

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

Office Use Only

Page 1 of 56

SUMMARY PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Wright For CT				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
Title	First Michael	MI	Last Casasanta	Suffix	
4. TREASURER ADDRESS					
Street Address 110 Steeplechase Dr		City Newington		State CT	Zip Code 06111
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)		7. DISTRICT CODE (if applicable)	
11/02/2010		Governor			
8. CANDIDATE NAME					
Title	First Jeffrey	MI A.	Last Wright	Suffix	
9. TYPE OF REPORT					
April 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
01/30/2010		thru		03/31/2010	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing		Michael Casasanta		04/11/2010	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.					

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Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Wright For CT	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)	\$8,035.00	\$8,035.00
15. Receipts from Other Committees (Sections C1 + C2)	\$200.00	\$200.00
16. Other Monetary Receipts (Section D-1)	\$25.00	\$25.00
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)	\$8,260.00	\$8,260.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$8,260.00	\$8,260.00
20. Expenses Paid by Committee (Section N)	\$8,260.00	\$8,260.00
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$0.00	\$0.00
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)	\$79.73	\$79.73
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$0.00

B. Itemized Contributions from Individuals

Last Name Pagano	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0009	Amount of Contribution
Residential Street Address 55 Beacon St	City Newington	State CT	Zip Code 06111	Date Received 02/01/2010	
Principal Occupation Accountant	Name of Employer State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Briggaman	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0011	Amount of Contribution
Residential Street Address 75 Groveland Ter	City Newington	State CT	Zip Code 06111	Date Received 02/02/2010	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Jordan	First Name Benjamin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0001	Amount of Contribution
Residential Street Address 702-2 Church St	City Newington	State CT	Zip Code 06111	Date Received 02/08/2010	
Principal Occupation Photographer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Segal	First Name Jennifer	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0005	Amount of Contribution
Residential Street Address 74 Fairway Xing	City Glastonbury	State CT	Zip Code 06033	Date Received 02/08/2010	
Principal Occupation Housewife	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Segal	First Name Jeffrey	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0006	Amount of Contribution
Residential Street Address 74 Fairway Xing	City Glastonbury	State CT	Zip Code 06033	Date Received 02/08/2010	
Principal Occupation Wealth Advisor	Name of Employer CT Investors Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Moeser	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0002	Amount of Contribution
Residential Street Address 175 Twin Lakes Rd	City Fairfield	State CT	Zip Code 06824	Date Received 02/09/2010	
Principal Occupation Businessman	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Nagel	First Name Jerilyn	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0003	Amount of Contribution
Residential Street Address 1175 Willard Ave	City Newington	State CT	Zip Code 06111	Date Received 02/09/2010	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Nagel	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0010	Amount of Contribution
Residential Street Address 1175 Willard Ave	City Newington	State CT	Zip Code 06111	Date Received 02/09/2010	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Pruett	First Name David	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0015	Amount of Contribution
Residential Street Address 189 Little Brook Dr	City Newington	State CT	Zip Code 06111	Date Received 02/09/2010	
Principal Occupation Administration	Name of Employer State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hedberg	First Name Kristine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0012	Amount of Contribution
Residential Street Address 120 Northwood Rd	City Newington	State CT	Zip Code 06111	Date Received 02/10/2010	
Principal Occupation Housewife	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hedberg	First Name Jeffrey	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0013	Amount of Contribution
Residential Street Address 120 Northwood Rd	City Newington	State CT	Zip Code 06111	Date Received 02/10/2010	
Principal Occupation Owner	Name of Employer CT Financial	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Vasi	First Name Anthony	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0007	Amount of Contribution
Residential Street Address 12 Pfister Dr	City Newington	State CT	Zip Code 06111	Date Received 02/11/2010	
Principal Occupation Manager	Name of Employer Aetna	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Bailey	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0004	Amount of Contribution
Residential Street Address 570 H Hilliard St	City Manchester	State CT	Zip Code 06042	Date Received 02/11/2010	
Principal Occupation Financial Planner	Name of Employer Maffe Financial Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hauswirth	First Name Albert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0008	Amount of Contribution
Residential Street Address 41 High Gate Dr	City Avon	State CT	Zip Code 06001	Date Received 02/11/2010	
Principal Occupation Insurance Sales	Name of Employer Highland Capital Brokerage	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hamilton	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0021	Amount of Contribution
