Yale Law School			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	11.		
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	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contribution \$100		\$100.00
Last Name Wharfe	First Name Susan		MI H	Cash	contribution: X Personal Cl y Order Credit/Deb	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 27 Thimble Farms Rd		City Branford		State CT	Zip Code 06405		e Received /23/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	1 1.		
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	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contribution		\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FII	LING DUE DATE
Cam Staples For Attorney Gene	ral						Or	riginal 04/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals			
Last Name Conlin	First Name Christoph	er	MI	x Cash	contribution: Personal Cl y Order Credit/Debi	neck C	Contribution ID	# Amount of Contribution
Residential Street Address 40 Thimble Farms Rd		City Branford		State CT	Zip Code 06405		Received 23/2010	
Principal Occupation restaurant owner		Name of Employer Len Conlin Inc			Is this contribution associa fundraising event listed in If yes, list Event # 032		X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$20.0	\$20.00
Last Name Cecchi	First Name James		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution ID	# Amount of Contribution
Residential Street Address 8 Renssclaer Rd		City Essex Fells		State NJ	Zip Code 07021		Received 23/2010	
Principal Occupation lawyer		Name of Employer Casella, Byrne		•	Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$100.0	
Last Name Thielmann	First Name Ilze		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck C	Contribution ID	# Amount of Contribution
Residential Street Address 372 Central Park W Apt 8A		City New York		State NY	Zip Code 10025		Received 23/2010	
Principal Occupation attorney		Name of Employer Whatley Drake Kallas			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$100.0	
Last Name Whatley	First Name Joe		MI R	Cash	contribution: X Personal Cl y Order Credit/Debi	neck C	Contribution ID	# Amount of Contribution
Residential Street Address 21 Greenacres Ave		City Scarsdale		State NY	Zip Code 10580		Received 23/2010	
Principal Occupation attorney		Name of Employer Whatley Drake			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$100.0	

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	ILING	DUE DATE
Cam Staples For Attorney Gene	ral						О	Origina	1 04/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals		•		
Last Name Bowse	First Name Michael		MI	Cash	contribution: X Personal Cl	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 2308 Coldwater Canyon Dr		City Beverly Hills		State CA	Zip Code 90210		Received 23/2010		
Principal Occupation attorney		Name of Employer Browne Woods George			Is this contribution associa fundraising event listed in If yes, list Event # 032		X Y		
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution \$100		\$100.00
Last Name Downs	First Name Lawrence		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 2 Teakwood Ct		City Cream Ridge		State NJ	Zip Code 08514		Received 23/2010		
Principal Occupation general counsel		Name of Employer Medical Society of NJ		•	Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Y		
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution \$100		\$100.00
Last Name Schachter	First Name Robert		MI	Cash	contribution: X Personal Cl	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 305 E 63rd St		City New York		State NY	Zip Code 10065		Received 23/2010		
Principal Occupation attorney		Name of Employer Zwurlis, Schachter			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Y		
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution \$100		\$100.00
Last Name Martinson	First Name Melinda		MI R	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 39 Lovers Ln		City Princeton		State NJ	Zip Code 08540		Received 23/2010		
Principal Occupation manager		Name of Employer Medical Society of NJ			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Y		
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregat	te Contribution \$100		\$100.00

		I. N	MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	ral								Origin	al 04/12/2010
		B. It	temized Contributi	ons from	ı Individu	ıals				
Last Name Tropin	First Name Harley			MI S	Cash	contribution: X Personal C y Order		Contributi	on ID#	Amount of Contribution
Residential Street Address 845 SW 93rd St		City Miami			State FL	Zip Code 33156		ate Received		
Principal Occupation attorney		Name of E Kozyak		_	•	Is this contribution associ fundraising event listed in If yes, list Event # 03		11? E	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 es X	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Skalka	First Name Douglas			MI S	Cash	contribution: X Personal C y Order Credit/Del		Contributi 0179	on ID#	Amount of Contribution
Residential Street Address 67 Dogwood Cir		City Woodbri	dge		State CT	Zip Code 06525		ate Received		
Principal Occupation attorney		Name of E	imployer			Is this contribution associ fundraising event listed in If yes, list Event # 03		11? E	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 Contrib	utions 100.00	\$100.00
Last Name Neubert	First Name Sandra			MI	Cash	contribution: X Personal C y Order Credit/Del		Contributi	on ID#	Amount of Contribution
Residential Street Address 30 Wimbaldon Ln		City Easton			State CT	Zip Code 06612		ate Received		
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in If yes, list Event # 03		11? E	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 es x	byist?	Aggre	egate Contribu	utions 100.00	\$100.00
Last Name Israel	First Name Douglas	_		MI	Cash	contribution: X Personal C y Order Credit/Del		Contributi 0182	on ID#	Amount of Contribution
Residential Street Address 18 Carriage Hill Rd		City Woodbri	dge		State CT	Zip Code 06525		ate Received		
Principal Occupation physician		Name of E Cardiolo	imployer ogy Associates		•	Is this contribution associ fundraising event listed in If yes, list Event # 03	Section J	11? E	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	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contrib	utions 100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FII	ILING DUE DATE
Cam Staples For Attorney Gene	ral						Or	riginal 04/12/2010
		B. Itemized Contribut	ions from	ı Individu	ıals			
Last Name Buckley	First Name John		MI	Cash	contribution: X Personal Cl	neck C	Contribution ID	Amount of Contribution
Residential Street Address 6 Oliver Dr		City North Haven		State CT	Zip Code 06473		Received 23/2010	
Principal Occupation attorney		Name of Employer Buckley & Wynne			Is this contribution associa fundraising event listed in If yes, list Event # 032		X Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	\$100.0	
Last Name Allentuch	First Name Simon		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution ID	O# Amount of Contribution
Residential Street Address 266 W Elm St		City New Haven		State CT	Zip Code 06515		Received 23/2010	
Principal Occupation attorney		Name of Employer NPM		•	Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$100.0	
Last Name Fay	First Name Peter		MI T	Cash	contribution: X Personal Cl	neck C	Contribution ID	Amount of Contribution
Residential Street Address 11 Lawson Dr		City Madison		State CT	Zip Code 06443		Received 23/2010	
Principal Occupation attorney		Name of Employer NPM			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	\$100.0	
Last Name Fay	First Name Alisa		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck C	Contribution ID	Amount of Contribution
Residential Street Address 11 Lawson Dr		City Madison		State CT	Zip Code 06443		Received 23/2010	
Principal Occupation lawyer		Name of Employer Yale New Haven Hospital		•	Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$100.0	

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Cam Staples For Attorney Gene	eral						Origin	nal 04/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals			
Last Name Arnold	First Name Douglas		MI S	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 01	ntribution ID #	Amount of Contribution
Residential Street Address 20 Neal Dr		City Simsbury		State CT	Zip Code 06070	Date Re 03/23	eceived 3/2010	
Principal Occupation executive		Name of Employer MPS Inc			Is this contribution associa fundraising event listed in If yes, list Event # 032		X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name Mazzacane	First Name Ronald		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 01	ntribution ID #	Amount of Contribution
Residential Street Address 31 Island Ave		City Madison		State CT	Zip Code 06443	Date Re	eceived 3/2010	
Principal Occupation realty broker		Name of Employer Coldwell Banker			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name Neubert	First Name Michael		MI D	Cash	contribution: X Personal Cl	neck 01	ntribution ID#	Amount of Contribution
Residential Street Address 38 Cromwell Rs		City North Haven		State CT	Zip Code 06473	Date Re 03/23	eceived 3/2010	
Principal Occupation attorney		Name of Employer NPM			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name Stockman	First Name Jennifer		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 01	ntribution ID #	Amount of Contribution
Residential Street Address 35 Grist Mill Rd		City Monroe		State CT	Zip Code 06468	Date Re 03/23	eceived 3/2010	
Principal Occupation admin asst		Name of Employer chhc			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$100.00	\$100.00