Residential Street Address 48 Shaughnessy Dr	City East Hartford	State CT	Zip Code 06118	Date Received 02/12/2010	
Principal Occupation Owner	Name of Employer Signs Now	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Pizzella	First Name Edward	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0074	Amount of Contribution
Residential Street Address 26 Millbrook Ct	City Newington	State CT	Zip Code 06111	Date Received 02/12/2010	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Casasanta	First Name Margaret	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0014	Amount of Contribution
Residential Street Address 110 Steeplechase Dr	City Newington	State CT	Zip Code 06111	Date Received 02/14/2010	
Principal Occupation Medical Secretary	Name of Employer Neurosurgical Associates	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Dionne	First Name Russell	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0018	Amount of Contribution
Residential Street Address 219 Meadow St	City Newington	State CT	Zip Code 06111	Date Received 02/15/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Dionne	First Name Catherine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0019	Amount of Contribution
Residential Street Address 219 Meadow St	City Newington	State CT	Zip Code 06111	Date Received 02/15/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hamilton	First Name Randy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0020	Amount of Contribution
Residential Street Address 48 Shaughnessy Dr	City East Hartford	State CT	Zip Code 06118	Date Received 02/15/2010	
Principal Occupation Owner	Name of Employer Signs Now	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Hughes	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0016	Amount of Contribution
Residential Street Address 37 Harris Dr	City Newington	State CT	Zip Code 06111	Date Received 02/17/2010	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hughes	First Name Diane	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0017	Amount of Contribution
Residential Street Address 37 Harris Dr	City Newington	State CT	Zip Code 06111	Date Received 02/17/2010	
Principal Occupation Bookkeeper	Name of Employer Universal Staffing Services	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Spadaccini	First Name Louis	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0022	Amount of Contribution
Residential Street Address 102 Wetherell St	City Manchester	State CT	Zip Code 06040	Date Received 02/18/2010	
Principal Occupation Attorney	Name of Employer Blackwell, Davis & Spadaccini	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Royston	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0029	Amount of Contribution
Residential Street Address 18 Poplar St	City Windsor Locks	State CT	Zip Code 06096	Date Received 02/19/2010	
Principal Occupation Business Development	Name of Employer PNC Business Credit	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Pappa	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0030	Amount of Contribution
Residential Street Address 105 Back Ln	City Newington	State CT	Zip Code 06111	Date Received 02/19/2010	
Principal Occupation Financial Planner	Name of Employer CT Financial	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Niro	First Name Mary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0026	Amount of Contribution
Residential Street Address 148 Eagle Dr	City Newington	State CT	Zip Code 06111	Date Received 02/19/2010	
Principal Occupation Owner	Name of Employer Birch Hill Landscaping	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Niro	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0025	Amount of Contribution
Residential Street Address 148 Eagle Dr	City Newington	State CT	Zip Code 06111	Date Received 02/19/2010	
Principal Occupation Owner	Name of Employer Birch Hill Landscaping	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Jacko	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0023	Amount of Contribution
Residential Street Address 80 Moreland Ave	City Newington	State CT	Zip Code 06111	Date Received 02/19/2010	
Principal Occupation Sales	Name of Employer Wellington Supply Company	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
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B. Itemized Contributions from Individuals

Last Name Petronio	First Name Nancy	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0031	Amount of Contribution
Residential Street Address 44 Centerwood Rd	City Newington	State CT	Zip Code 06111	Date Received 02/20/2010	
Principal Occupation Sales Manager	Name of Employer Health Net	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Hedberg	First Name Zachary	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0032	Amount of Contribution
Residential Street Address 120 Northwood Rd	City Newington	State CT	Zip Code 06111	Date Received 02/21/2010	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$30.00	\$30.00
<hr/>					
Last Name Longo	First Name Bethany	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0028	Amount of Contribution
Residential Street Address 65 Cedar Ridge Rd	City Newington	State CT	Zip Code 06111	Date Received 02/22/2010	
Principal Occupation Insurance	Name of Employer The Hartford	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Longo	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0027	Amount of Contribution
Residential Street Address 65 Cedar Ridge Rd	City Newington	State CT	Zip Code 06111	Date Received 02/22/2010	
Principal Occupation Financial Advisor	Name of Employer SJL Financial, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
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B. Itemized Contributions from Individuals