		I. MONETARY R	ECEIPT	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Cam Staples For Attorney Gene	eral						Origin	al 04/12/2010
		B. Itemized Contribu	tions fron	ı Individu	ıals			
Last Name Stockman	First Name Eric		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 0192	ution ID#	Amount of Contribution
Residential Street Address 35 Grist Mill Rd		City Monroe		State CT	Zip Code 06468	Date Receiv 03/23/20		
Principal Occupation attorney		Name of Employer NPM		•	Is this contribution associa fundraising event listed in If yes, list Event # 032		X 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	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	\$100.00	\$100.00
Last Name Kallas	First Name Edith		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 0194	ution ID#	Amount of Contribution
Residential Street Address 21 Greenacres Ave		City Scarsdale		State NY	Zip Code 10583	Date Receiv 03/23/20		
Principal Occupation attorney		Name of Employer Whatley		•	Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X 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	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	ibutions \$100.00	\$100.00
Last Name Burns	First Name Maureen		MI	Cash	contribution: X Personal Cl y Order	heck 0152	ution ID#	Amount of Contribution
Residential Street Address 32 Harbour Close		City New Haven		State CT	Zip Code 06519	Date Receiv 03/25/20		
Principal Occupation attorney		Name of Employer Pellegrino Law Firm			Is this contribution associa fundraising event listed in If yes, list Event #	Section J12	Yes	
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	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	\$100.00	\$100.00
Last Name Austin	First Name Philip		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 0161	ution ID#	Amount of Contribution
Residential Street Address 25 Cassandra Blvd		City West Hartford		State CT	Zip Code 06107	Date Receiv 03/25/20		
Principal Occupation professor		Name of Employer Uconn		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X 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	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	sibutions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Cam Staples For Attorney Gene	ral						Ori	ginal 04/12/2010
		B. Itemized Contributi	ons from	Individu	ıals		'	
Last Name Cook	First Name Donald		MI A	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 4455 Pinewalk Dr		City Alpharetta		State GA	Zip Code 30022		Received 25/2010	
Principal Occupation association exec		Name of Employer Medical Association of GA			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$100.0	0 \$100.00
Last Name Holevoet	First Name Donald		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck C	Contribution ID #	Amount of Contribution
Residential Street Address 415 Orange St		City New Haven		State CT	Zip Code 06511		Received 25/2010	
Principal Occupation graphic designer/architect		Name of Employer self		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	e Contributions \$100.0	0 \$100.00
Last Name Piraino-Holevoet	First Name Elaine		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 415 Orange St		City New Haven		State CT	Zip Code 06511		Received 25/2010	
Principal Occupation graphic designer		Name of Employer self			Is this contribution associate fundraising event listed in State If yes, list Event #		Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$100.0	0 \$100.00
Last Name Fagen	First Name Kathy		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck C	Contribution ID #	Amount of Contribution
Residential Street Address 115 Summer Hill Rd		City Madison		State CT	Zip Code 06443		Received 25/2010	
Principal Occupation investment consultant		Name of Employer TD Ameritrade			Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$100.0	0 \$100.00

		I. MONETARY R	ECEIPT	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Cam Staples For Attorney Gene	eral						Origin	al 04/12/2010
		B. Itemized Contribu	tions fron	n Individu	ıals			
Last Name Pruzan Clain	First Name Debra		MI	Cash	contribution: X Personal Cl	heck 0154	ution ID#	Amount of Contribution
Residential Street Address 9 Indian Head		City Riverside		State CT	Zip Code 06878	Date Receiv 03/25/20		
Principal Occupation md		Name of Employer self		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section 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	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	sibutions \$100.00	\$100.00
Last Name Wilcox	First Name Donald		MI P	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0155	ution ID#	Amount of Contribution
Residential Street Address 308 Champion Dr		City Lakeway		State TX	Zip Code 78734	Date Receiv 03/25/20		
Principal Occupation attorney		Name of Employer Texas Medical Assn		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section 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	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	sibutions \$100.00	\$100.00
Last Name Neiderfer	First Name Debra		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0156	ution ID#	Amount of Contribution
Residential Street Address 22 Tiffany Rd		City Oyster Bay		State NY	Zip Code 11771	Date Receiv 03/25/20		
Principal Occupation business development		Name of Employer Veritext Court			Is this contribution associa fundraising event listed in If yes, list Event #	Section I12	Yes X 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	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	\$100.00	\$100.00
Last Name Stapleton	First Name Mark		MI A	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0160	ution ID#	Amount of Contribution
Residential Street Address 159 Long Hill Dr		City Glastonbury		State CT	Zip Code 06033	Date Receiv 03/25/20		
Principal Occupation consultant		Name of Employer self		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X 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	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	sibutions \$100.00	\$100.00

		I. MONETARY	RECE	IPTS	(Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	eral								Origina	al 04/12/2010
		B. Itemized Contr	ibutions	from	Individu	als				
Last Name Parker	First Name Robert		MI D	I	Method of c Cash Money	X Personal C		Contribution 0162	on ID#	Amount of Contribution
Residential Street Address 195 Livingston St		City New Haven			State CT	Zip Code 06511		ate Received	0	
Principal Occupation educator		Name of Employer A.C.E.S		•		Is this contribution associa 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	Yes X			tor a lobbyist child of a lobbes	pyist?	Aggre	gate Contribu	tions	\$100.00
Last Name Edwards	First Name Lisa		MI A	Í	Method of c	X Personal C		Contribution 0163	on ID#	Amount of Contribution
Residential Street Address 321 Prospect Ave		City Meriden			State CT	Zip Code 06451		ate Received 3/25/2010)	
Principal Occupation consultant		Name of Employer self		•		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	Yes X			tor a lobbyist child of a lobbes	byist?	Aggre	gate Contribu	tions	\$100.00
Last Name Weiss	First Name Lee		MI A	I	Method of c Cash Money	X Personal C		Contribution 0164	on ID#	Amount of Contribution
Residential Street Address 138 Tara Dr		City Roslyn	·		State NY	Zip Code 11576		ate Received)	
Principal Occupation attorney		Name of Employer Brow, Woods, George L	LP	-		Is this contribution associa fundraising event listed in If yes, list Event #		112	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	Yes X			tor a lobbyist child of a lobbes	byist?	Aggre	gate Contribu	tions	\$100.00
Last Name Kone	First Name Carolyn		MI	I	Method of c Cash Money	contribution: X Personal C Order Credit/Det		Contribution 0165	on ID #	Amount of Contribution
Residential Street Address 131 W Rock Ave		City New Haven			State CT	Zip Code 06511		ate Received		
Principal Occupation attorney		Name of Employer Brenner, Saltzman		•		Is this contribution associa 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	Yes X			tor a lobbyist	pyist?	Aggre	gate Contribu	tions	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Cam Staples For Attorney Gene	ral						Origin	al 04/12/2010
		B. Itemized Contributi	ons from	Individu	ıals		-	
Last Name Zonana	First Name Howard		MI	Method of Cash	contribution:	eck	ibution ID#	Amount of Contribution
Zonana	nowara				y Order Credit/Debi	t Card	7	Contribution
Residential Street Address 212 Pleasant Point Rd		City Branford		State CT	Zip Code 06405	Date Rece 03/25/2		
Principal Occupation physician		Name of Employer Yale School of Medicine			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cor	stributions \$50.00	\$50.00
Last Name Zonana	First Name Linda		MI H	Cash	contribution: X Personal Ch y Order Credit/Debi	eck 0168	ibution ID#	Amount of Contribution
Residential Street Address 212 Pleasanr Point Rd		City Stony Creek		State CT	Zip Code 06405	Date Rece 03/25/2		
Principal Occupation		Name of Employer		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cor	stributions \$50.00	\$50.00
Last Name Keller	First Name Holly		MI	Cash	contribution: X Personal Ch	eck 0170	ibution ID #	Amount of Contribution
Residential Street Address 385 Temple St		City New Haven		State CT	Zip Code 06511	Date Rece 03/25/2		
Principal Occupation		Name of Employer		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes x 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob 'es	byist?	Aggregate Cor	stributions \$30.00	\$30.00
Last Name Daily, Jr.	First Name James		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	eck 015	ibution ID #	Amount of Contribution
Residential Street Address 103 Cold Spring Dr		City Westbrook		State CT	Zip Code 06498	Date Rece 03/25/2		
Principal Occupation regulations officer		Name of Employer State of CT		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cor	stributions \$100.00	\$100.00

		I. MONE	TARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	eral								Origin	al 04/12/2010
		B. Itemized	l Contributi	ons from	Individu	ıals				
Last Name Dixon	First Name Robert			MI B	Cash	contribution: X Personal (Contribution 0158	on ID#	Amount of Contribution
Residential Street Address 85 River Rd # A-8	•	City Essex			State CT	Zip Code 06426		ate Received 3/25/2010		
Principal Occupation treasurer		Name of Employer Town of Essex				Is this contribution associ fundraising event listed in If yes, list Event #		1?	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 Le	s X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	tions \$50.00	\$50.00
Last Name Dixon	First Name Ann			MI S	Cash	contribution: X Personal 0 y Order Credit/De		Contribution 0159	on ID#	Amount of Contribution
Residential Street Address 85 River Rd # A-8		City Essex			State CT	Zip Code 06426		ate Received 3/25/2010		
Principal Occupation travel consultant		Name of Employer self			•	Is this contribution associ fundraising event listed in If yes, list Event #		1?	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 Le	s X No	dependent	utor a lobbyis child of a lob 'es	byist?	Aggre	gate Contribu	itions \$50.00	\$50.00
Last Name Champion	First Name John			MI	Cash	contribution: X Personal O y Order Credit/De		Contribution 0169	on ID#	Amount of Contribution
Residential Street Address 24 W Elm St		City New Haven			State CT	Zip Code 06515	1	ate Received 3/25/2010	0	
Principal Occupation director of finance		Name of Employer CT Fund for the	Envir			Is this contribution associ fundraising event listed in If yes, list Event #		12	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	Ye:	s X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	50.00	\$50.00
Last Name Bracken	First Name Michael			MI	Cash	contribution: X Personal of the property of t		Contribution	on ID#	Amount of Contribution
Residential Street Address 18 Vineyard Ave		City Guilford			State CT	Zip Code 06437	1	ate Received 3/25/2010		
Principal Occupation professor		Name of Employer Yale U			•	Is this contribution associ fundraising event listed in If yes, list Event #		1?	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	Yes	s X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	itions	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Cam Staples For Attorney Gene	eral						C	Origina	ıl 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:	1	Contribution I	ID#	Amount of
Looney	Ellen			Cash Money	y Order X Personal Ch Credit/Debi		0199		Contribution
Residential Street Address		City		State	Zip Code	Date	e Received		
132 Fort Hale Rd		New Haven		СТ	06512	03/	/29/2010		
Principal Occupation offce manager		Name of Employer Env. Testing			Is this contribution associated fundraising event listed in Strategy If yes, list Event # 032		2 X Y		
Is contributor a principal of a state contractorstate 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	byist?	Aggrega	te Contribution		\$100.00
Last Name Albanese	First Name Ralph		MI	Cash	contribution: X Personal Character Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 92R Hellgate Rd		City Durham		State CT	Zip Code 06422		e Received /29/2010		
Principal Occupation carpenter		Name of Employer New Haven Partitions			Is this contribution associal fundraising event listed in S If yes, list Event #		Y X N	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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	te Contribution		\$100.00
Last Name Cianci	First Name Christoph	er	MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 11 Goodwill Rd	•	City North Haven	•	State CT	Zip Code 06473		e Received /29/2010		
Principal Occupation project manager		Name of Employer New Haven Partitions		•	Is this contribution associate fundraising event listed in the second of the second second in the second se			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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	te Contribution		\$100.00
Last Name Fitch	First Name Robert		MI B	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 21 Great Oak Rd		City Northford		State CT	Zip Code 06472		e Received /29/2010		
Principal Occupation carpenter		Name of Employer New Haven Partitions			Is this contribution associal fundraising event listed in S If yes, list Event #		Y X N	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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	te Contribution		\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	ILING	DUE DATE
Cam Staples For Attorney Gene	ral						О	Origina	al 04/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals		•		
Last Name	First Name		MI	Method of	contribution:	(Contribution II	D#	Amount of
Ong Moy	Jane			Cash Money	y Order Resonal Character Credit/Debi	1 (0198		Contribution
Residential Street Address		City		State	Zip Code		e Received		
79 Irving Ave		Floral Park		NY	11001	03/	/29/2010		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the state of the state o			es Io	
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?	Aggregat	te Contribution \$100		\$100.00
Last Name Goodman	First Name Louis		MI J	Method of Cash	contribution:	neck	Contribution II	D#	Amount of Contribution
		i		Money	y Order Credit/Debi	it Card	0201		
Residential Street Address 2300-37 Barton Creek Blvd		City Austin		State TX	Zip Code 78735		Received /31/2010		
Principal Occupation Ceo		Name of Employer Texas Medical Assn			Is this contribution associate fundraising event listed in the second of the second second in the second se		x N	es Vo	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregat	te Contribution		\$100.00
Last Name Wells	First Name William		MI P	Cash	contribution: X Personal Ch y Order Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 7 Chapel Dr		City Branford		State CT	Zip Code 06405		e Received		
Principal Occupation project super.		Name of Employer Giordano Construction			Is this contribution associate fundraising event listed in the state of the state o			es 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution \$100		\$100.00
Last Name Luciano	First Name Joe		MI	Cash	contribution: X Personal Character Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 378 Mansfield Grove Rd		City East Haven		State CT	Zip Code 06512		Received		
Principal Occupation project manager		Name of Employer Giordano Const		!	Is this contribution associate fundraising event listed in If yes, list Event #		X No	es Io	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregat	te Contribution		\$100.00