Last Name Occhialini	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0033	Amount of Contribution
Residential Street Address 11 Blenheim Ter	City Farmington	State CT	Zip Code 06032	Date Received 02/22/2010	
Principal Occupation Principal	Name of Employer Reno Machine Company	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Nelson	First Name Matthew	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0024	Amount of Contribution
Residential Street Address 303 W Hill Rd	City Newington	State CT	Zip Code 06111	Date Received 02/24/2010	
Principal Occupation Unemployed	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Annino	First Name Louis	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0034	Amount of Contribution
Residential Street Address 524 Wethersfield Ave	City Hartford	State CT	Zip Code 06114	Date Received 02/25/2010	
Principal Occupation School Bus Transportation	Name of Employer Access Transportation	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Annino	First Name Donna	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0037	Amount of Contribution
Residential Street Address 84 Rivergate Ln	City East Berlin	State CT	Zip Code 06023	Date Received 02/25/2010	
Principal Occupation Nursing Consultant	Name of Employer H&R Healthcare	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
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B. Itemized Contributions from Individuals

Last Name Beck	First Name Fernand	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0038	Amount of Contribution
Residential Street Address 5657 Post Rd	City Riverdale	State NY	Zip Code 10471	Date Received 02/26/2010	
Principal Occupation Broker	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Clark	First Name Patrick	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0039	Amount of Contribution
Residential Street Address 40 Brookside Blvd	City West Hartford	State CT	Zip Code 06107	Date Received 03/01/2010	
Principal Occupation Financial Advisor	Name of Employer Alpine Wealth Management	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Pagano	First Name Rosina	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0053	Amount of Contribution
Residential Street Address 55 Beacon St	City Newington	State CT	Zip Code 06111	Date Received 03/01/2010	
Principal Occupation Housewife	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Stanco	First Name Bart	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0046	Amount of Contribution
Residential Street Address 406 Rolling Hills Dr	City Fairfield	State CT	Zip Code 06824	Date Received 03/01/2010	
Principal Occupation Real Estate	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Stanco	First Name Alex	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0082	Amount of Contribution
Residential Street Address 406 Rolling Hills Dr	City Fairfield	State CT	Zip Code 06824	Date Received 03/01/2010	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Stanco	First Name Andrew	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0083	Amount of Contribution
Residential Street Address 406 Rolling Hills Dr	City Fairfield	State CT	Zip Code 06824	Date Received 03/01/2010	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Kuzmak	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0047	Amount of Contribution
Residential Street Address 89 Settlers Knl	City Newington	State CT	Zip Code 06111	Date Received 03/01/2010	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hayes	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0045	Amount of Contribution
Residential Street Address 1481 Pleasant Valley Rd	City Manchester	State CT	Zip Code 06042	Date Received 03/01/2010	
Principal Occupation Real Estate Developer	Name of Employer Hayes-Kaufman	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Daly	First Name Matt	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0040	Amount of Contribution
Residential Street Address 85 Aspen Dr	City South Glastonbury	State CT	Zip Code 06073	Date Received 03/02/2010	
Principal Occupation Consultant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Lee	First Name Lancelot	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0041	Amount of Contribution
Residential Street Address 10718 Sea Myrtle Dr	City Houston	State TX	Zip Code 77095	Date Received 03/05/2010	
Principal Occupation Sales Rep	Name of Employer Pacific Life	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Lee	First Name Autumn	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0042	Amount of Contribution
Residential Street Address 10718 Sea Myrtle Dr	City Houston	State TX	Zip Code 77095	Date Received 03/05/2010	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Siegel	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0052	Amount of Contribution
Residential Street Address 57 Meadowview Ct	City Newington	State CT	Zip Code 06111	Date Received 03/08/2010	
Principal Occupation CPA	Name of Employer Internal Revenue Services	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Demko	First Name Jon	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0050	Amount of Contribution
Residential Street Address 63 Old Wood Rd	City Berlin	State CT	Zip Code 06037	Date Received 03/09/2010		
Principal Occupation Owner	Name of Employer Specialty Transport Solutions International		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00
Last Name Demko	First Name Jeanette	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0051	Amount of Contribution
Residential Street Address 63 Old Wood Rd	City Berlin	State CT	Zip Code 06037	Date Received 03/09/2010		
Principal Occupation Owner	Name of Employer Specialty Transport Solutions International		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00
Last Name Blackader	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0060	Amount of Contribution
Residential Street Address 4040 Evergreen Pl	City Shoreview	State MN	Zip Code 55126	Date Received 03/10/2010		
Principal Occupation Manager	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00
Last Name Hedberg	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0048	Amount of Contribution
Residential Street Address 43 Jeffrey Ln	City Newington	State CT	Zip Code 06111	Date Received 03/10/2010		
Principal Occupation Retired	Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Hedberg	First Name Lauren	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0049	Amount of Contribution
Residential Street Address 43 Jeffrey Ln	City Newington	State CT	Zip Code 06111	Date Received 03/10/2010	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hall	First Name Cathleen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0054	Amount of Contribution
Residential Street Address 26 Kowal Ct	City Newington	State CT	Zip Code 06111	Date Received 03/10/2010	
Principal Occupation Realtor	Name of Employer Prudential CT Realty	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Brenchak	First Name Patrick	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0043	Amount of Contribution
Residential Street Address 20 Brookfield Rd	City Seymour	State CT	Zip Code 06483	Date Received 03/11/2010	
Principal Occupation Wholesaler	Name of Employer Jackson National	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Johnson	First Name David	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0056	Amount of Contribution
Residential Street Address 52 Pheasant Run	City Newington	State CT	Zip Code 06111	Date Received 03/12/2010	
Principal Occupation Insurance	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
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B. Itemized Contributions from Individuals

Last Name Johnson	First Name Suzanne	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0057	Amount of Contribution
Residential Street Address 52 Pheasant Run	City Newington	State CT	Zip Code 06111	Date Received 03/12/2010	
Principal Occupation Housewife	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Pace	First Name Chez	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0058	Amount of Contribution
Residential Street Address 118 Kimberly Ln	City Newington	State CT	Zip Code 06111	Date Received 03/12/2010	
Principal Occupation Owner	Name of Employer Pace Construction	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Boback	First Name Frank	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0059	Amount of Contribution
Residential Street Address 22 Styles Ave	City Newington	State CT	Zip Code 06111	Date Received 03/12/2010	
Principal Occupation Underwriter	Name of Employer Travelers	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name DiMartino	First Name Terry	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0055	Amount of Contribution
Residential Street Address 12 Cedar Ridge Rd	City Newington	State CT	Zip Code 06111	Date Received 03/12/2010	
Principal Occupation Sales	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Vessella	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0065	Amount of Contribution
Residential Street Address 31 Northwood Rd	City Newington	State CT	Zip Code 06111	Date Received 03/12/2010	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Esposito	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0084	Amount of Contribution
Residential Street Address 174 Feldspar Rdg	City Glastonbury	State CT	Zip Code 06033	Date Received 03/12/2010	
Principal Occupation Insurance Sales	Name of Employer State Farm	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hedberg	First Name Jacob	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0044	Amount of Contribution
Residential Street Address 120 Northwood Rd	City Newington	State CT	Zip Code 06111	Date Received 03/13/2010	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$30.00	\$30.00
Last Name Pariano	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0063	Amount of Contribution
Residential Street Address 6 Old Kings Rd	City Avon	State CT	Zip Code 06001	Date Received 03/13/2010	
Principal Occupation Insurance Sales	Name of Employer Highland Capital Brokerage	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name McAlister	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0066	Amount of Contribution
Residential Street Address 52 Angela Dr	City Wethersfield	State CT	Zip Code 06109	Date Received 03/15/2010	
Principal Occupation Manager	Name of Employer Travelers	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Capenera	First Name Ralph	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0069	Amount of Contribution
Residential Street Address 56 Peria Dr	City Rocky Hill	State CT	Zip Code 06067	Date Received 03/17/2010	
Principal Occupation Owner	Name of Employer Uptown Consignments	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Gionfriddo	First Name Christine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0067	Amount of Contribution
Residential Street Address 43 Northwood Rd	City Newington	State CT	Zip Code 06111	Date Received 03/17/2010	
Principal Occupation Client Manager	Name of Employer United Healthcare	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Gagliardi	First Name Darren	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0068	Amount of Contribution
Residential Street Address 43 Northwood Rd	City Newington	State CT	Zip Code 06111	Date Received 03/17/2010	
Principal Occupation Attorney	Name of Employer Gagliardi Law Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Garber	First Name Ross	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0061	Amount of Contribution
Residential Street Address 38 Red Hill Dr	City Glastonbury	State CT	Zip Code 06033	Date Received 03/17/2010	
Principal Occupation Attorney	Name of Employer Shipman & Goodwin	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Schooley	First Name Patrick	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0064	Amount of Contribution
Residential Street Address 36 Godfrey Cove Rd	City York	State ME	Zip Code 03909	Date Received 03/18/2010	
Principal Occupation Real Estate Developer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Dutch	First Name Bruce	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0070	Amount of Contribution
Residential Street Address 91 Moodus Leesville Rd	City Moodus	State CT	Zip Code 06469	Date Received 03/19/2010	
Principal Occupation President	Name of Employer Dutch Oil Company	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Moore	First Name Justin	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0062	Amount of Contribution