		I. MO	NETARY REG	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	eral								Origin	al 04/12/2010
		B. Itemi	ized Contributio	ons from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Rodrigues	John				Cash Money	y Order Personal C		0204		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
497 Orange Center Rd		Orange			СТ	06477	0	3/31/201	0	
Principal Occupation		Name of Employ	-			Is this contribution association fundraising event listed in			Yes	
supervisor		Giordano Co	onst			If yes, list Event #	. Section 3	×	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No	1	utor a lobbyis child of a lob		Aggre	gate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res X	-		\$	100.00	\$100.00
Last Name	First Name			MI		contribution:		Contributi	on ID#	Amount of
DePino	Salvatore				Cash Money	y Order Personal C		0205		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
15 Howard Rd		Durham			СТ	06422	0	3/31/201	0	ļ
Principal Occupation		Name of Employ	-			Is this contribution association fundraising event listed in		J1?		
MEP coordinator		Giordano Co	onst			If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	1	utor a lobbyis		Aggre	gate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of		ъ . Г	1	l	child of a lob	*		\$	100.00	\$100.00
government the contract is with:		Executive	Legislative	 			<u> </u>	1		<u> </u>
Last Name Giordano	First Name Linda			MI	Method of Cash	contribution: X Personal C	heck	Contributi	on ID#	Amount of Contribution
o.o. aano	2				_	y Order Credit/Del	oit Card	0207		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
207 Pine Orchard Rd		Branford			СТ	06405	0	3/31/201	0	
Principal Occupation		Name of Employ	•			Is this contribution association fundraising event listed in		11?		
office manager		Office Netwo	OFK			If yes, list Event #		<u>x</u>	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	1	utor a lobbyis		Aggre	gate Contrib	utions	İ
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob	-		\$	100.00	\$100.00
government the contract is with: Last Name	First Name	Executive	Legislative	MI I	1			l		<u> </u>
Caldwell	John			MI	Cash	contribution: X Personal C	heck	Contributi 0208	on ID #	Amount of Contribution
		1			Money	y Order Credit/Deb	oit Card	0208		
Residential Street Address		City			State	Zip Code		ate Received		
747F Wesr Main		Cheshire			СТ	06410		3/31/201	0	
Principal Occupation		Name of Employ Dalton Ent.	yer			Is this contribution association fundraising event listed in		J1?		
		Janon Ent.				If yes, list Event #			No	
Is contributor a principal of a state contractor	or prospective		Yes X No	1	utor a lobbyis		Aggre	gate Contrib	utions	
Is yes, indicate which branch or branches of		Executive	Legislative	I —	child of a lob	-		\$	100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Cam Staples For Attorney Gene	ral						Origin	nal 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Hallbach	First Name Lisa		MI	Cash	contribution: X Personal Character Credit/Debit	neck 020	tribution ID #	Amount of Contribution
Residential Street Address 40 Sunnybrook Hill Rd		City Southington		State CT	Zip Code 06489	Date Rec 03/31/		
Principal Occupation dispatcher		Name of Employer Dalton ent.			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	\$100.00	\$100.00
Last Name Castelot	First Name Susan		MI	Cash	contribution: X Personal Characteristics (Credit/Debi	neck 021	tribution ID #	Amount of Contribution
Residential Street Address 27 Huntington Cir		City Shelton		State CT	Zip Code 06484	Date Rec 03/31/		
Principal Occupation bookkeeper		Name of Employer Dalton Ent		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	ontributions \$100.00	\$100.00
Last Name Bergantine	First Name Frances		MI	Cash	contribution: X Personal Character Credit/Debit	neck 021	tribution ID#	Amount of Contribution
Residential Street Address 11 North Rd		City Southington		State CT	Zip Code 06489	Date Rec		
Principal Occupation bookkeeper		Name of Employer Dalton			Is this contribution associate fundraising event listed in If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	\$100.00	\$100.00
Last Name Alberino	First Name Barbara		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 021	tribution ID#	Amount of Contribution
Residential Street Address 46 Melillo Cir		City North Haven		State CT	Zip Code 06473	Date Rec 03/31/		
Principal Occupation vice president		Name of Employer Dalton			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	ontributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Cam Staples For Attorney Gene	ral						Orig	ginal 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Lorensen	First Name		MI J	Method of Cash	contribution:	heck	ontribution ID #	Amount of Contribution
		ı		Money	y Order Credit/Debi	it Card		4
Residential Street Address 10 Berkshire Ct		City Cheshire		State CT	Zip Code 06410		Received 1/2010	
Principal Occupation owner		Name of Employer TJL Industries			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Wienner	First Name Robert		MI N	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 02	ontribution ID#	Amount of Contribution
Residential Street Address 25 Reverknolls		City Avon		State CT	Zip Code 06001		Received 1/2010	
Principal Occupation real estate		Name of Employer JDA Development		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Kesten	First Name Robert		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 02	ontribution ID #	Amount of Contribution
Residential Street Address 12 Sycamore Ln		City Ridgefield		State CT	Zip Code 06877		Received 1/2010	
Principal Occupation insurance agent		Name of Employer self		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
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	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	bbyist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Torello	First Name Jeffrey		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 02	ontribution ID#	Amount of Contribution
Residential Street Address 6 Gaylea Dr		City Branford		State CT	Zip Code 06405		Received 1/2010	
Principal Occupation insurance broker		Name of Employer Group Benefit Admin		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
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	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggregate	Contributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Cam Staples For Attorney Gene	ral						Orig	inal 04/12/2010
		B. Itemized Contributi	ions fron	ı Individu	ıals		<u> </u>	
Last Name Sabol	First Name Michael		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 16 Hunters Rdg		City Rocky Hill		State CT	Zip Code 06067		eceived 1/2010	
Principal Occupation cpa		Name of Employer Mahoney Sobol			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Schiraldi	First Name Leonard		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 233C Front St		City New Haven		State CT	Zip Code 06573		eceived 1/2010	
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Dixon	First Name R. Alexan	der	MI	Cash	contribution: X Personal Cl	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 67 Summit Rd		City Riverside		State CT	Zip Code 06878		eceived 1/2010	
Principal Occupation project manager		Name of Employer JP Morgan	_		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Nelson	First Name Leonard		MI A	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 1124 Isabella St		City Wilmette		State IL	Zip Code 60091		eceived 1/2010	
Principal Occupation lawyer		Name of Employer AMA			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggregate (Contributions \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Cam Staples For Attorney Gene	ral						Origin	al 04/12/2010
		B. Itemized Contributi	ions fron	ı Individu	ıals			
Last Name Piazza	First Name Edward		MI F	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 022	ribution ID#	Amount of Contribution
Residential Street Address 675 Townsend Ave Unit 163		City New Haven	•	State CT	Zip Code 06512	Date Rec 03/31/		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	shaributions \$100.00	\$100.00
Last Name Steigelfest	First Name Dawn		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 022	ribution ID #	Amount of Contribution
Residential Street Address 26 Tamarac Dr		City Glastonbury		State CT	Zip Code 06033	Date Rec 03/31/		
Principal Occupation teacher		Name of Employer Glastonbury Board of Ed		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	sntributions \$100.00	\$100.00
Last Name Staples	First Name Dorothy		MI	X Cash	contribution: Personal Cl y Order Credit/Debi	heck 022	ribution ID#	Amount of Contribution
Residential Street Address 600 S Drive Hwy # 659		City West Palm Beach		State FL	Zip Code 33401	Date Rec 03/31/		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	sntributions \$100.00	\$100.00
Last Name Paylor	First Name Daniel		MI	x Cash	contribution: Personal Cl y Order Credit/Debi	heck 022	ribution ID #	Amount of Contribution
Residential Street Address 600 S Dixie Hwy # 657		City West Palm Beach		State FL	Zip Code 33401	Date Rec 03/31/		
Principal Occupation Recreation leader		Name of Employer Saddleback Valley SD		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	sntributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Cam Staples For Attorney Gene	ral						Origi	inal 04/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals			
Last Name Gilberto	First Name Sebastian	1	MI J	Cash	contribution:	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 34 Boulter Rd		City Wethersfield		State CT	y Order Credit/Debi	Date R	Received	1
Principal Occupation mason		Name of Employer Advanced Caulking		1	Is this contribution associa fundraising event listed in If yes, list Event #	ted with a	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 t child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Corbit, Sr	First Name Eugene		MI T	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 128 Grandview St		City Manchester		State CT	Zip Code 06040		Received 1/2010	
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Corbitt	First Name Curtis		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 243 Lake St		City Vernon		State CT	Zip Code 06066		Received 1/2010	
Principal Occupation estimator		Name of Employer Advanced Caulking			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Buccheri	First Name Vincent		MI	Cash	contribution: X Personal Cl	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 75 Elliott St E		City Hartford		State CT	Zip Code 06114		Received 1/2010	
Principal Occupation owner		Name of Employer Advanced Caulking		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggregate	Contributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Cam Staples For Attorney Gene	ral						Orig	ginal 04/12/2010
		B. Itemized Contribut	ions from	ı Individu	ıals		<u>'</u>	
Last Name Staples	First Name David		MI	Cash	contribution: X Personal Cl	neck 02	ontribution ID#	Amount of Contribution
Residential Street Address 600 S Dixie Hwy # 659		City West Palm Beach		State FL	Zip Code 23401		Received 1/2010	
Principal Occupation realtor		Name of Employer Southeby's		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Volpe	First Name Michele		MI M	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 377 Boston Posr Rd		City Madison		State CT	Zip Code 06443		Received 1/2010	
Principal Occupation attorney		Name of Employer Bershtein Volpe & McKeon			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Dunlevy	First Name Martin		MI J	Cash	contribution: X Personal Cl	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 97 W Prospect St		City New Haven		State CT	Zip Code 06511		Received 1/2010	
Principal Occupation organizational specialist		Name of Employer NEA			Is this contribution associa fundraising event listed in If yes, list Event # 032		X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Rivers	First Name Toya		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 136 Cedar Hill Ave		City New Haven		State CT	Zip Code 06511		Received 1/2010	
Principal Occupation project engineer		Name of Employer Giordano			Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Cam Staples For Attorney Gene	ral						Orig	ginal 04/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals		•	
Last Name	First Name		MI	Method of	contribution:		ontribution ID#	Amount of
Krenisky	John		M	Cash Money	x Personal Ch y Order Credit/Debi	0.	234	Contribution
Residential Street Address		City		State	Zip Code	Date R	Received	
512 Yale Ave		New Haven		СТ	06515	03/3	31/2010	_
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name	First Name		MI		contribution:		ontribution ID #	Amount of
Roy	Stanley			Cash Money	y Order	1 0:	235	Contribution
Residential Street Address		City		State	Zip Code		Received	
20198 Markward Xing		Estero		FL	33928		1/2010	_
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #		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	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name	First Name		MI	Method of	contribution:	Co	ontribution ID #	Amount of
Dalton	John			Cash Money	y Order Resonal Character Credit/Debi	0:	238	Contribution
Residential Street Address		City		State	Zip Code		Received	
65 E 76th St		New York		NY	10021	─	1/2010	_
Principal Occupation sales		Name of Employer Dalton Enterprises			Is this contribution associat fundraising event listed in S 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	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name	First Name		MI	Method of	contribution:	Co	ontribution ID #	Amount of
Dalton	Maureen			Cash Money	y Order X Personal Ch Credit/Debi	0.	240	Contribution
Residential Street Address		City		State	Zip Code		Received	
11 Middle Bch Rs West		Madison		СТ	06443		1/2010	-
Principal Occupation advertising		Name of Employer Dalton Ent			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis t child of a lob	byist?	Aggregate	Contributions \$100.00	\$100.00

		I. MON	ETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	ral								Origin	al 04/12/2010
		B. Itemiz	ed Contribution	ons from	Individu	ıals				
Last Name Weinstein	First Name Judy			MI K	Cash	contribution: X Personal C y Order Credit/De		Contributi 0241	on ID#	Amount of Contribution
Residential Street Address 2 Unicorn La		City Easton			State CT	Zip Code 06612		ate Received		
Principal Occupation attorney		Name of Employe	er			Is this contribution associ 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	_	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contribu	utions 100.00	\$100.00
Last Name Gohara	First Name Miriam			MI	x Cash	contribution: Personal C y Order Credit/De		Contributi 0242	on ID#	Amount of Contribution
Residential Street Address 480 Fountain St		City New Haven			State CT	Zip Code 06515		ate Received		
Principal Occupation attorney		Name of Employe Federal Public	er C Defenders offic	ce		Is this contribution associ fundraising event listed in If yes, list Event # 03		_{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	_	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contrib	ations \$20.00	\$20.00
Last Name Joseph	First Name Adam			MI	Cash	contribution: X Personal C		Contributi 0248	on ID#	Amount of Contribution
Residential Street Address 56 Lawrence St Fl 2		City New Haven			State CT	Zip Code 06511		oate Received		
Principal Occupation legislative Director		Name of Employe City of New H				Is this contribution associ fundraising event listed in If yes, list Event #		I12 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	_	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribi	utions 100.00	\$100.00
Last Name Bolden	First Name Victor			MI A	Cash	contribution: X Personal C y Order Credit/De		Contributi 0252	on ID#	Amount of Contribution
Residential Street Address 131 W Elm St # 1		City New Haven			State CT	Zip Code 06515		ate Received		
Principal Occupation attorney		Name of Employe				Is this contribution associ fundraising event listed in If yes, list Event # 03	Section J	_{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	_	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contrib	utions 100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Cam Staples For Attorney Gene	ral						Origin	nal 04/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals			
Last Name Sons	First Name Gemma		MI	X Cash	contribution: Personal Cl y Order Credit/Debi	neck 02	ntribution ID#	Amount of Contribution
Residential Street Address 284 Jones St		City New Haven		State CT	Zip Code 06513	Date Re 03/31	eceived 1/2010	
Principal Occupation		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event # 032		X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Corea	First Name Andy		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 02	ntribution ID#	Amount of Contribution
Residential Street Address 26 Roydon Rd		City New Haven		State CT	Zip Code 06511	Date Re 03/31	eceived 1/2010	
Principal Occupation atty		Name of Employer SSJR Law		•	Is this contribution associa fundraising event listed in If yes, list Event # 032		X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$20.00	\$20.00
Last Name Dubino	First Name Orest		MI T	Cash	contribution: X Personal Cl	neck 02	ntribution ID#	Amount of Contribution
Residential Street Address 5 Hemlock Rd		City New Haven		State CT	Zip Code 06515	Date Re	eceived 1/2010	
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event # 032		X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Henchel	First Name Deborah		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 02	ntribution ID#	Amount of Contribution
Residential Street Address 290 McKinley Ave		City New Haven		State CT	Zip Code 06515		eceived 1/2010	
Principal Occupation asst clerk		Name of Employer New Haven Probate Court			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Cam Staples For Attorney Gene	ral						(Origina	ıl 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contribution I	ID#	Amount of
King	Deborah			Cash Money	y Order Personal Ch Credit/Debi		0270		Contribution
Residential Street Address		City		State	Zip Code		te Received		
474 48th Ave Apt 38L		Long Island		NY	11109	03	/31/2010		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the state of the state			Yes	
director		Local 1199			If yes, list Event #		X N	No	
Is contributor a principal of a state contractor of state contractor?	or prospective	Yes X No		utor a lobbyis		Aggrega	ate Contribution		+400.00
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		res x	-		\$100	0.00	\$100.00
Last Name	First Name		MI	Method of	contribution:		Contribution I	ID#	Amount of
King	Liam			Cash Money	x Personal Ch y Order Credit/Debi		0271		Contribution
Residential Street Address		City		State	Zip Code		te Received		
474 48th Ave Apt 38C		Long Island		NY	11109	03	/31/2010		
Principal Occupation		Name of Employer			Is this contribution associal fundraising event listed in S If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution		\$100.00
government the contract is with: Last Name	First Name		MI		contribution:	1	Contribution I	ID#	
King	Laoise			Cash	X Personal Ch y Order Credit/Debi		0272	10#	Amount of Contribution
Residential Street Address		City	-	State	Zip Code	Dat	te Received		
360 W Rock Ave		New Haven		СТ	06515	03	/31/2010		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the state of the state		, X	Yes	
attorney		New Haven			If yes, list Event # 032		11.	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggrega	ate Contribution	ns	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	1 ~	child of a lob	*		\$100	0.00	\$100.00
Last Name	First Name		MI	Method of	contribution:		Contribution I	ID#	Amount of
Nystrom	Charles			Cash Money	y Order X Personal Ch Credit/Debi		0275		Contribution
Residential Street Address		City		State	Zip Code	Dat	te Received		
360 W Rock Ave		New Haven		СТ	06515	03	/31/2010		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the state of the state		[^]	Yes	
organizer		NEHLEU			If yes, list Event # 032		11.	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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggreg	ate Contribution		\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							FI	ILING D	UE DATE
Cam Staples For Attorney Gene	ral						Oı	riginal (04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals				
Last Name Walker	First Name Toni		MI	Cash	contribution: X Personal Cl	heck	Contribution ID	D#	Amount of Contribution
Residential Street Address 1643 Ella Grasso Blvd		City New Haven		State CT	Zip Code 06515		Received 31/2010		
Principal Occupation administrator		Name of Employer City of New Haven			Is this contribution associa fundraising event listed in If yes, list Event # 032		X Ye		
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$50.		\$50.00
Last Name Weiselberg	First Name Susan		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck	Contribution ID	D#	Amount of Contribution
Residential Street Address 46 Oliver St		City New Haven		State CT	Zip Code 06515		Received 31/2010		
Principal Occupation lawyer		Name of Employer State of CT		•	Is this contribution associa fundraising event listed in If yes, list Event # 032		X Ye		
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$100.		\$100.00
Last Name Hibson	First Name Emmet		MI	Method of Cash X Money	contribution: Personal Cl y Order Credit/Debi	heck	Contribution ID	D#	Amount of Contribution
Residential Street Address 6 Spencer Pl		City New Haven		State CT	Zip Code 06515		Received 31/2010		
Principal Occupation attorney		Name of Employer City of New Haven			Is this contribution associa fundraising event listed in If yes, list Event #		X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$100.		\$100.00
Last Name Downey	First Name John		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck	Contribution ID	D#	Amount of Contribution
Residential Street Address 395 Saint Ronan St		City New Haven		State CT	Zip Code 06511		Received 31/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Ye		
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$100.		\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Cam Staples For Attorney Gene	ral						(Origina	ıl 04/12/2010
		B. Itemized Contribut	ions from	ı Individu	ıals		•		
Last Name	First Name		MI	Method of	contribution:		Contribution I	D#	Amount of
Rataic	Joanne			Cash Money	y Order		0286		Contribution
Residential Street Address		City		State	Zip Code	Dat	te Received		
42 Boulter Rd		Wethersfield		СТ	06109	03,	/31/2010		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the second of the second second in the second se			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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution \$100		\$100.00
Last Name	First Name		MI		contribution:		Contribution I	D#	Amount of
McPhee	William			Cash Money	y Order Personal Ch Credit/Debi		0287		Contribution
Residential Street Address		City		State	Zip Code		te Received		
100 Lynwood Dr E		Cheshire		СТ	06410		/31/2010		
Principal Occupation		Name of Employer			Is this contribution associal fundraising event listed in ! If yes, list Event #		1 1	res 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?	Aggrega	ate Contribution		\$100.00
Last Name	First Name		MI	Method of	contribution:		Contribution I	D#	Amount of
Ruocco III	Pat			Cash Money	y Order X Personal Ch Credit/Debi		0288		Contribution
Residential Street Address		City		State	Zip Code	Dat	te Received		
45 Harrison Ave # 7		Branford		СТ	06405	03,	/31/2010		
Principal Occupation		Name of Employer			Is this contribution associated fundraising event listed in State of the If yes, list Event #			res 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution		\$100.00
Last Name	First Name		MI	Method of	contribution:		Contribution I	D#	Amount of
Dizon	Theresa			Cash	X Personal Ch y Order Credit/Debi		0289	.5 11	Contribution
Residential Street Address		City	•	State	Zip Code	Dat	te Received		
50 1/2 Mountain Spring Rd		Farmington		СТ	06032	03,	/31/2010		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the second of the second second in the second se		1 1	res 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution		\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Cam Staples For Attorney Gene	ral						Ori	ginal 04/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals			
Last Name	First Name		MI	Method of	contribution:	С	Contribution ID #	Amount of
Dimauro	Joseph		0	Cash Money	y Order Resonal Character Credit/Debi	0)290	Contribution
Residential Street Address		City		State	Zip Code	Date I	Received	
32 June Cir		Rocky Hill		СТ	06067	03/3	31/2010	_
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the second of the second second in the second second second second second second second second second second second second second second second second second sec		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	e Contributions \$100.0	0 \$100.00
Last Name	First Name		MI	Method of	contribution:	-	Contribution ID #	Amount of
Cirinna	Susan			Cash Money	y Order Personal Ch Credit/Debi	1 0)291	Contribution
Residential Street Address		City		State	Zip Code		Received	
5 Mark Ln		Rocky Hill		СТ	06067		31/2010	\rightarrow
Principal Occupation		Name of Employer			Is this contribution associal fundraising event listed in ! If yes, list Event #		Yes	
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	byist?	Aggregate	e Contributions \$100.0	0 \$100.00
Last Name	First Name		MI	Method of	contribution:	C	Contribution ID #	Amount of
Buccheri	Angelo			Cash Money	x Personal Ch y Order Credit/Debi	neck 0)292	Contribution
Residential Street Address		City		State	Zip Code	Date I	Received	
194 Newton St		Kensington		СТ	06037	03/3	31/2010	
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the second of the second second in the second second second second second second second second second second second second second second second second second sec		Yes X 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	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggregate	e Contributions \$100.0	0 \$100.00
Last Name	First Name		MI	Method of	contribution:	C	Contribution ID #	Amount of
Hallbach	Susan			Cash Money	y Order X Personal Ch Credit/Debi	neck 0)293	Contribution
Residential Street Address		City		State	Zip Code	Date I	Received	
499 Sable Ct		Cheshire		СТ	06410	03/3	31/2010	
Principal Occupation		Name of Employer			Is this contribution associated fundraising event listed in State of the State of t		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$100.0	0 \$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Cam Staples For Attorney Gene	ral						Orig	ginal 04/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals		•	
Last Name	First Name		MI	Method of	contribution:	Co	ontribution ID #	Amount of
Fernandez	Lisa			Cash Money	y Order	0.	294	Contribution
Residential Street Address		City		State	Zip Code	Date R	Received	
148 Cold Spring St		New Haven		СТ	06511	03/3	1/2010	
Principal Occupation		Name of Employer			Is this contribution associated fundraising event listed in State of the If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Eyzaguirre	First Name Carlos		MI	Cash	contribution: X Personal Character Credit/Debi	neck 0	ontribution ID#	Amount of Contribution
Residential Street Address 33 Lyon St		City New Haven		State CT	Zip Code 06511		Received 1/2010	7
Principal Occupation Business Dev. Dir.		Name of Employer EDC of New Haven		•	Is this contribution associate fundraising event listed in the state of the state o		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Dalton	First Name Peter		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 11 Middle Beach Rd W		City Madison		State CT	Zip Code 06443		Received 1/2010	7
Principal Occupation owner		Name of Employer Dalton Ent		!	Is this contribution associate fundraising event listed in the second of the second second in the second se		Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Arreola	First Name Adriana		MI	Cash	contribution: X Personal Character Credit/Debi	neck 0	ontribution ID #	Amount of Contribution
Residential Street Address 56 Lawrence St		City New Haven		State CT	Zip Code 06511		Received	
Principal Occupation uninsured childrens coordinator		Name of Employer City of New Haven		.	Is this contribution associate fundraising event listed in the state of the state o		Yes	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	IG DUE DATE
Cam Staples For Attorney Gene	ral						Origi	nal 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Delmoro	First Name Sarah		MI T	Cash	contribution: X Personal Cl y Order Credit/Deb	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 355 Bethany Rd		City Beacon Falls		State CT	Zip Code 06403	Date Re 03/31	eceived 1/2010	
Principal Occupation aid		Name of Employer Dept of Dev Services			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Leaf	First Name Thomas		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 190 Wooster St		City New Haven		State CT	Zip Code 06511		eceived 1/2010	
Principal Occupation attorney		Name of Employer State of CT			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Jennifer	First Name McNelly		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 611 Merrow Rd		City Tolland		State CT	Zip Code 06084	Date Ro 03/31	eceived 1/2010	
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X 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	Yes X No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Jones	First Name Katrina		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	neck 02	ontribution ID#	Amount of Contribution
Residential Street Address 185 County St		City New Haven		State CT	Zip Code 06511		eceived 1/2010	
Principal Occupation para		Name of Employer New Haven Board of ed		•	Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X 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	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$25.00	\$25.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							I	FILING	DUE DATE
Cam Staples For Attorney Gene	ral						(Origina	al 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contribution I	ID#	Amount of
Newton	Gwen			Cash Money	y Order Personal Cl		0255		Contribution
Residential Street Address		City		State	Zip Code	Dat	e Received		
185 County St		New Haven		СТ	06511	03,	/31/2010		•
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #			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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contribution	ons 5.00	\$25.00
Last Name	First Name		MI	Method of	contribution:		Contribution 1	ID#	Amount of
Berkowitz	Eyal			Cash Money	y Order Personal Cl Credit/Debi		0251		Contribution
Residential Street Address		City		State	Zip Code		e Received		
200 Lake Ave		Trumbull		СТ	06611		/31/2010		
Principal Occupation accountant		Name of Employer Gen Re Corp			Is this contribution associa fundraising event listed in If yes, list Event #		? 🔲 🤉	Yes No	L
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	byist?	Aggrega	ate Contributio		\$100.00
Last Name	First Name		MI	Method of	contribution:		Contribution I	ID#	Amount of
Looney	Martin		М	Cash Money	y Order X Personal Cl Credit/Debi		0273		Contribution
Residential Street Address		City		State	Zip Code	Dat	e Received		
132 Fort Hale Rd		New Haven		СТ	06512	03,	/31/2010		•
Principal Occupation attorney		Name of Employer Keyes and Looney			Is this contribution associa fundraising event listed in If yes, list Event # 032		1 1 .		
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio	ons 0.00	\$100.00
Last Name	First Name		MI	Method of	contribution:		Contribution I	ID#	Amount of
Goldfield	Carl			Cash Money	y Order X Personal Cl Credit/Debi		0267		Contribution
Residential Street Address		City		State	Zip Code	Dat	e Received		
25 Roydon Rd		New Haven		СТ	06511	03,	/31/2010		,
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1	11.		
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio	ons 0.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	ILING	DUE DATE
Cam Staples For Attorney Gene	ral						0	Origina	ıl 04/12/2010
		B. Itemized Contributi	ons from	Individu	ıals				
Last Name Keyes	First Name Elizabeth		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck (Contribution II	D#	Amount of Contribution
Residential Street Address 63 Marvel Rd		City New Haven		State CT	Zip Code 06515		Received 31/2010		
Principal Occupation atty		Name of Employer State of CT			Is this contribution associa fundraising event listed in If yes, list Event # 032		X Yo		
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	te Contribution \$100		\$100.00
Last Name Sokolow	First Name Jay		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	heck	Contribution II	D#	Amount of Contribution
Residential Street Address 25 Woodside Ter		City New Haven		State CT	Zip Code 06515		Received 31/2010		
Principal Occupation physician		Name of Employer Radiology Group			Is this contribution associa fundraising event listed in If yes, list Event # 032		X Y		
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	te Contribution \$50		\$50.00
Last Name DeStefano	First Name John		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck (Contribution II	D#	Amount of Contribution
Residential Street Address 150 Judwin Ave		City New Haven		State CT	Zip Code 06515		Received 31/2010		
Principal Occupation Mayor		Name of Employer City of New Haven			Is this contribution associa fundraising event listed in If yes, list Event #			es Vo	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	te Contribution \$100		\$100.00
Last Name Hauser	First Name Jack		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck (Contribution II	D#	Amount of Contribution
Residential Street Address 396 Livingston St		City New Haven		State CT	Zip Code 06511		Received		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		X N	⁄es Io	
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	te Contribution		\$100.00