Residential Street Address 50 Stone Ridge Way	City Fairfield	State CT	Zip Code 06824	Date Received 03/19/2010	
Principal Occupation Wealth Consultant	Name of Employer Beacon Wealth Consulting, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Weaver	First Name Everett	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0071	Amount of Contribution
Residential Street Address 87 Northwood Rd	City Newington	State CT	Zip Code 06111	Date Received 03/20/2010	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Namnoun	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0075	Amount of Contribution
Residential Street Address 52 Dearborn Pl	City Newington	State CT	Zip Code 06111	Date Received 03/21/2010	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Maynard	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0072	Amount of Contribution
Residential Street Address 99 Lantern Ln	City Wethersfield	State CT	Zip Code 06109	Date Received 03/23/2010	
Principal Occupation Principal	Name of Employer St. Mary's School	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Gagnon	First Name Joanne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0073	Amount of Contribution
Residential Street Address 359 Pearl St	City Reading	State MA	Zip Code 01867	Date Received 03/23/2010	
Principal Occupation Sales	Name of Employer Pacific Life	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Pizzuto	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0077	Amount of Contribution
Residential Street Address 290 Old Farm Dr	City Newington	State CT	Zip Code 06111	Date Received 03/24/2010	
Principal Occupation Letter Carrier	Name of Employer United States Postal Service	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Yandow	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0080	Amount of Contribution
Residential Street Address 172 Bluff Point Rd	City Glastonbury	State CT	Zip Code 06033	Date Received 03/24/2010	
Principal Occupation Sales Manager	Name of Employer Fresh Point	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>03242010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Yandow	First Name Patricia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0081	Amount of Contribution
Residential Street Address 172 Bluff Point Rd	City Glastonbury	State CT	Zip Code 06033	Date Received 03/24/2010	
Principal Occupation Housewife	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>03242010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name King	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0076	Amount of Contribution
Residential Street Address 192 Lincoln	City Glastonbury	State CT	Zip Code 06033	Date Received 03/24/2010	
Principal Occupation Insurance	Name of Employer Arrowpoint Capital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>03242010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Taylor-Hatje	First Name Barbara	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0078	Amount of Contribution
Residential Street Address 16 Cambridge Ct	City Middletown	State CT	Zip Code 06457	Date Received 03/24/2010	
Principal Occupation Financial Consultant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>03242010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name McNickle	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0079	Amount of Contribution
Residential Street Address 6 Victoria Rd	City Newington	State CT	Zip Code 06111	Date Received 03/24/2010	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Beakey	First Name Eileen	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0085	Amount of Contribution
Residential Street Address 29 Pioneer Dr	City Avon	State CT	Zip Code 06001	Date Received 03/30/2010	
Principal Occupation Financial Administrator	Name of Employer HCG Services	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Fazio	First Name Gaetano	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0086	Amount of Contribution
Residential Street Address 8 Vincy Dr	City Cromwell	State CT	Zip Code 06416	Date Received 03/30/2010	
Principal Occupation Owner	Name of Employer Fazio Shoe Repair	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Total of Section B					\$8,035.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 14 of Summary Page)					\$8,035.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE					FILING DUE DATE	
Wright For CT					Original 04/12/2010	
C1. Contributions from Other Committees						
Name of Committee Wright for CT				Name of Treasurer Michael Casasanta		
Address 110 Steeplechase Dr			Is this contribution associated with a fundraising event listed in Section J1?		Amount of Contribution	
			<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
City Newington	State CT	Zip Code 06111	Date Received 02/09/2010	Aggregate Contributions \$200.00	\$200.00	
Total of Section C1					\$200.00	

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

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010

D. Loans Received this Period

Name of Lender				Source of Loan:	Is there a cosigner or Guarantor of this loan?	Amount Received
Street Address	City	State	Zip Code	Bank	Yes	
Name of Cosigner/Guarantor				Candidate	No	
Street Address	City	State	Zip Code	Individual		
				Other Committee		
				Date Received		

Total of Section D

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010

E. Personal Funds of the Candidate Received this Period

Date Received	Amount	Method of Payment
02/18/2010	\$25.00	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card

Total of Section E	\$25.00
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I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE
Wright For CT					Original 04/12/2010
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					

I. Monetary Receipts (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Wright For CT				Original 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
Wright For CT			Original 04/12/2010
H. Public Grant Funds Received from the Citizen's Election Fund			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial	Primary General or Special Election		
Primary	Primary General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary General or Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE				FILING DUE DATE	
Wright For CT				Original 04/12/2010	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Total of Section I					

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Wright For CT	FILING DUE DATE Original 04/12/2010
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J1. Fundraising Event Information

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 03/24/2010	Letter A Cocktail Event	294 New London Tpke	Glastonbury	CT	06033

Was this fundraising event hosted at a personal residence? Yes No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes No

Was this fundraiser a tag sale, auction, or other sale of donated items? Yes No

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II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010

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

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

Total of Section J2

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010

J3. In-Kind Donations Not Considered Contributions

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

Total of Section J3

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010

K. In-Kind Contributions

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	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 or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		Yes No Executive Legislative	
Is this contribution associated with a fundraising event listed in Section 11? If yes, list Event#		Yes No	Description of In-Kind Contribution		Aggregate contributions	

Total of Section K

III. Non Monetary Receipts

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

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Wright For CT				Original 04/12/2010	
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee					
Name of Committee			Name of Treasurer		
Street Address				Date Notice Received	Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure		
			A	B	C
			D	E	
Total of Section M					

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Webster Bank	02/17/2010	<input type="checkbox"/> Check #		
Street Address 1120 Main St	City Newington	State CT		Zip Code 06111
Purpose of Expenditure BNK				<input checked="" type="checkbox"/> Debit Card
Description Check printing fees				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$19.45	
National Merchant Funds	02/17/2010	<input checked="" type="checkbox"/> Check #		
Street Address 124 Market Sq	City Newington	State CT		Zip Code 06111
Purpose of Expenditure FNRD				<input type="checkbox"/> Debit Card
Description Credit card machines				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$287.26	
MTCD, LLC	02/17/2010	<input checked="" type="checkbox"/> Check #		
Street Address 112 Market Sq	City Newington	State CT		Zip Code 06111
Purpose of Expenditure A-OTH				<input type="checkbox"/> Debit Card
Description Campaign banner and ad design				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$285.00	