		I. M	ONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	ral								Origin	al 04/12/2010
		B. Ite	emized Contributi	ons from	Individu	ials				
Last Name Segaloff	First Name Barbara			MI	Method of o	contribution: X Personal C Order Credit/Del		Contribution	on ID#	Amount of Contribution
Residential Street Address 200 Fountain St Apt 712		City New Have	en		State CT	Zip Code 06515		ate Received 3/31/2010	0	
Principal Occupation		Name of Em	nployer			Is this contribution associ fundraising event listed in If yes, list Event # 03		1?	Yes 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:		Executive	Yes X No		child of a lob	byist?	Aggre	gate Contribu	stions \$50.00	\$50.00
Last Name Segaloff	First Name James			MI H	Cash	contribution: X Personal C Order Credit/Del		Contribution 0278	on ID#	Amount of Contribution
Residential Street Address 200 Fountain St Apt 712		City New Have	en		State CT	Zip Code 06515	- 1	ate Received 3/31/2010	0	
Principal Occupation attorney		Name of Em	nployer Duffy & Segaloff			Is this contribution associ fundraising event listed in If yes, list Event # 03		1? L	Yes	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No Legislative	dependent	utor a lobbyist child of a lob	byist?	Aggre	gate Contribu	itions \$50.00	\$50.00
Last Name Smuts	First Name Robert			MI	Cash	contribution: X Personal C		Contribution 0250	on ID#	Amount of Contribution
Residential Street Address 22 Hobart St		City New Have	en		State CT	Zip Code 06511		ate Received 3/31/2010	0	
Principal Occupation municipal govt manager		Name of Em City of No	nployer ew Haven			Is this contribution associ fundraising event listed in If yes, list Event #		12	Yes 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:		Executive	Yes X No	dependent	child of a lob	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Lubin	First Name Andrew			MI	Cash	contribution: X Personal C Order Credit/Del		Contribution 0243	on ID#	Amount of Contribution
Residential Street Address 55 Killian Ave		City Trumbull			State CT	Zip Code 06611		ate Received 3/31/2010		
Principal Occupation attorney		Name of Em	nployer			Is this contribution associ fundraising event listed in If yes, list Event # 03	Section J	1? E	Yes 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:		Executive	Yes X No	dependent	utor a lobbyist child of a lob	byist?	Aggre	gate Contribu	utions 100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							FI	ILING DUE DATE	
Cam Staples For Attorney Gene	ral						Oı	original 04/12/2010	
		B. Itemized Contributi	ons from	Individu	ıals				
Last Name Neeley	First Name Nicholas		MI E	Cash	contribution: X Personal Cl	neck	Contribution ID	O# Amount of Contribution	
Residential Street Address 46 Oliver Rd		City New Haven		State CT	Zip Code 06515		Received 31/2010		
Principal Occupation administrator		Name of Employer State of CT			Is this contribution associa fundraising event listed in If yes, list Event # 032		X Ye		
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	e Contributions \$100.		0.00
Last Name Carbone	First Name William		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution ID	O# Amount of Contribution	
Residential Street Address 96 Vista Ter		City New Haven		State CT	Zip Code 06515		Received 31/2010		
Principal Occupation Exec dir		Name of Employer State of CT		•	Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Ye		
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	e Contributions \$50.		0.00
Last Name Courtmanche	First Name Betse		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution ID	O# Amount of Contribution	
Residential Street Address 62 W Rock Ave		City New Haven		State CT	Zip Code 06515		Received 31/2010		
Principal Occupation teacher		Name of Employer New Haven BOE			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Ye		
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$25.		25.00
Last Name Courtmanche	First Name John		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution ID	O# Amount of Contribution	
Residential Street Address 62 W Rock Ave		City New Haven		State CT	Zip Code 06515		Received 31/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Ye		
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$50.		0.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							F	FILING	DUE DATE
Cam Staples For Attorney Gene	ral						(Origina	ıl 04/12/2010
		B. Itemized Contribution	ons from	ı Individu	ıals				
Last Name Harp	First Name Wendell		MI	X Cash	contribution: Personal Ch y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 170 Conrad Dr		City New Haven		State CT	Zip Code 06515		e Received /31/2010		
Principal Occupation architect		Name of Employer Architects Environ. Collab.			Is this contribution associate fundraising event listed in If yes, list Event # 032		11.		
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ste Contribution		\$100.00
Last Name Dildine	First Name Gregory		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 227 McKinley Ave		City New Haven		State CT	Zip Code 06515		e Received /31/2010		
Principal Occupation		Name of Employer			Is this contribution associal fundraising event listed in 1 If yes, list Event # 032		11.		
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contribution	ons 0.00	\$50.00
Last Name Melita	First Name Enrico		MI	Cash	contribution: X Personal Character Credit/Debit	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 5 Maplewood Rd		City New Haven		State CT	Zip Code 06515		e Received /31/2010		
Principal Occupation policy analyst		Name of Employer State of CT			Is this contribution associate fundraising event listed in 1 If yes, list Event # 032	Section J1?	11.		
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ste Contribution		\$100.00
Last Name Mongillo	First Name Wendy		MI J	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 12 Oliver Rd		City New Haven		State CT	Zip Code 06515		e Received /31/2010		
Principal Occupation		Name of Employer			Is this contribution associal fundraising event listed in 1 If yes, list Event # 032	Section J1?	11.		
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution		\$100.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							F	FILING	DUE DATE
Cam Staples For Attorney Gene	ral						C	Origina	ıl 04/12/2010
		B. Itemized Contribut	ions from	ı Individu	ıals				
Last Name Mongillo	First Name Frank		MI J	Cash	contribution: X Personal Character Credit/Debit	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 12 Oliver Rd		City New Haven		State CT	Zip Code 06515		e Received /31/2010		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in Surface If yes, list Event # 032		1 1		
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contribution \$100		\$100.00
Last Name Perillo	First Name James		MI	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 33 Cleveland Rd		City New Haven		State CT	Zip Code 06515		e Received /31/2010		
Principal Occupation teacher		Name of Employer Guilford Board of Ed			Is this contribution associate fundraising event listed in Surface If yes, list Event # 032		1 1		
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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contribution \$50	ns 0.00	\$50.00
Last Name Leaf	First Name Frederick		MI P	Cash	contribution: X Personal Character Credit/Debit	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 111 Beckett Ave		City Branford		State CT	Zip Code 06405		e Received /31/2010		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in State If yes, list Event #			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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contribution \$100		\$100.00
Last Name Alfano	First Name Alyce		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 4 Woodbridge Dr		City Suffield		State CT	Zip Code 06078		e Received /31/2010		
Principal Occupation attorney		Name of Employer Klebanoff & Alfano		•	Is this contribution associal fundraising event listed in S If yes, list Event #		? X N	res 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	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution		\$100.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	DUE DATE	
Cam Staples For Attorney General	1						Origina	al 04/12/2010	
		B. Itemized Contribution	ons from	Individu	ıals				
	irst Name lichael		MI	Method of o	contribution: X Personal Character Credit/Debi	0285	tion ID#	Amount of Contribution	
Residential Street Address 59 Yowago Ave		City Branford		State CT	Zip Code 06405	Date Receive 03/31/202	-		
Principal Occupation		Name of Employer Is this contribution association fundraising event listed in If yes, list Event #			Yes				
state contractor? depender is yes, indicate which branch or branches of			dependent	utor a lobbyist child of a lob es	byist?	Aggregate Contri	outions 5100.00	\$100.00	
	irst Name lichelle		MI	Cash	contribution: X Personal Character Credit/Debi	I 0284	tion ID#	Amount of Contribution	
Residential Street Address 233C Front St		City New Haven		State CT	Zip Code 06513	Date Receive 03/31/20	-		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the state of the state o	Section J1?	Yes No		
Is contributor a principal of a state contractor or pr state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No Executive Legislative	1	utor a lobbyist child of a lob es	byist?	Aggregate Contril	outions 5100.00	\$100.00	
						Total of	Section B	\$25,805.00	
TOTAL OF ALL CONTRIBUTI	IONS FR	ROM INDIVIDUALS	(Section	ons A & B)	(Total on Line 14	of Summary Page)	\$25,805.00	