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Wright For CT						Original 04/12/2010
N. Expenses Paid By Committee						
Name of Payee				Date of Payment	Method of Payment	Amount
MTCD, LLC				02/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>102</u>	
112 Market Sq	Newington	CT	06111	A-OTH	<input type="checkbox"/> Debit Card	
Description					Event #	
Design and electronic file preparation of campaign logo						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$450.00
Name of Payee				Date of Payment	Method of Payment	Amount
Polish American Club				02/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>104</u>	
Wilson Avenue	Newington	CT	06111	FNDR	<input type="checkbox"/> Debit Card	
Description					Event #	
Deposit for hall rental						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$300.00
Name of Payee				Date of Payment	Method of Payment	Amount
One Pay				02/17/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2 Huntington Quadrangle	Melville	NY	11747	FNDR		
Description					Event #	
Credit card fees						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$4.68

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Wright For CT						Original 04/12/2010
N. Expenses Paid By Committee						
Name of Payee				Date of Payment	Method of Payment	Amount
One Pay				03/02/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2 Huntington Quadrangle	Melville	NY	11747	FNDR		
Description					Event #	
Credit card fees						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$38.59
Name of Payee				Date of Payment	Method of Payment	Amount
One Pay				03/02/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2 Huntington Quadrangle	Melville	NY	11747	FNDR		
Description					Event #	
Credit card fees						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$25.70
Name of Payee				Date of Payment	Method of Payment	Amount
One Pay				03/02/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2 Huntington Quadrangle	Melville	NY	11747	FNDR		
Description					Event #	
Credit card fees						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$3.88

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Wright For CT						Original 04/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
One Pay					03/02/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2 Huntington Quadrangle		Melville	NY	11747	FNDR		
Description						Event #	
Credit card fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$2.30
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
One Pay					03/03/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2 Huntington Quadrangle		Melville	NY	11747	FNDR		
Description						Event #	
Credit card fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$2.30
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
One Pay					03/04/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2 Huntington Quadrangle		Melville	NY	11747	FNDR		
Description						Event #	
Credit card fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$2.30
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Wright For CT						Original 04/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Life Publications					03/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>105</u>	
106 South St		West Hartford	CT	06110	A-MAG	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$1,080.00
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
One Pay					03/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2 Huntington Quadrangle		Melville	NY	11747	FNDR		
Description						Event #	
Credit card fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$4.60
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
One Pay					03/09/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2 Huntington Quadrangle		Melville	NY	11747	FNDR		
Description						Event #	
Credit card fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$46.30
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Wright For CT						Original 04/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
One Pay					03/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2 Huntington Quadrangle		Melville	NY		FNDR		
Description						Event #	
Credit card fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$2.30
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
One Pay					03/12/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2 Huntington Quadrangle		Newington	NY	11747	FNDR		
Description						Event #	
Credit card fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$2.30
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
One Pay					03/13/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2 Huntington Quadrangle		Melville	NY	11747	FNDR		
Description						Event #	
Credit card fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$0.73
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee One Pay				Date of Payment 03/17/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 2 Huntington Quadrangle	City Melville	State NY	Zip Code 11747	Purpose of Expenditure FNDR	<input checked="" type="checkbox"/> Debit Card	
Description Credit card fees					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$2.30
Name of Payee Webster Bank				Date of Payment 03/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 1120 Main St	City Newington	State CT	Zip Code 06111	Purpose of Expenditure BNK	<input checked="" type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$10.00
Name of Payee One Pay				Date of Payment 03/19/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 2 Huntington Quadrangle	City Melville	State NY	Zip Code	Purpose of Expenditure FNDR	<input checked="" type="checkbox"/> Debit Card	
Description Credit card fees					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$3.04