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILING	DUE DATE			
Cam Staples For Attorney General							Original	04/12/2010			
C1. Contributions from Other Committees											
Name of Committee					Name of Treasurer						
Address			Is this contribution a fundraising event			Yes If yes, list Event	#	Amount of Contribution			
City	State	Zip	Code	Date R	eceived	Aggregate Contributions					
						Total of S	Section C1				

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE				FILIN	NG DUE DATE			
Cam Staples For Attorney General				Origi	nal 04/12/2010			
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	
Cam Staples For Attorney General						Original 04/12/2010	
	D. Loans Received this Period						
Name of Lender				Source of Louis.	Is there a cosigner or Guarantor of	Amount Received	
Street Address	City	State	Zip Code	Candidate Individual	this loan?		
Name of Cosigner/Guarantor		Other Committee					
Street Address	City	State	Zip Code	Date Received			
Total of Section D							

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE	F	ILING DUE DATE							
Cam Staples For Attorney	C	Original 04/12/2010							
E. Personal Funds of the Candidate Received this Period									
Date Received 02/12/2010	Amount	\$1,000.00	Method of Payment Cash	X Personal Check	Cı	redit/Debit Card			
				To	otal of Section E	\$1,000.00			

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTE	FILING DUE DATE								
Cam Staples For Attor	Original 04/12/2010								
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount				

I. Monetary Receipts (Section A-I)										
NAME OF COMMITTEE	FILING DUE DATE									
Cam Staples For Attorney General						nal 04/12/2010				
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							
Cam Staples For Attorney General			Original 04/12/2010							
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				
Cam Staples For Attorney General	Origi	Original 04/12/2010							
I. Miscellaneous Monetary Receipts not Considered Contributions									
Name		Date of Trans	saction		Amount Received				
Street Address	City	State	Zip Code						
Description									
			Total of Sec	ction I					

	II. FUNDRAISING	G EVENT ACTIVITY				
NAME OF					FILING DUE I	DATE
COMMITTEE Cam Staples For A	ttorney General				Original 04/12	/2010
	J1. Fundra	nising Event Information				
Fundraising Event #	Description	Location: Street Address	City		State	Zip Code
Date of Fundraiser Letter 03/07/2010 A	Home Fundraiser	61 Huntington St	New H	laven	СТ	06511
Was this fundraising event h	osted at a personal residence?		X Yes	No		
Did this fundraiser include it items donated by an individu	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	e, auction, or other sale of donated items?		Yes	X No		
Fundraising Event #	Description	Location: Street Address	City		State	Zip Code
Date of Fundraiser Letter 03/14/2010 A	Home Fundraiser	320 Audubon St	New H	laven	СТ	
Was this fundraising event h	osted at a personal residence?	•	X Yes	No No		
Did this fundraiser include it items donated by an individu	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale, auction, or other sale of donated items?			Yes	X No		
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City		State	Zip Code
03/21/2010 B	Home Fundraiser	Thimble Farm Road	Branfo	ord	СТ	
Was this fundraising event h	osted at a personal residence?	•	X Yes	No		
Did this fundraiser include it items donated by an individu	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	x No		
Was this fundraiser a tag sale	e, auction, or other sale of donated items?		Yes	X No		
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City		State	Zip Code
Date of Fundraiser Letter 03/21/2010 A	Home Fundraiser	91 Mill Rock Rd	Hamd	en	СТ	06517
Was this fundraising event h	osted at a personal residence?	•	X Yes	No		
Did this fundraiser include it items donated by an individu	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	x No		
Was this fundraiser a tag sale	e, auction, or other sale of donated items?		Yes	X No		
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City		State	Zip Code
Date of Fundraiser Letter 03/22/2010 A	Cocktail Event	1540 Broadway	New Y	′ork	NY	
Was this fundraising event h	osted at a personal residence?		Yes	x No		
Did this fundraiser include it items donated by an individu	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	x No		
Was this fundraiser a tag sale	e, auction, or other sale of donated items?		Yes	X No		

	II. FUNDRAISING	G EVENT ACTIVITY				
NAME OF					FILING DUE	DATE
COMMITTEE Cam Staples For At	torney General				Original 04/12	2/2010
	J1. Fundra	nising Event Information				
Fundraising Event #	Description	Location: Street Address	City	y	State	Zip Code
Date of Fundraiser Letter 03/23/2010 A	Cocktail Event	193 Whitney Ave	Ne	ew Haven	СТ	
Was this fundraising event ho	osted at a personal residence?		Yes	X No	·	
Did this fundraiser include ite items donated by an individua	ms donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	auction, or other sale of donated items?		Yes	X No		
Fundraising Event #	Description	Location: Street Address	City	у	State	Zip Code
Date of Fundraiser Letter 03/28/2010 A	Cocktail Event	882 Whalley Ave	Ne	ew Haven	СТ	06515
Was this fundraising event ho	osted at a personal residence?	•	Yes	x No		
Did this fundraiser include ite items donated by an individua	ms donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	auction, or other sale of donated items?		Yes	X No		

II. FUNDRAISING EVENT ACTIVITY											
NAME OF COMMITTEE FILING											
Cam Staples For Attorney General Original											
J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items											
Name of the Purchaser Last Name (Individuals ONLY)	First Name	MI !	Method of payment: Cash Per	sonal Check	Credit/Debi	it Card	Aggregate Amount of Purchases				
Residential Street Address	City	State	Zip Code	Date Received	Event #						
Items Purchased											
				To	otal of Sec	ction J2					

II. FUNDRAISING EVENT ACTIVITY											
NAME OF COMMITTEE							FILING	G DUE DATE			
Cam Staples For Attorney General Orig								Original 04/12/2010			
J3. In-Kind Donations Not Considered Contributions											
Name of the Donor					Donation G		ess Entity	Fair Market Value of Donation			
Street Address City State Zip					Code	Aggregate valu					
Description of Donation		Date	Receive	ed	Event #						
						Total of Se	ction J3				

	III. N	ION	МО	NETARY RECEIPTS					
NAME OF COMMITTEE								FILING I	DUE DATE
Cam Staples For Attorney G	eneral							Original	04/12/2010
	К. 1	in-Ki	ind (Contributions					
Name							Date Receiv	ed	Fair Market Value of this Contribution
Street Address		С	ity		State	Zip Code			
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?		Yes No	Is contributor a principal of a state contractor? If yes, indicate which branch or branches government the contract is with:		ospective state Execu		Yes No Legislative	
Is this contribution associated with a fundi listed in Section J1? If yes, list Event#		Yes No	Des	cription of In-Kind Contribution			Aggregate conti	ributions	
							Total of	f Section K	

III. Non Monetary Receipts											
NAME OF COMMITTEE	FILING DUE DATE										
Cam Staples For Attorney General							Original 04/12/2010				
L. Refundable Deposit to Telephone Company											
Last Name (Individuals Only)	First Name		Amount of Deposit								
Street Address	City		State	Zip Code							
Name of Telephone company				•							
Street Address											
Total of Section L											

III. NONMONETARY RECEIPTS											
NAME OF COMMITTEE						F	ILING DUE DATE				
Cam Staples For Attorney General						О	riginal 04/12/2010				
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 Receiv	ed	Fair Market Value of Donation				
City	State	Zip Code		Aggreg	ate Donation	ıs					
Description of Donation	Purpose of Ex	penditure B	С	D	Е						
Total of Section M											

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Cam Staples For Attorney General						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee CT Direct Mail Street Address PO Box 484 Description Postage	City North Haven	State CT	Zip Code 06473	Date of Payment 03/04/2010 Purpose of Expenditure POST	Method of Pays X Check # 001 Debit Cas Event #		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$617.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
The Advocate Press				03/08/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1001		
4141 Chapel St	New Haven	СТ	06511	PRNT	Debit Car	^r d	
Description Mailing charges fro delegate letters		•	•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$2,475.10
Name of Payee McBee			_	Date of Payment 03/09/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
PO Box 88042	Chicago	IL	60680	BNK	X Debit Car	d	
Description endorsement stamp					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	r Other Candidate(s) N	lame		Office Sought			\$53.70

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Cam Staples For Attorney General						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Harland Clark				03/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
UNKNOWN	Unknown	СТ		BNK	X Debit Car	d .	
Description					Event #		
checks							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$63.64
Name of Payee				Date of Payment	Method of Pay	ment	Amount
The Advocate Press				03/10/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1002		
441 Chapel St	New Haven	СТ	06511	PRNT	Debit Car	^r d	
Description					Event #		
mailing charges							
Is this expenditure coordinated with another candidate for	or Other Candidate(s) N	lame		Office Sought			
which reimbursement is sought? Yes							
X No							\$768.50
Name of Payee				Date of Payment	Method of Pay	ment	Amount
McBee				03/16/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
PO Box 88042	Chicago	IL	60680	BNK	X Debit Car	d	
Description					Event #		
deposit slips							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			
X No							\$48.82

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Cam Staples For Attorney General						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Audrey Huntington Street Address PO Box 200188	City New Haven	State CT	Zip Code 06520	Date of Payment 03/29/2010 Purpose of Expenditure WAGE	Method of Payr X Check # 1003 Debit Car		Amount
Description 3 weeks staff pay					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$450.00
Name of Payee Katherine Xie				Date of Payment 03/29/2010	Method of Payment X Check #		Amount
Street Address PO Box 205723	City New Haven	State CT	Zip Code 06520	Purpose of Expenditure WAGE	1004 Debit Car	ď	
Description 2 weeks staff wages			!		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$300.00
Name of Payee Katherine Breslin				Date of Payment 03/29/2010	Method of Pays	ment	Amount
Street Address 91 Elm St	City Manchester	State CT	Zip Code 06040	Purpose of Expenditure WAGE	1005 Debit Car	d	
Description weekly staff pay (5 weeks)			•		Event #		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes							
X No					Total of Sec	ction N	\$1,500.00 \$6,276.76

	IV.	EXPENDITURES							
NAME OF COMMITTE	EE						FILING	DUE DATE	
Cam Staples For Attorney General Original									
	O. Cam	paign Expenses Paid By Candidate							
Name of Payee				Date of Payme		Is Reimbur Claimed?	rsement	Amount	
Street Address		City	State	Zip Code		Ye No			
Purpose of Expenditure	Description				Event #				
						Total of	Section O		

		IV. EXPENDITURES					
NAME OF COMMITTEE						FII	LING DUE DATE
Cam Staples For Attorney	Ori	iginal 04/12/2010					
	•						
Name of Issuing Institution			Type of Credit C	ard:			
		Visa	Master Card	Discover	Ameri	ican	
			Other				
Name of Vendor					Date of Transaction		Amount
Street Address		City	State	Zip Code			
Purpose of Expenditure	Description		<u>'</u>	!	Event #		
					Total of Section	ı P	

	IV. EXPE	ENDITURES				
NAME OF CO	MMITTEE				FILING DU	JE DATE
Cam Staples	For Attorney General				Original 04	/12/2010
	Q. Expenses Incurred By Com	mittee but Not Paid Duri	ng this Period		•	
Name of Creditor Katerina Rohne	er		Date Incurred 03/01/2010	Event # 0307201	0A	Amount Incurred (Estimate or
Street Address 61 Huntington	St	City New Haven	•	State CT	Zip Code 06511	Actual)
Purpose of Expenditure POST	Description postage					
Is this expenditure which reimbursement Yes X No	coordinated with another candidate for Other Candida ent is sought?	ate(s) Name	Office Sought			\$36.96
Name of Creditor Cameron Stap	les		Date Incurred 03/28/2010	Event # 0328201	0A	Amount Incurred (Estimate or
Street Address PO Box 20717	2	City New Haven	,	State CT	Zip Code 06520	Actual)
Purpose of Expenditure FNDR	Description food for fundraising event					
Is this expenditure of which reimbursemed Yes X No	coordinated with another candidate for Other Candida ent is sought?	ate(s) Name	Office Sought			\$444.49

IV. EXPENDITURES								
NAME OF COMMITTEE FILING						ILING DUE DATE		
Cam Staples For Attorney General					Origin	Original 04/12/2010		
Q. Expenses Incurred By Committee but Not Paid During this Period								
Name of Creditor New Haven Lawn Club			Date Incurred 03/31/2010	Event # 0323201	Amount Incurred			
Street Address 193 Whitney A	ave	City New Haven		State CT	Zip Code 06511	(Estimate or Actual)		
Purpose of Expenditure FNDR	Description fundraiser event							
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes X No								
Name of Creditor Cameron Stap	les		Date Incurred 03/31/2010	Event #		Amount Incurred		
Street Address PO Box 20717	2	City New Haven		State CT	Zip Code 06520	(Estimate or Actual)		
Purpose of Expenditure POST	Description							
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes No						\$90.00		
_				Total of	Section Q	\$1,793.83		

IV. EXPENDITURES								
NAME OF COMMITTEE	FILI	FILING DUE DATE						
Cam Staples For Attornev General Orig						Original 04/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant		Date of Payment		Method of Payment Check #		Amount		
Secondary Payee		Purpose of Expenditure		Debit Card				
Street Address	City		State	Zip Code				
Description				Event #				
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?			Sought					
Yes								
No								
				Total of So	ection R			

IV. EXPENDITURES							
NAME OF COMMITTEE FII							
Cam Staples For Attorney General Ori							
S. Surplus Distribution of Equipment and Furniture							
Name of Recipient							
Street Address	City	State	Zip Code				
Description							
Total of Section S							