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Wright For CT						Original 04/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Catherine Dionne					03/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>106</u>	
219 Meadow St		Newington	CT	06111	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$88.33
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
One Pay					03/23/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2 Huntington Quadrangle		Melville	NY	11747	FNDR		
Description						Event #	
Credit card fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$0.61
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
One Pay					03/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2 Huntington Quadrangle		Melville	NY	11747	FNDR		
Description						Event #	
Credit card fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$5.52
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
One Pay					03/30/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
2 Huntington Quadrangle	Melville	NY	11747	FNDR			
Description					Event #		
Credit card fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$3.04	
Name of Payee					Date of Payment	Method of Payment	Amount
Hadfield Sports					03/31/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>113</u> <input type="checkbox"/> Debit Card		
1083 Farmington Ave	Berlin	CT	06037	A-OTH			
Description					Event #		
T-shirts							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$275.00	
Name of Payee					Date of Payment	Method of Payment	Amount
Newington Development Association					03/31/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>114</u> <input type="checkbox"/> Debit Card		
39 E Cedar St	Newington	CT	06111	OVHD			
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$1,000.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Jeffrey Wright	03/31/2010	<input checked="" type="checkbox"/> Check #		
Street Address 108 Halleran Dr	City Newington	State CT		Zip Code 06111
Purpose of Expenditure RCW				111 <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$79.73	
Jeffrey Segal	03/31/2010	<input checked="" type="checkbox"/> Check #		
Street Address 294 New London Tpke	City Glastonbury	State CT		Zip Code 06033
Purpose of Expenditure RCW				110 <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$113.30	
MTCD, LLC	03/31/2010	<input checked="" type="checkbox"/> Check #		
Street Address 112 Market Sq	City Newington	State CT		Zip Code 06111
Purpose of Expenditure WEB				116 <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$1,584.00	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Wright For CT						Original 04/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Neal Forte					03/31/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>115</u>	
123 Church St		Newington	CT	06111	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$57.65
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Signs Now					03/31/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>107</u>	
2434 Berlin Tpke		Newington	CT	06111	A-SIGN	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$789.79
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Direct Mail Systems					03/31/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>109</u>	
12450 Automobile Blvd		Clearwater	FL	33762	PRNT	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$750.00
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Wright For CT						Original 04/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
CompuMail Corp of CT					03/31/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	108		
298 Captain Lewis Dr	Southington	CT	06489	PRNT	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$940.00
Total of Section N						\$8,260.00	

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Wright For CT					Original 04/12/2010	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card:			
			Visa Master Card Discover American Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description			Event #		
Total of Section P						

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010

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

Name of Creditor		Date Incurred	Event #		Amount Incurred (Estimate or Actual)
Street Address	City	State	Zip Code		
Purpose of Expenditure	Description				
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought			
Yes					
No					

Total of Section Q

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Catherine Dionne	Date of Payment 03/21/2010	Method of Payment <input checked="" type="checkbox"/> Check # 106	Amount
Secondary Payee Sam's Club	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address Berlin Turnpike	City Newington	State CT	Zip Code 06111
Description Office Supplies			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$88.33
Other Candidate(s) Name		Office Sought	

Name of Worker/Consultant Neal Forte	Date of Payment 03/31/2010	Method of Payment <input checked="" type="checkbox"/> Check # 115	Amount
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 3174 Berlin Tpke	City Newington	State CT	Zip Code 06111
Description Office Supplies			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$25.80
Other Candidate(s) Name		Office Sought	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Neal Forte	03/31/2010	<input checked="" type="checkbox"/> Check # 115		
Secondary Payee West Hartford Lock	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Street Address 360 Prospect Ave	City Hartford	State CT		Zip Code 06105
Description Keys for HQ		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$31.80	
Jeffrey Segal	03/31/2010	<input checked="" type="checkbox"/> Check # 110		
Secondary Payee Stop & Shop	Purpose of Expenditure FNRD	<input type="checkbox"/> Debit Card		
Street Address New London Turnpike	City Glastonbury	State CT		Zip Code 06033
Description Food for fundraiser		Event # 03242010A		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$49.76	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Wright For CT	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Jeffrey Segal	03/31/2010	<input checked="" type="checkbox"/> Check # 110	
Secondary Payee One Stop Spirit Shop	Purpose of Expenditure FNDR	<input type="checkbox"/> Debit Card	
Street Address New London Turnpike	City Glastonbury	State CT	Zip Code 06033
Description Food for fundraiser			Event # 03242010A
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$63.54
Total of Section R			\$259.23

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Wright For CT				Original 04/12/2010
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
Total of Section S				